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RECORD OF INTERVIEW

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

Person interviewed:

Place of interview: Park Gate Police Station

Date of interview: 01/06/2002

Time commenced: 1805 Time concluded: 1832

Duration of interview: 27 mins Tape reference nos.
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Interviewing Officer(s): DC / DC

Other persons present:

Police Exhibit No: LMC/MJP/14 Number of Pages: 29

Signature of interviewing officer producing exhibit

Tape
counter
times(♦)

Person
speaking

Text

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

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	Code A	
DC	Code A	Okay and also present is..... Just introduce yourself by name.
	Code A	Code A
DC	Code A	Okay and your Code A son and you're here as a bit of moral support basically.
	Code A	Yeah, yeah.
DC	Code A	Okay. The time is 18.05 and the date is, what is the date, it's Monday isn't it. Monday 26 th of June, 2000. This interview is being conducted in the interview room at Park Gate Police Station. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes and it just details basically what the procedure is, what I explained at the beginning, okay. I must remind you that you are not under arrest and you are free to leave at any time and you are entitled to legal advice at any time, okay and that includes delaying the advice at any time. Do you require legal advice at this stage?
	Code A	Not at this stage.
DC	Code A	Okay. You can discuss it with a solicitor on the telephone, would you like to discuss with a solicitor on the telephone?
	Code A	If and when the need arises.
DC	Code A	Okay, but not at this time?
	Code A	Not at this stage of the game.

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DC Code A

Right, okay. What I'm going to do now is just go over, I've got this bit to read out and it's just hopefully will explain exactly what we're after and why we're here, then we'll go from there. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the twenty first of August nineteen ninety eight at Gosport War Memorial Hospital, here I can't say that (laughs). 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 seventeenth and the twenty first of August whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided her with direct nursing care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I emphasise that this is a search for facts and your accounts 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

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bodies and ultimately the Crown Prosecution Service on how we should proceed. Now as I say just declined legal advice but there is a solicitor who has got relevant material to this and we'll show the material throughout the interview. I emphasise 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're at the police station. 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. Now that's a caution and I think just to explain that, it sounds sinister but all its saying is, it's making you aware that obviously this interview we will be using and looking at and listening to and if there is any proceedings against anybody it may well be used in evidence, okay. That is a long way off if ever, I mean and that is not a decision that myself or Paul will be taking, in fact, it won't be a decision that the police on their own will be taking there will be you know advice from medical experts who will assist with this you know it's not going to be something that some policeman who's got no experience with medical profession is going to say well yeah

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4.22

Code A

DC Code A

there's a problem there and off we go, so as I say it's basically for us to ask you some questions and to get an account from you, if you can't remember you can't remember. As I say it was two years ago, as you've said it was two years ago, okay. Alright, do you understand?

Yeah.

I think what I'll do now I'll just explain exactly what the allegation is. It's been made by two people, a Mrs LACK and Mrs MACKENZIE who are the daughters of Mrs RICHARDS and were at the hospital at various times between the seventeenth and the twenty first of August, nineteen ninety eight. They make several allegations, those being that the way she was transferred from Haslar hospital where she'd had a hip operation and then subsequently dislocated and had it put back in there, from coming back there to Gosport there's an allegation of the way she was carried by the ambulance staff, there's concerns about her being denied water towards the end and the level of medication she was on, there's disagreements over that and they feel that medication, no again I understand in your role that the medication is not something you deal with but I'm just obviously given you the wider

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		picture so it's basically the level of care and the medication she's put on that they've basically got an issue with. As I say we're basically getting an account from all members of staff and I think what we'll do is perhaps you could give me, explain to me your role in the hospital, your experience at Daedalus, how long you've been there and what you're sort of expected to do on a day to day basis.
6.07	Code A	Right erm well first of all I work night shift so basically any sort of like, there is a difference between the night duties and the day duties.
	DC: Code A	Right, yeah.
	Code A	To the extent of there's not constant people there all the time, in the areas. Erm what we basically do, oh I'm sorry I've been there two and a half years and my basic role is for supporting trained staff in whatever capacity. I don't have anything to do with medications at all...
	DC: Code A	...No.
6.40	Code A	...that isn't my field. All I do is general hands on nursing, that's bathing, making people comfortable, anything they need sort of toilet functions, I'm there for that, I'm there for helping them in the night if they want to use the toilet or the commode whichever way and basically in the morning giving them a wash,

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		and getting them for their morning cups of tea and then they, day staff come on and they carry on from there with regular checks in the night depending on obviously the state of play of their health...
	DC	Code A
		Code A
	DC	Code A
		Code A
	DC	Code A
		Code A
	DC	Code A
		Code A
7.51	DC	Code A
		Code A
	DC	Code A
		Code A
	DC	Code A
		Code A
	DC	Code A

...Right.

...if their health is sort of terminal then we do checks sort of ten, fifteen minute intervals...

...Oh right.

...we check it out, we don't ever leave anybody that's terminally ill without somebody actually seeing if they're okay, you know for short breaks of time.

Yeah, yeah.

It's obviously they're the priority so they get checked out more so than what they would if they were sort of able or whatever, the terminally ill always given the most priority as regards observations.

Yeah, what sort of experience have you had in treating the elderly or...?

I have over twenty seven years nursing experience with the elderly.

Right, okay and two years at...

And two years at the War Memorial...

...at Daedalus.

...yeah, at Daedalus, yeah.

Right, okay. What sort of patients do you get

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		into Daedalus?
	Code A	We get people that need stroke rehabilitation.
	DC Code A	Right.
	Code A	Erm and also we have long term, what they call long term elderly care, continuous care...
	DC Code A	...Right.
	Code A	...so that they come in and you know you try and rehabilitate to the best you can but you know it's long term elderly care so it is a bit of a different limitation to what you give for people that are short term or respite.
	DC Code A	Yeah, you are going to recover and...
8.30	Code A	...That's right, it's virtually if you have them on respite as well they come in and they are given physio, and they encouraged with the nurses to do a lot more for themselves, this kind of thing and then they're fit to go home and they lead a relatively normal life after a stroke...
	DC Code A	...Right, yeah.
	Code A	...so that's basically it, two types of people that we look after.
	DC Code A	Yeah, okay. So have you worked permanent nights since you've been at....
	Code A	...Yes I have.
	DC Code A	You have, okay. So it does differ, how does it differ to the day shift do you know?
	Code A	Well you don't get that much communication with relatives, you don't get that much

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	communication with sort of like what I would call everyday members of staff, you've got your own team that's on nights which can fluctuate from night shift to night shift who you are working with but it's still within that team.
9.22	Yeah.
DC Code A Code A	Whereas when you're on days, you've got sort of regular teams again but they're in their own little lots as well so really on nights it's basically three nurses, you've got your staff nurse that's in charge of the ward and you've got yourself and another health care support worker plus you've got the nurse that's in charge of the hospital throughout.
DC Code A	Right, right, okay so in relation to the checks to the terminal, if you came across something that was a problem you would basically go and see the staff nurse in charge of the ward?
Code A	Yes, yes you would indeed you would, if there's any change whatsoever in your considered opinion of the change of condition no matter how small you would report it, even just a flicker you know it may not seem important to everybody else but because your in that job and you're trained for it you can, you know over that many years that something wrong instinctively, you would go to your nurse in charge.

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	DC	Code A	And just yeah and make her aware.
		Code A	And then she would be aware of it and she would come and check it out.
10.31	DC	Code A	Yeah, okay because as I understand it the ward is visited daily by a GP?
		Code A	Well I don't know the daily routines so much so with being on nights...
	DC	Code A	...Right, okay, yeah, okay.
		Code A	...so what goes off on the days apart from general report that we get on handover and the patients condition you know that's as far as I'm aware.
	DC	Code A	Okay. Are you aware what happens on nights if there is a problem and staff nurse thinks well I'm not happy about this, who would she go to?
		Code A	Yeah, well if the staff nurse is not happy then we, erm then she would erm inform the nurse that's in charge of the whole hospital...
	DC	Code A	...Right
		Code A	...because the doors are locked at a certain time in the hospital so therefore they've got to have easy access for visitors coming in and this sort of thing well the nurse that's in charge of the hospital informs the porter of visitors and well the nurse in charge does as well but they do inform the porter that you know people are going to be on the premises that he won't know and they'll be coming to the door and they need

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11.30	DC Code A	letting in and showing off, this kind of thing.
	Code A	Oh right, and I mean if there's, a doctors required for any reason do you know how they...is that something that you got involved with or have seen...?
	DC Code A	...As far as I'm aware if there's a doctor involved then the nurse in charge will inform the doctor.
	Code A	Right.
	DC Code A	And then go on actually what the doctor would say.
	Code A	Yeah, advises.
	DC Code A	Advises her what to do then.
	Code A	Yeah, okay. Right as I've said in my long winded introduction this relates to Gladys RICHARDS, now have you had a chance to look at your duties, I know some members of staff had a chance to look back at their duties.
	DC Code A	Yeah
	Code A	Can you remember what you were doing?
	DC Code A	I believe when I looked, actually glimpsed at what I was actually doing that on the eighteenth it was...
12.19	Code A	Right
	DC Code A	...I believe it was the eighteenth, on nights that night.
	Code A	Okay.
	DC Code A	Erm and basically I'd reported in the care, in

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		the basic care plan for her what I did in the morning...
	DC	Code A
		Code A
	DC	Code A
		Code A
	DC	Code A
		Code A
	DC	Code A
		Code A
13.25	DC	Code A
		Code A
	DC	Code A
		Code A
	DC	Code A
		Code A

the basic care plan for her what I did in the morning...

...Oh right.

...and that was to give her a bed bath and mouth care and make her comfortable.

Perhaps we'll go to that now then just to, so you can talk us through that...

...Yeah.

...for the purpose of the tape this is Gladys RICHARDS health record which is I understand basically covers everything that sort of happens to her in the hospital?

Uh uh, this is whats made up on admission all the bits and pieces.

Yeah. You have different forms don't you?

Yeah we have different forms for different things, now what we basically do on nights is we do the one erm one's relevant either personal hygiene, bowels open and also erm how they spent the night, whether they spent it poorly or whatever...

Oh right.

...if on occasions we might not write that in it might be the nurse in charge....

...Yeah

...will write that if there's any extras to write or she might even just write it anyway...

...Right, okay.

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	Code A	...depending on circumstances...
	DC Code A	...Yeah
	Code A	...but she's always sort of like documents everything that we do is documented at night.
	DC Code A	Oh, okay.
	DC Code A	Is that everything that..if there's a change?
	Code A	If there's a change in her condition it would be documented...
	DC Code A	...It's documented, yeah.
	Code A	...and the relatives informed.
	DC Code A	Right but I mean obviously you mentioned that fact that you visit like the terminally ill about every fifteen minutes?
14.02	Code A	That's right yeah.
	DC Code A	But you wouldn't document each of those visits to say that you've visited her and she's okay?
	Code A	Depending or not whether they want it.
	DC Code A	Oh right.
	Code A	Because sometimes there is erm procedure where you do, are requested to do that...
	DC Code A	...Right but it's not a matter of course for every patient?
	Code A	...it's not a matter of course for every patient, no.
	DC Code A	No, okay.
	Code A	It's only when you come across anything that you shouldn't...
	DC Code A	...That you feel needs noting and...

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	Code A	...needs telling.
	DC Code A	Yeah.
	Code A	Yeah, yeah.
	DC Code A	Okay.
	Code A	~So with that one, that's what erm this one when it says about the clean and comfortable, level accept..acceptable to him or her, now what we do in the morning is when we have the poorly ones like obviously Mrs RICHARDS was sort of terminal we will give a bed bath but we will give a bed bath under direction of the nurse in charge...
14.51	DC Code A	...Right.
	Code A	...it's on her discretion normally speaking if erm we feel there's a need for a full bed bath then we will give a full bed bath, if not then it will be a reasonable wash without causing undue harassment...
	DC Code A	...distress, right
	Code A	...to the patient erm and the oral hygiene is a matter of course as well because if they're wearing dentures or not the mouth has to be cleaned, must be cleaned erm and this is what we do, we make sure that the mouth is cleaned and a complete hy...bed bath there would be a top to toe wash and to make sure that they were very comfortable, change of nightie, comb of hair ecetera and just leave them as comfortable

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			as possible.
	DC	Code A	Is that your entry down there at the bottom of the personal hygiene page the eighteenth?
15.41		Code A	Erm I wrote both of those I think.
	DC	Code A	Right
		Code A	Yeah.
	DC	Code A	Okay, the purpose of taping that is the eighteenth of August as I say a complete bed bath given...
		Code A	...Yeah.
	DC	Code A	...plus oral hygiene?
		Code A	Yeah.
	DC	Code A	Okay.
		Code A	That would be the morning of the eighteenth.
	DC	Code A	Morning of the eighteenth, so seventeenth through to the eighteenth?
		Code A	Yeah.
	DC	Code A	What hours do you do on nights?
		Code A	I do from er quarter past eight is handover to quarter to eight in the morning.
	DC	Code A	You mentioned a minute ago that Mrs RICHARDS was terminally ill!
		Code A	Ah huh.
16.08	DC	Code A	Do you know, can you remember or are you aware of what she was dying of?
		Code A	No I can't remember to be honest.
	DC	Code A	No.
	DC	Code A	Okay, now you've obviously had a chance to

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		look at these notes...
	Code A	...Well I've just looked at that one.
	DC Code A	...Yeah, yeah. Without sort of looking at the notes but we will sort of go through in a minute, what...do you have any recollection of Mrs RICHARDS or her family?
	Code A	I'm afraid I haven't, none whatsoever because like we've got people coming in, going all the time and alright maybe she should have stood out as she was terminal but then you do have quite a few terminals as well so it would have to be something extraordinary to stand out...
	DC Code A	...Yeah
	Code A	...in my mind you know.
	DC Code A	Did you remember like a I mean you've been at Daedalus for two years now I mean on occasions are there certain individuals that you can bring to mind because of certain problems they had or instances that happened at the hospital with them or anything like that?
16.59	Code A	Well like for the religion side of it...
	DC Code A	...Yeah.
	Code A	...erm if you've got somebody with a Jewish believe for instance or a Jewish diet something like that...
	DC Code A	...Yeah
	Code A	...that's extroad...out of the ordinary then you'd have to adhere to ...

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	DC	Code A	...Any sticks in your
		Code A	...any special diet and what have you or any special treatments I mean like for instance with Jewish people you wouldn't give a complete bed bath, you'd have to leave well alone...
	DC	Code A	...Oh right
		Code A	...because of their religious reasons, a rabbi and sort of thing, you'd have to leave be, it would be up to him to do all this business so unless it's something that really prominently sticks out I'm sorry but that's the way...
17.38	DC	Code A	...No, okay so no memory of...'cause as we understand it there was her two daughters with her?
		Code A	Yeah well I never met the daughters after you see.
	DC	Code A	You never met them, okay.
		Code A	As far as I can recall anyway.
	DC	Code A	Alright, so some of these questions it may seem like I'm asking the same question but I'm not. So there's no time do you remember Mrs RICHARDS shouting out or anything like that, any discussions about her?
		Code A	I can't honestly remember.
	DC	Code A	No, okay. Right, okay just want to go over a few general questions now. Now in relation to feeding and providing water for a particular patient, what sort of rules do you go by or

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	Code A	guidelines do you go by for those?
	Code A	Well we, usually it's at the discretion of the trained staff again.
	DC Code A	Right.
	Code A	Erm if there's risk of choking and this sort of thing...
	DC Code A	...Right, okay.
	Code A	...you've got to take that into account erm if it's a person that's had a stroke then they would have to have thickened fluids this kind of thing, some people are..erm like a feed...
	DC Code A	...Oh right, yeah.
18.51	Code A	...peg feeds erm some people have nasal tubes for feeding er there's different regimes of feeding really.
	DC Code A	Yeah, okay. Was that some...is that something you'd be able to administer, the sort of the tubes and the or would that be done by a trained...?
	Code A	...No, no that would be a trained staff..
	DC Code A	...that would be trained staff, okay.
	Code A	...at the discretion of the day nurse, trained staff.
	DC Code A	Your role would be obviously sort of normal, sort of provide the drinks and food in the normal way if they were up to...
	Code A	...Well that's right at the discretion of the staff nurse in charge, she would let you know what

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		she felt the patient was capable of taking. You may feel you know yourself, oh well maybe a little drink here or drink there but then they know better than you, they've seen it all.
	DC Code A	Yeah.
19.36	Code A	Been round the park as it were so they know...
	DC Code A	...Yeah.
	Code A	...like the score, you don't take it on yourself at all.
	DC Code A	I wonder if you wouldn't mind just taking a moment, just have a..I mean this is a...if I start from the beginning, this is a contact record for Mrs RICHARDS which you may not have the opportunity to look at, just have a quick look through and see if there's anything that is relevant to you or you say oh yeah I remember being I think it was as you say one night you were there but if you just want to take a look through.
	Code A	(looking through documents)
	DC Code A	I'm asking that, I'm not saying that there is, there may not be anything there so just give you the opportunity to....(pause)
	Code A	(looking at documents)
	Code A	You see there's your staff nurse there, these are things that the staff nurse does.
	DC Code A	Oh right, that's
	Code A	...That's all what the, the duties of the staff

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		nurse and staff nurse actually reported for the night...
21.09	DC Code A	...Right.
	Code A	...so it was me that did the reporting in the morning, yeah.
	DC Code A	So you would go back to the staff nurse and say oh she's restless or she's, a particular patient is restless, all this, that and the other...
	Code A	...Yes, yeah
	DC Code A	...and then staff nurse would note it down, or restless night or ...
	Code A	...Yeah, yeah the staff nurse would go more in depth.
	DC Code A	Yeah
	Code A	You'd say basically what you saw.
	DC Code A	But she'd, what you said would form part of what she would put down or...
	Code A	...She would either document or she would hand the report over to the following staff in the morning.
	DC Code A	Would you get involved in because I know that they sort of, you have briefings don't you at the beginning of your shift...
	Code A	...Yeah.
	DC Code A	...or the nurses, staff nurses do. Would that be something you would be...?
	Code A	...We all get briefed.
21.49	DC Code A	Right, you do.

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	Code A	But I mean obviously we get briefed and the staff nurse would get briefed to an extended version as and when required really.
	DC Code A	Yeah.
	Code A	I mean we get briefed in our role as well, I mean we get a general picture...
	DC Code A	...Yeah.
	Code A	...and then of course there's like staff nurses role and our role.
	DC Code A	Yeah so they differ so there be bits of...
	Code A	...They can differ obviously the medication that they talk over and this kind of thing you fill in any medication change or whatever, it's just basically knowing your own boundaries and what you're actually...
	DC Code A	...Yeah, yeah.
	Code A	...you know, the level of care you are giving is to you personally, there's two auxiliaries.
	DC Code A	Yeah the briefing is pitched to what your role is?
	Code A	That's right, that's right...
22.32	DC Code A	...As opposed to
	Code A	...I mean if the staff nurse needs you to know any further then she will tell you but I mean nothings ever kept secret but it's just the way it goes that...you know it's just concerned with your care, what you're giving is what is translated from the staff nurse and she knows

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		her role as well, what she has to give as well so...
	DC	Code A
		...Yeah, sure.
		...part of the team.
	DC	Code A
		Just one question here on the nutrition page, now there's a gap here between the when she came back on the seventeenth and I know you didn't get involved in feeding because they were asleep half the time but would there be any reason why there would be gaps like that you know for what's that four days?
		Yeah, I'm not sure, I'm not sure at all, I wouldn't like to say.
		No.
	DC	Code A
		No, 'cause I mean this is the daytime.
	DC	Code A
		Yes
		So whatever happens in the day happens in the day so I wouldn't like to say anything on that one.
23.29	DC	Code A
		Now I understand these forms, the care plan is kept at the foot of the bed is that right?
		Yeah, yeah.
	DC	Code A
		So when you've done something you can pick it up and...
		Yeah, yeah.
	DC	Code A
		Okay, it's not you. (Looking through) Okay, then we're onto the drugs.
		The actual drugs, they don't do anything...

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	DC	Code A	...No
		Code A	...I can't do anything about the drugs at all, I can't say anything about those because they're not my domain.
	DC	Code A	No, okay. You've got no sort of background or able to say what that particular drug does if ...?
		Code A	...No, no erm basically erm we're told what is like prescribed if we, if we're looking for any erm what they call contra indications.
	DC	Code A	Oh right, yeah.
		Code A	In other words any complications that might arise from that drug.
	DC	Code A	Yeah.
		Code A	Erm because there's some drugs that you can take for instance that you can't take dairy products with....
24.49	DC	Code A	...Oh right.
		Code A	...them kind of things so we're informed on a drug like that if there's going to be any adverse reactions or if it's been put on there just to sort of observe, you know like it's been put on that day and they're doing a checkout to see if the patient is actually allergic to that drug then they will tell you that, like that the possibility of sickness and this kind of thing, they've taken a tablet or whatever.
	DC	Code A	So it's for you to keep an eye out to report back?

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	Code A	Yeah you observe through the night and you report that back if there's any adverse effects.
	DC Code A	Okay, perhaps I can ask you just one question in relation to that then, now I'm aware that Mrs RICHARDS and I know you can't comment on the actual drugs but she was put on a syringe driver and was given haloperidol, hyoscine, diamorphine and midazolam.
	Code A	Uh uh.
	DC Code A	Are you aware of those combinations and whether there's any side effects you've been made aware of to look out for with other patients because I know you haven't got the knowledge of Mrs RICHARDS?
25.53	Code A	Yep, there probably will be in the pattern of time but I mean for me to say, spout off automatically...
	DC Code A	...Yeah.
	Code A	...I couldn't say.
	DC Code A	You couldn't say, okay.
	Code A	No, sorry.
	DC Code A	Right, well I think we'll leave it there, is there anything you'd like to add anything you feel you want to say?
	DC Code A	Just a quick one, if in your capacity as a health care worker, if you unhappy about something that was happening to a patient where a decision had been made by somebody more

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		qualified than you, are you, is there a course of action you can take to make somebody else aware saying look this is happening and I don't think this is right?
	DC Code A	Yes, yes there is.
26.35	Code A	There is, yeah and what is that course of action?
	DC Code A	Well basically erm if you don't like what's been hap...what's happening erm and you've got a gut feeling about anything then you go to the person who's action you're querying it with.
	Code A	Yeah
	DC Code A	And you ask them why is it happening? Why, what for, for whatever reason can you give me a reasonable explanation 'cause you wasn't happy with the way it was conducted whatever and if they seem very vague or evasive or anything that you feel is wrong about the way they're coming across then you can say right well I'm not happy with your answer and I have to take it further.
	Code A	And then you go further up the chain?
	DC Code A	You go further up the chain, you go to...
	Code A	Have you had any cause to do anything like that in your career at all?
	DC Code A	No.
	Code A	No.
	DC Code A	No.
	Code A	Fine.

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DOCUMENT RECORD PRINT

27.21	DC	Code A	Okay, alright is there anything you've said that you'd like to clarify, anything that you feel we've, warrants further explanation or...?
		Code A	...I don't think so, I don't think so at all.
	DC	Code A	Okay.
		Code A	Can't think of anything.
	DC	Code A	Okay, not a problem, right I'm handing you this notice explaining the tape recording procedure and I'd like you to complete the lower half before we go. The time by my watch is 18.32 and I'm turning the recorder off.
			END OF INTERVIEW

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