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DOCUMENT RECORD PRINT

**RECORD OF INTERVIEW**

Number: Y3

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

Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 05/07/2000

Time commenced: 1100

Time concluded: 1145

Duration of interview:

45 MINS

Tape reference nos.  
(◆)

Interviewing Officer(s):

DC Code A DC Code A

Other persons present:

David ROACH - Solicitor

Police Exhibit No: LMC/JKM/28

Number of Pages: 46

Signature of interviewing officer producing exhibit

Tape  
counter  
times(◆)

Person  
speaking

Text

DC Code A

Right, basically what I'm going to do now is go over the explanation of why you're here and what we're aiming to achieve by this interview. Okay?

The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the 21<sup>st</sup> August

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1998 at Gosport War Memorial Hospital.

The investigation centres around an allegation that Mrs RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the 17<sup>th</sup> and 21<sup>st</sup> August, whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided her with direct nursing care or treatment, in order that an account can be obtained to the particular circumstances and issues that existed between those dates.

I emphasise that this is a search for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews with staff 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

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Station, okay?

The next part now is the Caution: You do not have to say anything, but it may harm your defence if you do not mention when questioned, something which you later rely on in court. Anything you do say may be given in evidence. Okay? Do you understand the Caution?

Code A

Yeah.

DC Code A

Yeah, you sure, 'cos I can explain it.

Code A

Yeah.

DC Code A

.. I think.

Code A

I'm not happy with it.

DC Code A

Can I just point out something that this. . Lee said we're here to gather the truth. We changed that word. This is a reprint of something that we lost that we have been reading out from, we changed that word from 'truth' to 'fact,' because we're not dealing with the people we normally deal with here, we're dealing with professional people like yourselves and that is all we're here to do today, to find out what you know, what you know is factual that happened regarding Gladys RICHARDS and what your experience can tell us and what your memories are of her. So that, we did change that word truth because we thought it was a bit derogatory I think, but it should have read 'fact.'

3.10 DC Code A

To sum this up, we're just after an account from

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people if they're able to give it. Everything we collate, which will be all the interviews, all the medical notes, everything like that - our role really is to collate that and to pass it on to people who can make a decision as to whether there is a problem here or there isn't. And that will be discussed by Crown Prosecution Service and medical people who are experts, who've got knowledge of the drugs used and the treatment. No decision is going to be taken by a police officer on his own, saying, well you know, I don't quite understand it, but that looks a bit dodgy or whatever, you know. It's going to be a carefully considered process, so . . . which basically is able to try and reassure you that it's not a . . . it's not a witchhunt or anything, you know, we're just after some accounts today which will be passed on and considered by somebody else.

Code A

Huh huh.

DC Code A

All right?

MR ROACH

If you're unsure about anything, you and I can speak in private as the Detective Constable said

...

DC Code A

Yeah.

Code A

Okay.

MR ROACH

And they stop the tape and re-start it.

DC Code A

We will stop the tape, we will leave the room

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and you can take your time and chat to Mr ROACH about any concerns, okay? I mean do you want to do that now if you're unhappy about that?

MR ROACH

Do you want to, do you want. . I mean in view of what's been said, do you want speak to me again, or are you happy to carry on or. . .

Code A

I'll just carry on I think.

MR ROACH

Right.

DC Code A

Okay.

DC Code A

At the end of the day, all we're going to ask you is what you know. . .

Code A

Yeah.

DC Code A

. . . about Mrs RICHARDS and basically what certain policies and procedures are in force at Gosport War Memorial at that time, we know, we appreciate that things have changed and just what you can remember.

Code A

Yeah.

DC Code A

It's not a finger pointing exercise, an accusation exercise. It's an exercise to gather what you know about Gladys RICHARDS and the policies of the hospital.

4.59

DC Code A

Right, what I'd like to do to start off with, is to just get a bit of background and mainly your role within the hospital day care at that time. What that entailed at the hospital. If you could just go over what you did or what you do there,

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Code A

at Daedulus Ward.

Well. . . what do we do? We um . . . do you want it as with Gladys RICHARDS or . . .

DC Code A

A general thing.

Code A

General what we do?

DC Code A

Yeah, your day to day sort of role.

Code A

Normally we get in at half past seven. We have a report, um if there's any dressings or anything that we don't deal with, then the nursing staff do it. We get the patients up, we wash them, dress them or bath them if they're due a bath um and just make sure they're comfortable.

DC Code A

Okay. So as I understand it, obviously we've spoken to other people, your role was nursing auxilliary, I mean it's now sort of termed Health Care Support Worker . .

Code A

Yeah. . well . . yeah.

DC Code A

But it's the same . . .

Code A

. . the new ones coming in are.

DC Code A

Right, but you're still as a nursing auxilliary, are you?

Code A

Yeah.

DC Code A

You've kept the old . . .

Code A

I have.

DC Code A

Right. Grasped on to it?

Code A

Yes.

DC Code A

Okay. Your role is to assist the . . .

Code A

. . medical staff . .

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DC  .. the medical staff . . .

The trained staff.

DC  .. trained staff, yeah.

Yeah.

DC  and that would be things like making patients comfortable?

Yes.

DC  Feeding?

Yes.

DC  Drinking?

Yes, if they were incapable, yeah..

DC  Hygiene?

Yes.

DC  Washing and changing bed clothes and clothing and walking to toilets and assisting and that?

Yes.

DC  In that way? Is that the sort of thing you would cover?

That is what we do, yeah.

DC  What experience have you had in terms of nursing? How long have you been nursing?

I was nine years at Blackbrook and that's a Maternity Home.

DC  Yeah.

And I've been nine years here, which is the elderly.

DC  Right, okay, so I mean, so there's 18 years in all

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[Code A] 18 years.

DC [Code A] . . but nine of which have been dealing . . all at Daedulus Ward?

[Code A] Er no, I was on relief to start with, which in the old hospital, I went from, well whoever needed us, we went and assisted and then I was asked if I wanted to go onto the, what was the male ward then. . .

DC [Code A] Oh right.

[Code A] . . um and I said yes and of course when we transferred over it was then called Daedulus Ward.

DC [Code A] right, was that an elderly male ward or was it just a male . .

[Code A] It was elderly male as far as I can remember.

DC [Code A] Okay. Okay that's great. Now the actual ward as it was set up in August '98, I mean what sort of patients would you be getting in at that time? Type of patients?

[Code A] What then or now?

DC [Code A] I mean is it different, has it changed, or . . .

[Code A] Well we still get the stroke for rehab, continuing care. We used to have long stay, but we don't any more.

DC [Code A] Right. What's a long stay?

[Code A] Long stay where they um they stayed for quite some time. They weren't sort of put into a nursing home or rest home. We actually cared

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for them.

DC Code A

Right, was that because they were unable to move on to . . . ?

Code A

I don't really know, I admit, I don't know.

DC Code A

do you know how many beds there is at Daedulus?

Code A

Twenty four.

DC Code A

Twenty four? Okay. All right, that's great. Just gives us a background as to you know what your role is within the, within the hospital. I mean what I'd like to do now is go over, I mean obviously this relates to Mrs RICHARDS, Gladys RICHARDS, what your recollections are of your dealings either with Mrs RICHARDS or with er any family members that came in.

Code A

Huh huh.

DC Code A

if you could just run through those, please.

Code A

Right, I can't remember the first time she was in, but the second time she came in the ambulance men brought her on a trolley down the ward. She was actually crying out, moaning. I think it was room, it was room 4, they took her into the room on the trolley, we moved the bed away from the wall, the crewmen apologised for no canvas, because Haslar didn't have any, or they couldn't get hold of one and I beleive we took the head of

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the bed away. .

DC ( Code A

Right.

Code A

. . The um. . .

DC ( Code A

. . headboard . . .

Code A

. . headboard thing and the ambulance crew lifted her, with the sheet, they got hold of the sheet and they lifted her onto the bed. We then rolled her gently one side, got the sheet out and gently rolled her back the other side, got the sheet out and her leg was crooked. She was crying in pain and I think ( Code A

went and got the Staff Nurse and it was straightened and a pillow was put; I can't remember if it was under her leg or inbetween her legs, but Margaret came in and sorted it out, Margaret COUCHMAN.

DC ( Code A

Margaret COUCHMAN? Okay.

Code A

Yeah.

DC ( Code A

All right. Can we just go over this sheet that's used, 'cos don't quite understand what that is? Is it just a bed sheet . . .

Code A

Bed sheet.

DC ( Code A

. . with two poles?

Code A

No, there were no poles.

DC ( Code A

There's no poles? Okay, so what where the two ambulancement, how were they actually holding her?

Code A

They held each side of the sheet . .

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DC [Code A]

Right.

[Code A]

. . no poles, with their hands . .

DC [Code A]

yeah.

[Code A]

. . . and then gently lifted her off.

DC [Code A]

Okay. Now they mentioned this canvas, now what's the advantages of using a canvas as opposed to the sheet, particularly for someone like Mrs RICHARDS?

[Code A]

Well a canvas you can put two poles in and it, I think it stays, it's more rigid.

DC [Code A]

Right.

[Code A]

And it's easier to . . .

DC [Code A]

I mean would it be a case of offering more support for Mrs RICHARDS, being a more rigid sort of structure than a bed sheet?

[Code A]

I believe it may have been. I really don't know.

DC [Code A]

Okay. Is that because you're not really qualified to say what the advantages are, is that . . ?

[Code A]

I think it is, yeah.

DC [Code A]

Mmm. Okay. But you certainly recall the ambulance men commenting that they didn't have a . . .

[Code A]

Yes they did.

DC [Code A]

So I take if from what you're saying, I mean it's the . . normally when the patient is admitted to the ward, they normally come in on a stretcher or so . . a proper stretcher of some description?

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[Code A] Yeah.

DC [Code A] Yeah? And this is . . . you remembered this because it's unusual for them to be transferred in a bed sheet?

[Code A] Yeah.

DC [Code A] Okay.

DC [Code A] Okay. In relation to Mrs RICHARDS when she was moaning and crying out, what was your perception of . . . I mean was she in pain or was she . . .

[Code A] I took it that she was in pain.

DC [Code A] Okay. So Margaret COUCHMAN was alerted by [Code A] .

[Code A] Yes.

DC [Code A] [Code A] . . . and you say she put a pillow . . .

[Code A] I can't remember where the pillow was put, whether it was between or under . . .

DC [Code A] right.

[Code A] I admit I don't . . . can't remember that bit.

DC [Code A] Okay. All right. Do you recall any examination being carried out on Mrs RICHARDS at that time?

[Code A] No, 'cos once the Staff Nurse take over, we come out and they examine the patients.

DC [Code A] Oh right, so you left . . .

[Code A] I believe we'd left.

DC [Code A] Right, okay. In your role are you actually able

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to move patients in bed, I mean a hypothetical question; patient in pain, you come along and discover that their incorrectly positioned. Are you able to, with another Auxilliary Nurse or whatever, to adjust that patient's position, or is that something you would contact the Staff Nurse about.

Code A

We would ask the advice of the Staff Nurse first.

DC Code A

Okay. So would it be that you wouldn't actually move it without any sort of consultation with a qualified . . . ?

Code A

No.

DC Code A

Right, okay. All right, so we've covered that bit then so Mrs RICHARDS is placed on the bed on a sheet. She's rolled off, which you assisted with. . .

Code A

Yeah.

DC Code A

. . . and ambulance staff have said basically, we didn't have a canvas, okay?

Code A

Huh huh.

DC Code A

Okay, I mean is there any other dealings you had with Mrs RICHARDS in those days following . . .

Code A

I honestly can't remember.

DC Code A

Okay. Did you have any conversation with the daughters? Do you recall any dealings with the daughters?

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Code A

We may have sort of spoke to them, said hello, if the came in, goodbye when they went, but I personally don't think I had a lot of conversation with them..

DC Code A

Right, okay. Bearing in mind what you've just said, in relation to Mrs RICHARDS and you don't recall any specific sort of input with her, do you remember what her condition was like in the days following . . her coming back to the ward on the 17<sup>th</sup> August?

Code A

She wasn't a well lady. There was no conversation with her. To my mind she was just a poorly lady.

DC Code A

Mmm. Okay. Did you ever get involved. . I'm aware sort of beginning and ends of shifts, there's handovers and discussions on patients. Were you ever party to any discussions about Mrs RICHARDS?

Code A

Not that I can remember. I honestly can't remember.

DC Code A

No, okay. I mean I was obviously interested in things like comments on her condition or the treatment she was given, you know, any particular problems with the daughters or any comments about the daughters.

Code A

Yeah, if we find there is something wrong, if and we're not happy with, we will inform the Staff, whoever is on duty and then it's passed

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over to them.

DC **Code A**

Yeah, okay. What I think I'll do now just to help you, 'cos there's en. . . I've got the Health Record here for Mrs RICHARDS and there's obviously entries that obviously been signed by a spider walking through an inkpot basically . . . I just wonder if you could have a look through, just see if there's any entries that are relevant to you that you may say, oh yes, I do recall that and this happened or . . . I mean there may not. I'm not saying there is, but I would ask you to just have a look through for me. We'll start from there, the general information and at the back is the Care Plans, you've got the Contact Record there and the various assessments. Have you had a chance to look through this at all, this Health Record?

**Code A**

I think I have.

DC **Code A**

Okay, but take your time, there's no rush with it, just have a look through and if you could point out any . . . anything that's relevant to you.

**Code A**

All this is filled in every morning by the Staff Nurses.

DC **Code A**

Right and that for purpose of the tape, that's the summary of Significant Events and General Information.

**Code A**

I don't actually deal with these.

DC **Code A**

So on admission a Staff Nurse will . . . would

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complete those?

Code A

Yeah.

DC Code A

Okay. Would these be something you would refer to, would you in your role have cause to . . . ?

Code A

No.

DC Code A

Okay.

Code A

All this again is dealt with by St. . .

DC Code A

That's the Bartel Index and the . . .

Code A

Water Low Pressure Sore Prevention Treatment Policy.

DC Code A

Yeah.

Code A

We don't have anything to do with them.

DC Code A

No? You wouldn't refer . . . ?

Code A

No.

DC Code A

. . . have any cause to refer to those?

Code A

Nor the Medication Information. We don't deal with those.

DC Code A

No. Now onto the Contact Record. Now there's a . . . draw your attention here to um an entry on the 17<sup>th</sup>, which I think was completed by er Christine JOYCE,

Code A

Chris JOYCE, yeah. .

DC Code A

Chris JOYCE at 11.48, which covers the return from Haslar. .

Code A

Mmm.

DC Code A

Um and there's an extra entry from Mrs COUCHMAN, I believe.

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

Yeah, no canvas under patient.  
(inaudible) That basically sums up what you said already, yeah?  
Yeah, yeah.  
So these Contact Records - if it was something that you discovered, would it be a case of you would con. . you would speak to the Staff Nurse, the Staff Nurse would then assess it and then if it was a significant change, would register it on the Contact Record?  
Mmm mm.  
Would that be right?  
Yes it would.. . yes.  
You wouldn't necessarily . . .  
We don't write in these. Anything we find we pass on and they write it in.  
Yeah. Now moving onto the Care Plan, is there any entries there relevant to yourself?  
No I haven't written any of these.  
As a Auxilliary Nurse, would you complete these Care Plans? Would you actually complete the entries?  
Yeah, if I'd dealt with the patient, whatever patient, then you write in . . .  
Yeah. . .  
.. whether they've eaten, not eaten. . .  
Right, okay.  
. . . and you sign it.

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- DC Code A Okay. When are these actually completed . . .  
um when are these actually generated, these  
forms? We've got Nutrition here, Constipation  
and Personal Hygiene. Are you aware when  
the . . . are these forms generated for every  
patient?
- Code A Normally, yeah.
- DC Code A Normally they are? Okay. Are there any others  
that . . . that maybe included on the Health  
Records from your memory?
- Code A Um. . .what, how many more forms?
- DC Code A Yeah, is there any more that would. . . I mean  
you've got three there, haven't you? Three  
headings. Are there any more headings you  
could have under the Care Plan?
- Code A Oh, I can't remember now. I deal with them  
every day. Your Hygiene, that is . . . my mind's  
gone blank and I can't think.
- DC Code A If a patient's about to be put on. . . I don't know  
what they call it. . . physiotherapy or a  
mobilisation programme, would that have a  
record on the . . . in her file?
- Code A It may well do. If the physios or OTs or  
whoever are dealing with it, if they want us to  
do it a certain way, they will put in a . . . a Care  
Plan as how we were to do it.
- DC Code A Right, would you, would you be responsible in  
you position as assisting the physiotherapist in

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like mobilisation and stuff like that, helping people walk?

Code A

It's very rare we help them walk, because there's normally two of them. .

DC Code A

Right.

Code A

Two physios.

DC Code A

Oh I see . .

Code A

They normally . . .

DC Code A

. . it's their remit and they do it.

Code A

Yeah.

DC Code A

Right.

Code A

And if there's something that as I say, they either put a Care Plan in, or they say look, this is how it's done. They show us.

DC Code A

Mmmm.

DC Code A

Okay. So just to confirm there's no entries there in those Care Plans that are relevant?

Code A

No I haven't made any entries at all.

DC Code A

Okay. Now there are some gaps in the . . I just wonder if. . again, um I'm aware that this is two years ago, you may not have had dealings with Mrs RICHARDS at these times, but this is a general question; obviously she came in on the 17<sup>th</sup> and obviously um she died on the 21<sup>st</sup>, now there's obviously a gap there from the 17<sup>th</sup> to the 21<sup>st</sup>. Are you aware

Code A

I've actually got my duties so. . .

DC Code A

Right.

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

. . I shall know if I've been there or not.

Yeah and I'm not making any allegation that you know you've. . she's been refused food or anything like that, it's just obviously covering the notes and the fact that you know are there reasons why that wouldn't be completed at any particular time.

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

Or if it's the same day in, day out, um there would be no need to write.

Right, so um can you give me an example of what . . what you'd mean by that, what would fall into that er criteria?

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

This one particular thing?

Well, yeah, generally, you know. . yeah.

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

Well on the last entry it's got 'no food taken' I mean, if that was the case or we'd just put ditto.

Right. So um are there any other reasons why it wouldn't be necessarily endorsed?

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

Unless we were very very busy.

Okay. Were you aware that the um. . I mean were you aware of the presence of the daughters at the hospital?

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

Yeah.

Okay, Okay. I mean, were they, were they assisting looking after Mrs RICHARDS, at all, as far as you can remember?

**Code A**

I think they did . . times I think they fed her sometimes, or tried to feed her, but I honestly

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can't remember. . .

DC [Code A] Right. . .

[Code A] .. exactly.

DC [Code A] Okay. All right.

DC [Code A] When Lee mentioned the daughters there you had like a grin on your face. Is there any recollection of the daughters that you'd like to tell us about?

[Code A] Um, they needed a lot of um time and we gave them, well the staff gave them a lot of time.

DC [Code A] Mmm. What your time?

[Code A] Yeah.

DC [Code A] Yeah.

[Code A] Yeah. If things weren't as they thought they should be or whatever.

DC [Code A] Anything in particular that comes to mind?

[Code A] Not off hand.

DC [Code A] Have you had any correspondence from either daughter?

[Code A] Since?

DC [Code A] Since or during the . .

[Code A] Yes.

DC [Code A] You have?

[Code A] Yes.

24.15 DC [Code A] Can you . . . .

[Code A] Um, when um I believe it was after the mother died, Gladys RICHARDS, Mrs McKENZIE, I think it is, yes Mrs McKENZIE, invited us to a

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Spiritual Meeting in Chichester. It was [Code A]  
[Code A] Margaret COUCHMAN and myself and we went and when we got there she said oh it's nice to see you I'm glad you could come and er we listened to a talk from some Doctor and I can't remember his name.

DC [Code A] Okay, was there anything . . . anything to indicate that Mrs McKENZIE had a problem with the way her mother had been dealt with?

[Code A] None whatsoever. . . none whatsoever.

DC [Code A] Okay. Are you aware of any gifts that were provided to the staff?

[Code A] Yes.

DC [Code A] Can you go through those for me?

[Code A] It was mainly books and I know Lin . . . I believe [Code A] had one and I beleive Philip had a book.

DC [Code A] Right.

[Code A] . . . and I beleive one of the night staff had a book.

DC [Code A] Okay. What were those books about, do you know.

[Code A] I, I . . . something to do with spiritual matters. . .

DC [Code A] right.

[Code A] . . . but I honestly, really don't know, but I know they had books.

DC [Code A] Yeah. I'm aware that the ward may have received something as well.

[Code A] A chair?

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DC Code A It was a chair was it? Right, okay. Do you know the circumstances of why that was provided?

Code A As far as I can gather it was a recliner that the daughters' donated to the ward.

DC Code A Right. Okay. Was there any message with that or anything that you can recall?

Code A I don't know, I wasn't there when it was actually er . . .

DC Code A Do you know who the recipient was of the actual chair, or how they knew the chair came from the daughters, cos I can only imagine that some form of documentation would have come with it, a note or something? Do you know who may have took it into the ward.

DC Code A We might be able to assist with that.

Code A It may have been Philip BEAD, it may have been one of the other Staff Nurses, I honestly don't know.

DC Code A Is that still on the ward, do you know, the chair?

Code A I don't know.

DC Code A Okay.

Code A I believe it is, but I wouldn't be sure.

DC Code A Right. Just want to cover up a couple of points on your role again, now in relation to medication, loading of syringe drivers and actually administering drugs, you're not actually authorised. .

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Code A

We have no dealings whatsoever.

DC Code A

No dealings with that at all?

Code A

No.

DC Code A

Do you have any background covering . . .  
medical background covering . . .

Code A

No.

DC Code A

. . . the administration of drugs in any other role?

Code A

No.

DC Code A

Okay. So just, can we just sum up then so far,  
in relation to these records. In relation to the  
sort of the booking in forms you could call them  
and the Contact Records; they're filled by Staff  
Nurses.

Code A

Mmm mm.

DC Code A

Sometimes on the .. er being made aware of  
certain events by er Health Care Support  
Workers or Nursing Auxilliaries, who may well  
have had the first contact, but they all refer it to  
the Staff Nurse and the Staff Nurse will write it  
up. The Care Plans are completed by anybody  
on the ward. . .

Code A

Yeah.

DC Code A

. . um. . . .

Code A

Well they're completed by whoever deals with  
that certain patient. . .

DC Code A

Yeah, that certain patient at that time. . . okay  
and obviously the Care Plans can vary. . . can  
vary from patient to patient although they all

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tend to have certain headings on them. Okay?  
Have you got any other, I mean you say your memories of Mrs RICHARDS is minimal, is there anything else that sticks out in those few days?

Code A

DC Code A

No, only the daughters needed a lot of attention.  
Mmm, okay. And your recollection of Mrs RICHARDS was very poorly, you said.

Code A

DC Code A

Sh. . yes. Yeah.

Can you remember those . . sort of those days from the 17<sup>th</sup> onwards whether she was conscious - Mrs RICHARDS - or whether she was . . . ?

Code A

DC Code A

See she was conscious when she came in. . .

Mmm.

Code A

. . . I believe she wasn't after a couple of days but that I again I can't . . I can't recollect. No.

DC Code A

Can't remember, okay. All right. I just want to go through a couple of general questions again, just about treatment. In relation to feeding and hydrating, when would it be appropriate not to feed or give somebody water; are there cases when you wouldn't give someone food and water?

Code A

Well if they're asleep you can't wake them up. I mean if they're fully alert, yes and if they want the food we try . . if they're asleep, no, you just can't, you can't make them eat.

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DC **Code A** Okay. Have you ever been told not to provide food and water for a particular patient?

**Code A** Yes, if they're on a peg feed, nil by mouth, or if they are asleep, a deep sleep.

DC **Code A** Right, okay.

DC **Code A** Sedated?

**Code A** Yeah.

DC **Code A** Okay. What's peg feed.

**Code A** Peg feed is if they can't take anything by their mouth, a tube's inserted into their tummy. . .

DC **Code A** Right.

**Code A** . . and they're food is liquid, liquid food.

DC **Code A** And again that's administered by Staff Nurses and not Auxilliary Nurses?

**Code A** Yeah, it's actually done I think in Haslar.

DC **Code A** Okay. Have you ever had any cause at the hospital, to question um instructions given to you for treating a patient?

**Code A** No.

DC **Code A** Okay, from any member of staff on the ward?

**Code A** No.

DC **Code A** Okay. Are there any policies in place should you ever come across them?

**Code A** Report it to the Manager and if the Manager is not interested, then you take it higher.

DC **Code A** You take it higher.

**Code A** Yeah.

DC **Code A** but you've never, you've never come across

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that, where you had . . . you thought that's not right, I don't quite agree with that?

Code A

No. . . . . no.

DC Code A

Okay. I think we'll leave it there. I've got you duties here, I just want to clear one point up. And this is a copy of the duty sheet. Now DOR, what does that mean?

Code A

That's Day Off Requested . .

DC Code A

Oh right.

Code A

. . so I've requested a day off and that. . .

DC Code A

Did you get it?

Code A

More than lik. . . yes I did, yeah 'cos my Dad had died that year and I was . . every Tuesday I have to sort my own Mother and . .

DC Code A

Right and the 21<sup>st</sup> is where there's a DOR.

Code A

I don't know why that was.

DC Code A

but if it's on there it means you . . .

Code A

Means I've requested a day off . . .

DC Code A

And you've probably got it?

Code A

Yes.

DC Code A

Right.

Code A

Yeah.

DC Code A

Okay. So you actually worked three days, sort of within the time frame we're talking about?

Code A

Mmm mm.

MR ROACH

She's got a list there, she has actually . . perhaps she ought to state what . . in the second admission from the 17<sup>th</sup> of August onwards, just

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[Code A] Yeah, yeah.

DC [Code A] Okay and is that done on instruction by a Staff Nurse or is that generally . . .

[Code A] No, we. . that's .

DC [Code A] . . oh it's full, well I'll change it.

[Code A] . . yeah generally we would do it if it was full or if it was dirty or whatever.

DC [Code A] Yeah, okay. Right. I think we'll leave it there.

DC [Code A] Yeah.

DC [Code A] Is there anything you would like to add?

[Code A] These? Yeah, there's some of these in this statement that I don't agree with.

DC [Code A] Right, okay.

MR ROACH Now the statements you're referring to are from . . .

[Code A] Julie MCKENZIE . .

MR ROACH Right.

[Code A] The first one, I have actually marked them down.

DC [Code A] If you can refer to is as the page 'cos we've got exactly the same statement. .

[Code A] Right, okay. Page 5, page number 5, um they're saying that one of the Care Assistants first words to them were, "Well thank goodness you've come because she won't eat, while I'm trying to make her eat." Now there is no way any member of staff would say that. I actually disagree with that wholeheartedly. They would

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not say that.

DC **Code A**

She wouldn't actually force feed?

**Code A**

No we wouldn't.

DC **Code A**

If they wouldn't have it they wouldn't have it.

**Code A**

No, no it is there right to either refuse or eat, whatever.

DC **Code A**

Right.

**Code A**

So I really disagree with that. Um . . .

DC **Code A**

You're now referring to Page 6, yeah?

**Code A**

Yeah. Um and it's got here that um they said that the Mother, Gladys RICHARDS was rolled off the bed off the stretcher onto the bed. Well she was not rolled off of the stretcher onto the bed, she was lifted from the stretcher onto the bed.

DC **Code A**

Then basically moved from one side to pull the sheet and then the other side?

**Code A**

Yeah, that's it.

DC **Code A**

Yeah.

**Code A**

It was done correctly.

DC **Code A**

And I take it that time neither Mrs MCKENZIE nor Mrs LACK, were present when she returned?

**Code A**

I don't believe they were, but that again, we were just dealing with the patient. Um and the bed was . . .

DC **Code A**

Sorry can you just clarify that point. When she was transferred from the stretcher to the bed,

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can you recall whether the daughters were there or not?

Code A

I don't think they were, but I honestly can't remember.

DC Code A

Okay.

Code A

We were just sort of dealing with, with the patient. I mean she's got here that the bed was beside a wall and it would have been necessary to move it out in order to effect transfer from stretcher to bed. The bed was moved away from the wall.

DC Code A

I take it once she's in bed the bed would have been put back into place?

Code A

Yes it would have been, yeah for her safety as well as . . .

35.16 DC Code A

Yeah. Page Number 12.

Code A

Yeah, why. . . actually it's a question, I mean if the sisters were unhappy with the way we were dealing with it, why didn't they say something? Why didn't they say, look we're not happy, we will take Mum somewhere else, or we'll get a second opinion. Why have they waited 'til the last thing?

DC Code A

Mmm. Unfortunately we're not at liberty to add to that, yeah, but it's a question you'd like to raise though, if you had the chance?

Code A

Yeah.

DC Code A

Understanderably so.

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Code A

Page 17 er Mrs MCKENZIE is asking a question, why was she returned to bed from the ambulance, was her position not checked? I disagree, her position was checked by us and . .

DC Code A

. . rectified?

Code A

Yeah, by Margaret COUCHMAN.

DC Code A

Yeah.

Code A

Again here it's on Page 18, I said that Margaret did attend and the position was noted.

DC Code A

That was immediate was it, as soon as she was in, you saw the problem and . . .

Code A

Yeah, well we called Margaret, Margaret came in.

Oh that's almost the same that one. She's got here again it's Page 18, um and Mrs McKENZIE is saying, "When I later spoke to the two Care Workers, one of them, Code A (and I was the other one). .

DC Code A

Oh right.

Code A

. . Code A who didn't want me to mention to anybody that she'd told me, said in fact that my Mother had arrived back on the ward on a sheet on a trolley. We would never say we didn't want anybody to mention anything. We would never, ever say that.

DC Code A

Mmm, so I mean, by reading that, I mean I've read the statements and I've not picked this up

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til now, by reading that it would appear that the sisters weren't there when their Mother arrived at the time and they were told later.

Code A

It seems to be. . . yet I honestly can't . . .

DC Code A

And yet she's previously said that she was rolled from the sheet, so she's. . .

Code A

That's right.

DC Code A

. . . so what you're saying is that Mrs MCKENZIE couldn't be in a position to say that, because . . .

Code A

. . . she wasn't there.

DC Code A

. . . on her own statement she wasn't there.

Code A

No. No.

DC Code A

So she doesn't know where the bed was?

Code A

No. No.

DC Code A

It may be, I take it you believe it's an assumption on her part, when she arrived and the bed was next to the wall. . .

Code A

Yeah.

DC Code A

. . . that she's presumed that that's the way she was put to bed?

Code A

Yeah, but it wasn't. We done it correctly and I would say there's no way we would have said to her, look don't tell anybody, but . . .

DC Code A

Yeah.

Code A

We would never ever. . .not to Mrs McKenzie and Mrs Lack. This I am not capable of . . . I don't know the medical . . . any medication, you

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know we don't deal with that. . but knowing Philip the way we do, he would never, ever say that; apparently Philip said nothing could be done except give her pain relief to aid her in dying. That is so untrue it's unbelievable. He would. . if I can assume he would say, I will give her this to help her pain, but there's no way he would say to help her dying. No way, none of the staff would. It's not done.

DC Code A

No.

Code A

So that is totally wrong.

MR ROACH

Just for the tape, that's page 19 of Mrs McKenzie's statement.

Code A

Sorry page 19. Yeah.

Um, I don't know if I'm allowed to comment on Doctor BARTON, am I allowed to comment?

DC Code A

You can say whatever you want to say. You're referring to page number 22.

Code A

Page 22: Mrs McKenzie's saying that I do not understand why Doctor BARTON should feel it necessary to make this comment, I'm not quite sure what comment it was, about the Alzhei. . unless of course she had already it in her mind that she had got a 91 year old patient, who was in her opinion, a damn nuisance. Again Doctor BARTON wouldn't say it, or think it. She's a good Doctor and I would trust her with my life and I know that . . .

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And that's the same sort of comment that I made earlier, that nobody would say it until she died, because you don't know when people die, so that is . . .

DC **Code A**

What's that in relation to. . Page 24.

**Code A**

Page. . oh sorry, yeah, 24. Um and I believe it was, Philip had said that her Mother had developed a massive haematoma and that the kindest way to treat her was to put her on Diamorphine, to ease her pain until she died. Again I disagree on what that says.

Now we're going to Mrs Lack's statement, page 7. They are saying that her pain was misinterpreted, um because of her anxiety dementia, whatever, but her mother was actually in pain. You know a person when she's in pain, they hold the area of the pain, so it wasn't . . .

DC **Code A**

So in your opinion you can differentiate between a pain and . .

**Code A**

You certainly can, yeah. . .

DC **Code A**

. . and dementia /

M **Code A**

Yeah, you can.

DC **Code A**

And what the daughter's saying there is that she thought it was probably the dementia was the reason why she was crying out and not pain.

**Code A**

Um she's got here that er her reported behaviour could have been wrongly attributed to the presence of pain, as opposed to other alternative

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mider, as opposed to other possible causes such as anxiety.

DC **Code A**

**Code A**

Mmm.

And I think in a couple of things they're saying that she was in pain, that she was anxious or . . . but her mother was in pain. There is on page 10, Mrs Lack is saying that . . .

DC **Code A**

**Code A**

That's okay, we've got two or three minutes. .

Okay, that Mrs Lack said that the Care Assistant said you try feeding her, I can't do it, she's screaming all the time. That's different to what Mrs McKenzie said.

DC **Code A**

**Code A**

Yeah.

So they're not the same story.

Again we've covered that one.

I think that's it.

DC **Code A**

**Code A**

Risk it, risk it (*referring to the tape about to run out*)

No it's all right, I've brought that one up on Page 19, it's how the ambulance crew transferred her, so . . . that's already been looked at.

DC **Code A**

Right, but she probably wasn't there? She wasn't necessarily . . .

DC **Code A**

There's a series of questions that Mrs Lack has asked isn't it . .

**Code A**

Yes it is. .

DC **Code A**

Which you've addressed on your. . how was

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she transferred? How was she lifted? How was she brought from Haslar? Etc, etc.

Code A

And I've already covered it.

DC Code A

You've covered it, yeah. Is there anything else you'd like to add?

Quickly.

Code A

No, I think that Dr BARTON is a damn good Doctor and I would trust her with any of my family.

DC Code A

thank you very much. Is there anything you'd like to clarify?

Code A

No.

DC Code A

Okay. I'm handing Mrs Moss a paper on the tape recording procedure. The time by my watch is 1145. I'm turning the recorder off.

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