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RECORD OF INTERVIEW

Number: Y11

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

Person interviewed:

Place of interview: Park Gate Police Station

Date of interview: 01/06/2000

Time commenced: 1440

Time concluded: 1516

Duration of interview:

36 mins

Tape reference nos.
(◆) 44/00/029069

Interviewing Officer(s):

DC DC

Other persons present:

Portsmouth

Mr. GRAHAM (Soulet & Co Solicitors)

Police Exhibit No: LMC/MCP/6

Number of Pages: 37

Signature of interviewing officer producing exhibit

Tape
counter
times(◆)

Person
speaking

Text

DC

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

DC

DC

DC

I'm interviewing please can
you give your full name and date of birth?

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Code A

Code A

DC Code A

And also present is....

SOLICITOR

Mr GRAHAM from Saulet & Co Solicitors in Portsmouth, legal advisor.

DC Code A

Okay. The date is Monday the 19th of June, year 2000 and the time is 14.40. 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 I must remind you that at all times you are entitled to legal advice through Mr GRAHAM and the interview can be delayed at any time should you want to speak to him, okay, understand that?

1.04

Code A

Thank you.

DC Code A

What I'm going to do now is just explain why we're actually going down this route and what we need to talk about. Basically 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 August whilst admitted to this hospital. We are seeking to interview those members of the

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nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided help 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 solicitors been provided with relevant material prior to this interview commencing. I must 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 are at the police station and the next bit 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 that?

2.46

Code A

Yes.

DC Code A

You understand that, in particular the caution?

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Code A

Yes.

DC Code A

Okay. Just to go back on that, I've explained it to the other people we've spoken to already, obviously everybody we speak to will be sort of assessed in terms of what's been said but any decisions made won't be taken by people or certainly without the advice of people who are experienced in the medical profession and have got a background in relation to how things are done, and that won't be taken by a police officer who's got no prior knowledge of how a hospital works or how this or that works basically you know it will be a careful process and each interview will be looked at you know carefully and weighed up properly, so there's no witch hunt or anything, it's just for an account as to what people's various roles are in the hospital and just answers to various points that have been raised.

Code A

I see.

DC Code A

Okay, alright?

Code A

Yes.

DC Code A

Me and Lee we're, I mean we don't understand what's in this package here, this file that relates to Gladys RICHARDS. We're here to gather facts for somebody else to have a look at and that's what we're interested in is the facts, what people can tell us about what their

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responsibilities were with regard to Mrs RICHARDS and all we want to know is...

4.12 [Code A] ...Fine

DC [Code A] Fine, okay. What you....

[Code A] ...Yes.

DC [Code A] ...your role was etc, etc, etc.

[Code A] Thank you.

DC [Code A] Okay. First, I think firstly if you could perhaps outline your professional qualifications and experience and particularly what your, what role you were in at the hospital in August '98.

[Code A] I was an enrolled nurse which erm is a registered nurse level 2 and I've been on the ward for many years, I couldn't tell you exactly how many but I've been in the hospital twenty or twenty one years so that was my experience.

DC [Code A] Right, okay.

[Code A] Previously I'd worked at the Warhill in Plymouth but in Portsmouth but I doubt if you would remember the Warhill.

DC [Code A] Yeah, I went there, I had my arm fixed there once.

[Code A] Did you...

DC [Code A] Safeways now isn't it.

[Code A] Yes.

DC [Code A] That's right, yeah, there you go.

DC [Code A] There you go.

DC [Code A] So at Daedalus you were an enrolled nurse. Can

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		you...we're basically speaking to staff nurses....
	<input type="checkbox"/> Code A	...Yes.
	DC <input type="checkbox"/> Code A	...what's the difference then?
	<input type="checkbox"/> Code A	Much, much the same they have a far deeper er knowledge of trai..er deeper training and (inaudible). Where most nurses are practical nurses, they're qualified to a degree but in the main always need a state registered nurse to erm countersign, like your, these drugs...
	DC <input type="checkbox"/> Code A	...Right.
	<input type="checkbox"/> Code A	...an enrolled nurse wouldn't go and do a preparation such as you're talking about now. A state registered nurse would be there also, by the same token neither can staff nurse, a state registered first level do it, you always have to have two but the levels really on the ward are very similar.
6.02	DC <input type="checkbox"/> Code A	Right, okay.
	<input type="checkbox"/> Code A	Very similar.
	DC <input type="checkbox"/> Code A	So you can, can you administer drugs?
	<input type="checkbox"/> Code A	Erm injections....
	DC <input type="checkbox"/> Code A	Injections or otherwise yes.
	<input type="checkbox"/> Code A	Yes, yes, yes.
	DC <input type="checkbox"/> Code A	Okay.
	<input type="checkbox"/> Code A	Yes and I would be in charge of the ward at times...
	DC <input type="checkbox"/> Code A	...Right.
	<input type="checkbox"/> Code A	...you know...

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DC **Code A** Depending on who would be on duty at any one time.

Code A Depends on staffing levels, mmm.

DC **Code A** Okay. Right so you've been at Daedalus ward in particular how long?

Code A Since it was built, I mean I was on the, in the main hospital before that, on the male ward as it was then and erm do you know when it was built, the new part of the hospital?

DC **Code A** I don't, no.

6.44 **Code A** It must be about six or seven years ago now.

DC **Code A** Yeah.

Code A But we moved from the main hospital over to Daedalus.

DC **Code A** Since it was formed?

Code A That's right.

DC **Code A** Okay and what sort of patients do you get into Daedalus?

Code A Erm stroke rehabilitation patients and continuing care patients.

DC **Code A** Okay and in terms of continuing care, what sort of..is that obviously to go on to other places or...?

Code A Hopefully we would return them to the community but sometimes they would stay with us permanently.

DC **Code A** Right, okay. What would be the reasons why they would stay? What would be some of the,

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some examples?

Code A

Because the, when I say return to the community that would be either relatives erm not always the relatives cope with that sort of situation and the other aspect would be to go into nursing homes and you can't always get funding for nursing homes, erm sometimes nursing homes would consider them erm an unfit patient to have in there, that they wouldn't have the expertise to cope.

8.00

DC Code A

Right, okay.

Code A

So they'd stay on the ward.

DC Code A

Okay. Just I think what we'll do is we'll, I brought the duty rota here because...just to remind you what you were doing between the 17th and the 21st. This is a photocopy which isn't very clear, I'll show you one from the week commencing the 16th. If I draw your attention to your name there and oh it's from the 17th.

Code A

Yes I was there then on a late shift.

DC Code A

What does that, is that de...

Code A

...Days off, I was off duty then until the 25th.

DC Code A

Right, there's a date here.

Code A

A date there?

DC Code A

Yeah.

Code A

That's three thirty (3.30).

DC Code A

Right what does that...

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[Code A]
 DC [Code A] ...That's the time I go on duty.
 [Code A] Right so your on duty on the 17th?
 DC [Code A] Yes.
 [Code A] But then your off?
 8.59 [Code A] That's right.
 DC [Code A] Right, okay. Just going over the way the
 hospitals set up, in terms of the patients and
 who's responsible for prescribing treatment
 particularly medication?
 [Code A] The GP.
 DC [Code A] The GP...
 [Code A] ...Mmm, mmm Doctor BARTON, the GP
 concerned.
 DC [Code A] Okay and how would she do that? What
 process would she do in order to prescribe drugs
 and also to monitor you know there results?
 [Code A] On her, she based her opinions on the state of
 the patient.
 DC [Code A] Right, okay so I mean does she visit the
 hospital?
 [Code A] Every day, er week days, every week day.
 DC [Code A] Every week day.
 [Code A] But there is always a GP on call from the
 practice who would come in if we needed
 someone.
 DC [Code A] Yeah, okay, alright. Would she actually visit
 patients individually through the ward?
 [Code A] I didn't do the round with Doctor BARTON.

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10.09 DC Code A You weren't involved in that?
Code A Very rarely.
DC Code A Okay. Who would normally do that?
Code A The nurse in charge which would be a first level registered nurse.
DC Code A Right, okay. Is that a staff nurse or is that a...?
Code A ...Yes.
DC Code A That's a staff nurse, right, okay. So ordinarily you wouldn't be involved in discussions over treatment or...?
Code A Infrequently.
DC Code A Infrequently, okay, alright. In relation to Gladys RICHARDS do you recall Mrs RICHARDS being in the ward?
Code A I admitted her.
DC Code A You admitted her?
Code A I'm pretty sure I admitted her.
DC Code A Right, okay. Can you recall what she was like when she was admitted?
Code A Yes.
DC Code A Can you describe it...?
Code A ...Do you want me to say.
10.56 DC Code A Yes please.
Code A Okay erm she was with her daughter, yes her daughter came with her. She was a frail erm confused lady who'd had a hip replacement. She took nourishment, her daughter fed her with supper, she at one stage showed that she needed

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to spend a penny and I got her a nurse to help me and we transferred her from her armchair onto a commode where she spent a penny and back onto the chair again and she gave every appearance of being quite comfortable, and really that's my memory of Mrs RICHARDS.

DC Code A

Yeah, okay.

DC Code A

On that I think your recollection of her there was possibly after the first visit?

Code A

Oh indeed, her very first...

DC Code A

...First admission rather...you weren't there at the second admission when she came back again?

Code A

Indeed not, no...

DC Code A

...No.

Code A

...I'm talking about the...

12.02

DC Code A

...The 11th.

Code A

...11th, I was late duty...

DC Code A

...Yeah.

Code A

...the 11th okay.

DC Code A

So that recollection is after the initial operation?

Code A

That's right.

DC Code A

Oh right.

DC Code A

So she was (inaudible)

Code A

Yes.

DC Code A

Right. Was there any, what was, did you see her on the 17th when you were...?

Code A

...I'd have to look in my diary. I don't think I

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was even on duty, oh yes, yes I did see her on the 17th and you want to know that work?

DC **Code A**
Code A Yes please, yeah.

DC **Code A** Okay, fine well I went on duty at half past three (3.30) and erm she was being noisy, she was very agitated and obviously in distress.

DC **Code A** Okay. Did you become aware of what was causing her to be like that?

12.51 **Code A** Did I become aware of it, no I can't say, I assumed it would be because she was in pain.

DC **Code A** Mmm. On that day were you responsible for Mrs RICHARDS or was somebody else sort of...?

Code A ...Philip BEED was in charge of, can I check, I'm sure it was Philip in charge of the ward in the afternoon.

DC **Code A** (inaudible) duty rota then.

Code A Thanks, 17th

DC **Code A** 17th

Code A Yes Philip was there and erm I seem to remember he spent a lot of time with the daughters. Can I look at that again, I would like to see what, which carers were on because it might jog me a bit. No mmm, yes, right so that (inaudible) there were only about three of us in the afternoon and evenings anyway.

DC **Code A** Right.

Code A So Philip was in overall charge and would be

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seeing to the doctors and the, and the in this case the daughters and the carer, myself would be seeing to the patients....

DC Code A

...Yeah.

Code A

...all the patients needs not just Mrs RICHARDS....

14.11 DC Code A

...Yeah (inaudible)

Code A

...onto the ward.

DC Code A

Okay and that would, that in relation to the other patients, what would be the sort of things you'd be doing?

Code A

Feeding them, cleaning them, exercising them, just generally caring for them...

DC Code A

...Mmm, okay.

Code A

...by putting them to bed at some stage.

DC Code A

Yeah. Can you I know it's two years ago, can your recall the sort of numbers in the ward at that time?

Code A

No I can't.

DC Code A

No, okay. Alright, when did you become aware that Mrs RICHARDS treatment had changed to the syringe driver? How did you become aware?

Code A

I was unaware of it.

DC Code A

Okay.

Code A

I mean after the 17th when I returned to the ward erm she had died so I mean it just didn't cross my mind.

15.07 DC Code A

No, certainly okay. What was your duty that

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day, it says, I know you say you were on but
that was three thirty (3.30) til...
 [Code A] ...eight thirty (8.30)
 DC [Code A] ...eight thirty (8.30) so it was a five hour...
 [Code A] Mmm
 DC [Code A] Afternoon into evening?
 [Code A] Uhh
 DC [Code A] Afternoon into evening?
 [Code A] That's right.
 DC [Code A] Okay, did you have any conversation or were
 you part of any conversation in relation to
 treatment suggested for Mrs RICHARDS?
 [Code A] Not at all.
 DC [Code A] Okay. Did Doctor BARTON attend the hospital
 on that date do you recall?
 [Code A] I have no idea.
 DC [Code A] Is that you can't remember or didn't see?
 [Code A] I don't recall seeing her...
 DC [Code A] ...Okay.
 15.51 [Code A] ...but that's not to say that she didn't.
 DC [Code A] Okay and do you recall any contact you had
 with the two daughters, any conversations with
 them?
 [Code A] Only on the day of her first admission but not
 after that.
 DC [Code A] Right, okay and on the 17th there was no?
 [Code A] No nothing at all.
 DC [Code A] Okay. I just wondered if you could talk us

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through the syringe driver and how it works and you know what it achieves.

Code A

Yes, erm what it achieves, a syringe driver, it's a ten (10) mil syringe and medication is in that to cover a 24 hour period. It can be used for many things and pain control is one of them and in this case Mrs RICHARDS obviously had pain control, as she was very agitated she might well have had erm something to remove the agitation to relieve her anxieties and that probably would have been midazolam and had she been chesty, bubbly and they collect, phlegm is stuck to the throat and its very distressing, you'd put er hyacine or something in to dry up the secretions.

DC Code A

Right.

17.14

Code A

Erm that would go at a regular interval over 24 hours automatically,(inaudible)

DC Code A

Thank you.

Code A

Must have seen them.

DC Code A

We're trying to find out what make they are, you don't know what they're called? What company makes them all?

Code A

No, no.

DC Code A

No we'll have to get the catalogue.

DC Code A

So...

Code A

They're about the size of your tape recorder box.

DC Code A

Oh right, okay. So the advantages of that over

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giving drugs orally or by oral injection.

[Code A] Oh far superior, I mean you don't have to disturb the patient every three to four hours to do it and this way also the pain doesn't creep through...

DC [Code A] ...Right

[Code A] ...the pain is damped and stays damped...

DC [Code A] ...Remains like that....

[Code A] ...whereas in the old days we'd give another injection when the pain came back...

18.09 DC [Code A] ...Yeah

[Code A] ...you avoid that to patients these days.

DC [Code A] Okay now as I understand it, it's done under the skin, subcutaneously...

[Code A] ...Intra..that's right just, just needle under the skin.

DC [Code A] Right, okay, but just to clarify when you left the ward for your days off Mrs RICHARDS wasn't on a driver at that stage?

[Code A] I don't remember.

DC [Code A] You don't remember?

[Code A] No.

DC [Code A] Okay but you certainly didn't have any input?

[Code A] Well if I did there would be a record of it.

DC [Code A] Yeah, okay.

[Code A] I mean my signature would be somewhere if, if, it wouldn't be here it would be in our drug book if you've got that.

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DC Code A Drug book, okay.
Code A The DDA book, mmm, control book. It wouldn't be on any of these pieces.

19.05 DC Code A We've got here from the, Mrs RICHARDS records...
Code A ...Yeah but my signature wouldn't be on there.
DC Code A ...it wouldn't be on there?
Code A No it would be on the ward control drugs book.
DC Code A Is that it?
Code A Ahh, that could be it, yes.
DC Code A I think if you go through the pages all those in green...
Code A ...Oh right about (inaudible)
DC Code A ...yeah (inaudible)
Code A Well I don't see me there.
DC Code A LH10 copy of what you've been shown.
Code A No I obviously didn't.
DC Code A No, no. Sorry could you go through with us I think there's five pages there.
Code A Right let's have a look.
DC Code A I don't know for the purpose of the tape referred to that page.
Code A That's my signature there.
DC Code A All we're interested is this.
Code A That's not me, no, no, yes over there what was that for?

20.05 DC Code A It's the....
Code A ...That's oromorph.

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DC Code A ...oh that's prior to the ...

Code A That's oromorph on the 17th.

DC Code A 17th it's on the 17th.

DC Code A And that was used with a bounty driver?

Code A Indeed. (inaudible) so is that one, number 17

DC Code A And that was at 15 is that the time its booked out of the store?

Code A That's when we give it. 16.45 dreadful writing Philip, 16.45 I think that reads. Do you want to have a look?

DC Code A Sorry, yeah is it one entry you were talking or is that two?

Code A On the 17th.

DC Code A 17th at...

Code A ...Yes.

DC Code A ...16.45 and that's your, I see, yeah...

Code A ...This one, okay.

DC Code A ...sorry, okay. It's difficult to see upside down. As I understand it oromorph is a pain killer?

Code A Mmm, mm, it is.

21.05 DC Code A Okay and how much was...

DC Code A ...Sorry it's forty (40) mils isn't it? This is the ...

Code A ...Was it.

DC Code A ...sorry the oromorph is ten (10) milligrams.

DC Code A Ten (10) milligrams so I'll show you that again. Where are we, 16.45

Code A 2.5...

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DC ...2.5

...mils in 5 milligrams.

DC Right, okay. On that time then, what was your overall impression of Mrs RICHARDS, on the 17th, of her condition?

I don't know how to answer that, I mean she was a very poorly lady and I really don't know how to answer that, what was...

DC ...You said that she was in distress or pain?

...she was calling out.

DC Yeah.

Crying, her daughters were with her and you know.

DC Do you recall if anybody went to her to try and identify the source of the pain or whether indeed it was pain and not, I think somebody else is suggesting it may be the dementia making her call out?

22.34 I don't really know.

DC No.

I'm so sorry I...

DC ...That's okay.

...just don't know. I feel sure they did but I just don't remember.

DC Would it be fair to say on what we've talked about so far then that what you said about Mr BEED being too involved that the responsibility on that particular moment in relation to Mrs

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RICHARDS fell to him and you were seen to be working on or caring for the other patients. Would that be a fair assessment?

Code A

It would but I would have some hands on with Mrs RICHARDS as well.

DC Code A

Yeah, yes obviously...

Code A

...Yes

DC Code A

...you did say with the

Code A

...Yes

DC Code A

...oromorph?

23.23

Code A

Yes, yes.

DC Code A

Okay. I mean you say she was calling out, did you believe at the time that it was pain or was it...?

Code A

...Yes I would have done, mmm.

DC Code A

Okay.

DC Code A

Did you notice any difference between Mrs RIC...you said that you had met her on, after the initial operation on the 11th?

Code A

Different lady.

DC Code A

Was she?

Code A

Mmm, I have to say that, mmm.

DC Code A

What was she like on the 11th?

Code A

Well just a nice, gentle, confused old lady.

DC Code A

So after the...

Code A

...Ninety one (91) I mean...

DC Code A

...mmm and the second time she came to you, you say she was different, totally different?

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Code A Well, yes.
 DC Code A Yeah.
 DC Code A Okay.
 24.14 DC Code A I don't think there's a real lot we can ask about
 (inaudible)
 Code A I'm sorry I can't...
 DC Code A No, no I know it's...
 Code A ...(Inaudible)
 DC Code A No it's okay.
 DC Code A ...it's in relation to one day really but perhaps
 we'll just go over the drugs that were done later
 on to see if you can just describe to me what
 there, there roles are, because you've mentioned
 hyacine already.
 Code A Oh that dries up secretions.
 DC Code A Dries up, yeah so...I'm just showing you the
 prescription record again.
 Code A Okay.
 DC Code A And as we understand it on the syringe driver
 there was four drugs which were...
 Code A ...No there wouldn't have been, that was oral
 that wasn't a syringe driver.
 DC Code A Mmm.
 DC Code A It was just these two and those two?
 25.05 DC Code A These two here.
 Code A Oh I see but they would have gone up at
 different times, you realise that don't you I
 mean it's not all in one driver.

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DC **Code A** Right.

DC **Code A** Well looking at the timings there it's 11.45, 11.45 and on the other page for the hyacine and the midazolam...

Code A ...That says 11.45..

DC **Code A** ...11.45 so

Code A I need to think about this, that's erm 10.45 21st, 18th, are these dates all the same, that's, that's a different day isn't it. That's the 10th, that's the 7th, 17th there would only have been one, one mixture and it would have been that one, that one and that one, no that's the same as that.

DC **Code A** So that's the diamorphine, and the I can't say that last...

DC **Code A** ...Hyaperidol

DC **Code A** ...that's the one.

Code A Hyaperidol, mmm,mmm. This one hasn;t been given has it?

DC **Code A** No, I think from what we can gather all these were prescribed and obviously that gave the medical staff who were on at the time authorisation from the GP to give her those drugs should they feel it necessary.

26.37 **Code A** That happens.

DC **Code A** Yeah, because obviously she's not there all the time.

Code A That's right.

DC **Code A** And from what we can gather the hyacine,

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midazolam and the diamorphine and the hyaperidol...

Code A

...Hyaperidol

DC Code A

...were given continuously from the ...

Code A

...I, mmm

DC Code A

...you're obviously showing some concern with the hyaperidol?

Code A

Mmm, not concerned just a bit surprised that's all, I'm, I'm familiar with usually I would say hyacine, diamorphine and midazolam, I can't think why both would have been given but I'm not a

DC Code A

...you're saying that both the midazolam and the drugs there are both sedatives aren't they?

Code A

Yes.

DC Code A

Yeah.

27.35

DC Code A

We're talking about the hyaperidol?

Code A

Oh no, oh yes that's subcutaneous, that's oral, yes that's oral. That's an oral dose there, that's a subcutaneous one there and that's a subcutaneous one there. You must have asked half the people this.

DC Code A

No we have, we've asked everybody the same question...

DC Code A

Yeah

Code A

Have they been, they've given you sensible answers haven't they that's the problem, you've got an old age pensioner may I remind you, no

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I'm sorry I cannot erm clarify that point.

DC Code A No, but is, in, have you or are you aware of any potential adverse effects it may have had on Mrs RICHARDS...

Code A ...Oh no.

DC Code A ...having those four drugs together?

Code A No, no.

DC Code A No.

Code A No.

DC Code A So I mean (inaudible) we're policeman we don't know so it's quite a safe cocktail for a better word to administer to a patient?

28.36 Code A I can't believe that was in there, I'm sorry you must think me as thick as two short whatever. I can't think why that was in but obviously she wasn't getting sufficient relief from her midazolam for her anxiety.

DC Code A And...

Code A But it wasn't, she wasn't given the full dose was she.

DC Code A So together I mean they perform the same, they achieve the same objective?

Code A Yes, they relieve anxiety.

DC Code A So as I understand it then, they could have used a larger doses of either/or instead of having the two together and still have the same effect?

Code A I would have thought so but I don't know what the thinking was behind it.

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DC **Code A** Yeah, I mean we don't know whether you're in a position, whether you're qualified to tell us but its just in your experience that cocktail of drugs, I mean is not going to cause any adverse effects on Mrs RICHARDS?

Code A

I'd rather not say, I honestly don't know.

29.40

DC **Code A**

Yeah, right. You don't know, you don't know.

DC **Code A**

Just run through what they do those if you could?

Code A

Pain relief.

DC **Code A**

Diamorphine pain relief, yeah.

Code A

Relieves anxiety.

DC **Code A**

Hyaperidol.

Code A

Oh yes, yes sorry I forgot to say that didn't I. Erm...

DC **Code A**

...We'd rather you said it.

Code A

...Hyacine is to dry up the secretions, and midazolam is another erm er drug to, removes memory doesn't it.

DC **Code A**

I don't know.

Code A

Rape, the rape drug.

DC **Code A**

Oh is that what it is.

DC **Code A**

(inaudible) oh right but it's obviously for relieving anx...

Code A

...Anxiety.

DC **Code A**

Anxiety, yeah.

DC **Code A**

And its a sedative?

Code A

Mmm

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30.32 DC **Code A** Is that right?

Code A It would have sedated her, sedated her.

DC **Code A** I'm having real trouble with these words you know. Just a couple of other things and these are general questions just again about the set up of the hospital. If you, if there was a situation which I'm not saying is in this case where you were concerned about the treatment provided or the drugs prescribed to a particular patient and you could obviously see the effects they were having, what would be your process of highlighting that to the doctor or the GP?

Code A I'd tell them.

DC **Code A** You'd tell them?

Code A Mmm.

DC **Code A** If and again this is a hypothetical question but I'm just trying to get the policies in place, if you spoke to the doctor and the doctor didn't accept what you were saying and maintained that, that treatment would continue, are you aware of a policy in place, a procedure in place where you, who you'd go and speak to next?

Code A Well yes, you'd go to one of the managers, the hospital manager or you'd take it that way I think but I can, doctors don't behave like that.

31.50 DC **Code A** Mmm.

DC **Code A** No, I mean...

Code A ...They listen to what you tell them in the main.

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DC **Code A** Okay because I guess you're the, you know there your, sorry your their eyes and ears?

Code A Yeah, yes.

DC **Code A** (inaudible). Right so staff on the 17th she did have something to eat according to her sister?

Code A On first day admission, yes.

DC **Code A** Her daughter, sorry just one last thing I want to go over which is the contact records the nurse, the nursing care plan for Mrs RICHARDS. What's your understanding of when these, firstly with the contact record when this should be completed? What sort of situation would...

Code A If anything untoward happens, we have care plans for patients where every problem is highlighted on a different piece of, sheet of paper and each day as we attend the patient so we go through these care plans and make a comment and that is it but if anything untoward is noticed with the patient then it goes into the cardex.

33.16 DC **Code A** Which is, this is the contact record here

Code A (inaudible)

DC **Code A** Okay and this is the nursing care plan here so what sort of things would go on here?

Code A For a start it should have the named nurse written in there, you should know who her named nurse was.

DC **Code A** Right so is there a nurse who's sort of allocated?

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	Code A	That's right.
	DC Code A	Right, okay. Are you aware of any sort of situation where that would be left blank?
	Code A	I don't know.
	DC Code A	Okay.
	Code A	That's (inaudible). Is that all there is for her care plans?
	DC Code A	That's what we've got, I don't think there is anything else but I think, I take it that on any occasion there's a visit by anybody to see how Mrs RICHARDS is getting on they'd have to make a record isn't it? They don't have to make a record unless there's something amiss.
34.28	Code A	Unless there's something untoward.
	DC Code A	Some situations (inaudible)
	DC Code A	So although we appreciate there is big gaps between entries that doesn't mean to say that you know she was left on her own for 24 hours and nobody ever saw her or anything, it's just because there's nothing to say about her?
	Code A	That's right.
	DC Code A	There's no change?
	Code A	That's right
	DC Code A	Right.
	DC Code A	Okay. Is there any entries down here from you can you see?
	Code A	Well no she wasn't there patient.
	DC Code A	She wasn't your patient so...okay but things on

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the care plan would be things....

Code A Oh Margaret COUCHMAN was her like named nurse, that's right she was so she has got care plans.

DC **Code A** Oh right.

Code A (inaudible) Margaret was her named nurse.

DC **Code A** And what would be her role as named nurse, what does that actually mean?

35.15 **Code A** She oversees the care of the patient in practice but in theory you can't do it, the part time staff I mean I'm a named nurse or used to be for people but I'm now four or five days off, who'd like after the patient...

DC **Code A** ...Mmmm

DC **Code A** ...Yeah

Code A ...it just doesn't work, it's a token gesture really. We all look after the patients but we're obliged to put a named nurse down.

DC **Code A** So are you saying its a paper exercise in a way just to allocate it to someone but in practice...

Code A We tried, we've tried in practice I mean if the nurses on duty say like Margaret on duty she would attend to that patient but I mean if she's not then obviously somebody else has to you can't just walk past and ignore somebody's oi chum you know wait until Thursday.

DC **Code A** Yeah okay and as I understand it this care plan would record things such as being washed...

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		Code A	...On a daily basis, yes.
	DC	Code A	...clean and fed and so forth...
36.18		Code A	...Absolutely, everything.
	DC	Code A	...okay, it should record everything in relation to their care?
		Code A	Yes. Personal hygiene, catheter care, diet, skin integrity everything there should be quite a few.
	DC	Code A	Right okay. So if there's any gaps in that one in terms of...
		Code A	...Then there was nothing to write, there wasn't a problem.
	DC	Code A	...right.
		Code A	If there's not a problem you, you can't write about it I mean er I would have thought personal hygiene, I would have thought something would have been here for her mobility as she was recovering from a hip replacement, I'm not going to say anything about that.
	DC	Code A	About what sorry?
		Code A	About the care plans.
	DC	Code A	Right, okay. All I was trying to get to was, is, you know when is it filled out and if there are gaps ...
		Code A	...On a daily basis.
	DC	Code A	...on a daily basis...
		Code A	...the care plans, mmm.
37.23	DC	Code A	Right, I can't think of anything else at this stage.
	DC	Code A	No, no.

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DC **Code A**

Okay. Right is there anything at this stage that you wish to add?

Code A

No.

DC **Code A**

Is there anything you wish to clarify, anything you've said you feel we haven't grasped or ...?

Code A

I think it's been straightforward.

DC **Code A**

Okay. I'll hand you a notice explaining the tape recording procedure. The time by my watch is fifteen sixteen (15.16), I'm turning the recorder off.

END OF INTERVIEW

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