



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ROTI : Contemporaneous Notes

Person interviewed : Code A
Code A

Place of interview : **Parkgate Police Station**

Date of interview : **10 July 2000**

Police exhibit no. :
 Number of pages :
 Signature of interviewing
 officer producing exhibit :

Time commenced : **11.06** Time concluded : **11.50**

Duration of interview : **44 minutes** Tape reference numbers ♦ :

Interviewing Officers : DC Code A
 DC

Other persons present :

Tape Counter Times ♦	Person Speaking	Text
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DC Code A

I'm now going to read out exactly why we're here, an explanation to what we're trying to achieve by these interviews.

The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the 21st August 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 17th and 21st August, whilst admitted to this hospital.

We are seeking to interview those members of the nursing staff

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: DOB:

Tape Counter Times ♦	Person Speaking	Text
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who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided her with direct medicine care or treatment, in order that an account can be obtained of particular circumstances and issues that existed between those dates.

I emphasise that this is a search for fact 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.

Now this next bit which basically relates to people who've got a Solicitor here, you know a Solicitor has been provided, Mr ROACH, with relevant material, prior to this interview commencing and I understand you have seen statements. .

Yeah I've seen some statements.

DC

From Mrs LACK and Mrs MCKENZIE?

Yes.

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 2

Record of interview of: Code ADOB Code A

Tape

Counter Person Speaking

Text

Times ♦

DC Code A

Okay. I emphasise that you are not under arrest and you are free to leave at any time. Your right to free legal advice in private extends throughout the period you are at the Police Station, okay? Now the next bit is the caution.

Code A

Mmm.

DC Code A

(Coughs) Excuse me. 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?

Code A

Yes.

DC Code A

Do you understand the Caution?

Code A

Yes I do.

DC Code A

Okay. Now in relation to the legal advice, you've chosen not to .

Code A

Yes.

DC Code A

. . . to have legal advice at this stage, is that correct?

Code A

Yes.

DC Code A

Okay. Is there any reason for that?

Code A

I just don't think that I need to have a Solicitor with me. I don't feel in any danger in my job that er I need to have legal

Signature(s) :

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 3

Record of interview of: Code ADOB: Code A

Tape

Counter

Times ♦

Person Speaking

Text

representation.

DC Code A

Okay. I will explain you do have the right at any time whilst you're here to consult with a Solicitor . . .

Code A

Yeah.

DC Code A

. . . and that includes speaking to a Solicitor on the telephone.

Code A

Mmm.

DC Code A

Would you like to speak to a Solicitor now on the telephone?

Code A

No.

DC Code A

Okay. Right. There's quite. . there's quite a lot there. . .

Code A

Mmm.

DC Code A

. . but to sum it up really, I mean that is the allegation is that Mrs RICHARDS was unlawfully killed. . .

Code A

Mmm.

DC Code A

. . that's the allegation by the two daughters. . .

Code A

Mmm.

DC Code A

Obviously we're here to . . as part of a team. . to investigate that allegation until it's um until it's conclusion, one way or the other.

Code A

Mmm.

DC Code A

And what we're obviously doing is. . . is . . is trying to chat and

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A
 DOB Code A

Tape	Person Speaking	Text
Counter		
Times ♦		

talk to um all the members of staff to get accounts from them, not only with their dealings with Mrs RICHARDS and the family, if it was relevant, but also their role and responsibilities and how that falls into Daedulus Ward as a whole.

Code A

Mmm.

DC Code A

Okay. We're not here to make any judgements on whether there's a particular problem with this that and the other. We're here to just collate that information. Any decision will be taken by . . . will be assisted and taken by senior police officers along with an expert medical witness and the CPS.

Code A

Mmm.

DC Code A

So it's not going to be something. . . a snap decision, you know. It will be a long carefully considered decision taken as to whether there's an issue there, or not. So either way. Okay?

Code A

Mmm.

DC Code A

What I'd like to do first of all is just to talk about your experience at Daedulus, what your role is, how long you've been there . . .

Code A

Mmm.

DC Code A

. . . and what your role actually entails at Daedulus Ward at

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code ADOB Code A

Tape

Counter

Person Speaking

Text

Times ♦

Gosport, if you could go over that for me.

Code A

I've been at the hospital for nearly ten years, ten years this September, as a nursing auxillary, or Health Care Support Worker, as they're now known and we're just there to give back up really to the fully trained staff. We give hygiene care and um feeding, um basically that's it. We occasionally put the odd small dressings on, but otherwise that's mainly our care.

DC Code A

Right, okay. What training do you receive in carrying out those . . . those . . . ?

Code A

(inaudible) Well when I started I had to have two weeks training over at St Marys School of Nursing and we had time on one of the wards as well as time in the classroom, to go through all the issues; physiotherapy, death, um caring for people, keeping their dignity and how to feed people, feeding ourselves in fact you know horrible stuff to see how you got on being fed by somebody else . . .

DC Code A

Oh.

Code A

. . . um we worked with physiotherapy for a day, then we all had a turn in going to our own ward where we would be working in our

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: DOB

Tape

Counter Person Speaking

Text

Times ♦

own hospitals, for a day to see how that ward worked and about what facilities they had there. . .

DC

Mmm.

. . . as far as hoists and things are concerned. How to move people properly and um that was about it really. Er and then once we were in our job then I did an NVQ for about a year, that I had to do and then it's just Job Association . .

DC

Right, yeah.

. . . training really after that. We work with a trained nurse for a while until you feel sure that you know the job enough on your own.

DC

Okay. Okay, thanks for that. So you've been ten years at the, at Daedulus Ward. . ?

Mmm. . . Yeah, ten years at War Memorial . .

DC

Oh ten years at War Memorial . .

Because the Daedulus Ward has only been there for about six, seven years.

DC

Right, okay. How much of that time has been spent with elderly patients?

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code ADOB: Code A

Tape

Counter
Times ♦

Person Speaking

Text

Code A

Continual.

DC Code A

Okay, so the whole ten years?

Code A

Yeah.

DC Code A

Have you had previous experience prior to joining Gosport?

Code A

No, no I didn't. I worked in chemists before that.

DC Code A

Oh right. Okay.

Code A

. . . and had children.

DC Code A

All right. Thanks very much, okay. So just to sum that up then, I mean your role as an Auxillary Nurse or I mean they're they're now known as or some or now known as . . .

Code A

Health Care Support workers.

DC Code A

Health Care Support Workers....

Code A

That's right.

7.05

DC Code A

But that's pretty much the same thing?

Code A

It is the same, it's just a modern name. . .

DC Code A

So your role really is to assist the trained nursing staff?

Code A

Yes, yeah. . .

DC Code A

And caring for the patients welfare. . ?

Code A

Yes.

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 8

Record of interview of: Code ADOB Code A

Tape

Counter Person Speaking

Text

Times ♦

DC Code A

But you'll also give dressings to a minor . . .

Code A

Yes, small dressings, if there's any grazes, then you see a trained nurse and say, you know, what do you think of this and they'll say well just put a barclusiv on or whatever. .

DC Code A

Yeah.

Code A

. . . and that's about it.

DC Code A

Okay. All right. What I'd like to do now is go on to Gladys RICHARDS and just cover basically any dealings you've had with Mrs RICHARDS. Now to help you I've got a copy of the duty sheet here for Daedulus Ward. Take a look at that.

Code A

Huh huh.

DC Code A

I think you're the third one down there.

Code A

Yeah, that's right.

DC Code A

Okay. I mean obviously the dates we are interested in at the moment is between the 17th . .

Code A

Huh huh.

DC Code A. . .and the 20th, 21st of August.Code A. . . yeah, 21st . . . yeah.DC Code A

Okay. Can you tell me what DO stands for, which is lis. . .

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code ADOB: Code A

Tape

Counter

Person Speaking

Text

Times ♦

Code A

That's Day Off.

DC: Code A

Day Off?

Code A

Yeah.

DC: Code A

Okay. So you're . . .

Code ADay off on the 17th.DC: Code AYour first day would have been on the 18th?Code A

Yeah, which I was on a late duty.

DC: Code A

Which is what time?

Code A

1.15 to 8.30.

DC: Code AOkay and then we've got the 19th.

8.18

Code A

And on the 19th er I can't see what that is there, that would be an early, that would be 7.30 til 1, yeah 1.15. . 1.30 I would imagine.

DC: Code AOkay and then we've got the 20th.Code A

Yeah, I'm an early again, 7.30 til 1.30 and the Friday I'm an early, 7.30 til 1.30.

DC: Code A

Okay, so four days out of that five you were on the ward. . .

Code A

Yes.

DC: Code A

At some point.

Code A

Yes.

Signature(s) :

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 10

Record of interview of: Code A**DOB** Code A

Tape

Counter Person Speaking

Text

Times ♦

8.41 DC Code A

Can you just go over for me your recollections of Mrs RICHARDS during that time, any dealings you've had with her or with the family during that period of time?

Code A

I didn't really have um I didn't have that much of a connection with her at that time um I presume this is the week that she came back from Haslar and she was in a single room. I .. I can't even remember actually dealing with her after she came back from Haslar. Um I did have one dealing with one of the daughters and I'm not sure which daughter it was, 'cos I was never quite sure who was who, but um she was very nice and her mother was peaceful one day and the ward was busy as normal. We had received a lot funeral flowers that were on the nurses' station and she came out and asked me if she. . I would like her to put them into vases, split them up. I said yeah that would be very nice. Other than that she used to sit in the room most of the time and keep notes, but we don't know what the notes were of, she just used to keep writing and that.

DC Code A

Right.

Code A

That's all I know of her that week. I mean Mrs RICHARDS most

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 11

Record of interview of: Code A

DOB: Code A

Tape Counter Times ♦	Person Speaking	Text
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of the time was peaceful in the room, in bed.

DC Code A

Okay. So you're not sure of the daughter, which one it was?

Code A

I'm not sure which daughter it was. I couldn't say which daughter was which, what name was which. . .

DC Code A

. . . but it was the one who was keeping notes?

Code A

Yes, yeah.

DC Code A

So am I right in saying you attended Mrs RICHARDS, to Mrs RICHARDS during that period of time?

Code A

During that week I don't think I did attend to her.

DC Code A

No.

Code A

I know that I did before she went into Haslar, um I can remember actually seeing her the morning after she slipped from the chair, because we were commenting on her hip . . .

DC Code A

Right.

Code A

. . . me and one of the trained nurses at the time and um and I had been seeing to her up to that stage. I remember toileting her one day in the bathroom and um actually I met her grand daughter for the first time, because she came in to the bathroom because Mrs RICHARDS was screaming . .

Signature(s) :

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 12

Record of interview of: Code ADOB Code A

Tape Counter Times ♦	Person Speaking	Text
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DC Code A

Oh right.

Code A

... because she ... she was demented and deaf, very deaf. She did. . she used to scream and grab every time you did anything with her, because I mean she was demented, she was frightened, she doesn't know what's going on, she can't really hear what you're saying to her and we'd put her onto the toilet and we use an Oxford Stand Aid to help get them off, because we're not allowed to lift people and um this frightened her, so we were trying to tell her what we were doing and to put her into the chair and her daughter. . her grand daughter came into the bathroom and popped a sweet into her mouth and she said that's what you do and she quietened down and she was all right then . .

DC Code A

Oh right.

Code A

.. and that was the only time I saw the grand daughter, but um as I say when she came back from Haslar, she was er obviously, quiet, because we, we'd had to sedate her slightly because she was in a lot of pain . .

DC Code A

Mmm.

Code A

...she wasn't very well at all, but I don't actually remember going

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 13

Record of interview of: DOB

Tape

Counter

Person Speaking

Text

Times ♦

in and dealing with her while she was in that situation.

DC

Okay. Were you able to say there was . . . I mean you've obviously had some dealings on the .. on previous time . . .

Mmm.

DC

. . . and am I right in saying you would at least have seen her on basically between the 18th and 21st . . .

Oh yes, yes, yes, yeah I did.

DC

Are you able to comment on the differences in her condition?

12.03

She was um when she came back from Haslar she was obviously very poorly, I mean she had a chest infection and er so she was in bed where before she went to Haslar obviously she . . . the daughters insisted that she was out in a chair all the time and she used to sit there and call and wail a lot of the time um, but we kept her in bed when she came back from Haslar, because she wasn't well from the time she came in she wasn't well. And then once the medication was given to her, she was very peaceful all the time.

DC

Right. Okay. Just . . . um you've mentioned the time before . . .

Mmm.

Signature(s) :

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 14

Record of interview of: Code A

DOB Code A

Tape Counter Times	Person Speaking	Text
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DC Code A

Which obviously we're not sort of looking at, but we will go over it because it just gives us a bit of background. . um What sort of problems did you. . Did you encounter any problems with Mrs RICHARDS in dealing with her the previous . . on the previous occasion?

DC Code A

This is when she goes to the Gosport War Memorial after the hip operations.

Code A

Yeah, yes, yeah.

DC Code A

Prior to the dislocation.

Code A

Yes, that's right. Yeah, um, yeah we used to have problems. The first day she came um we were told she would need to be nursed on a one to one and in actual fact um one of the girls that does the menus was asked to go and sit with her as soon as she came . .

DC Code A

Mmm.

Code A

. . sit in the room, because she was known to be someone that tried to get out of chairs and she fell a lot at the Nursing Home and then one of our other Health Care Support Workers was phoned to come in and sit with her that afternoon. Er then we found a chair and we found that by putting a foot rest under her

Signature(s) :

◆ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 15

Record of interview of: Code A
 DOB Code A

Tape Counter Times ♦	Person Speaking	Text
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feet at least that would keep her feet up and maybe stop her being inclined to want to try and stand, even though she couldn't. Um she called continually, although you couldn't understand what she was saying. Er she couldn't really understand what you were saying, through confusion or deafness, I'm not sure and to try and move her or do anything with her, she would wail, whether it was in pain or confusion, didn't know, and she would grab and dig her finger nails in and um basically that was it, you know. Really she was some . . . she was put in a room next to the office because we needed to keep an eye on her all the time, but obviously we couldn't be in the room with her all the time because we've got the majority of patients on our ward are 100% care, none of them can really do anything for themselves, so you have to divide your time up between everybody.

DC Code A

Mmm. Were you on duty when she did fall?

Code A

No, no I was on an early that day and er, but I was on an early the following day, the day after that she had slipped out of her chair.

14.43 DC Code A

Okay. You've mentioned that you took her to the toilet?

Code A

Mmm. Yes.

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 16

Record of interview of: Code ADOB: Code A

Tape

Counter Person Speaking

Text

Times ♦

DC Code A

Okay. How did you do that? How did you. . . ?

Code A

Well, she was . . . the chair that she was in was a chair, a big arm chair that had wheels on so we wheeled that in the bathroom, which was next door to her room and then we've got an Oxford Stand Aid and you put a padded sling round their back under their arms and it goes onto the sling and then their feet go onto the platform of the Stand Aid and then it works by remote control. It gradually brings them up into a standing position, so that you're able and that holds them there in place and then you're able to take their underclothes down and then you can wheel them over to the toilet and then lower them down onto the toilet and you do the same then bringing them up, but with people like Mrs RICHARDS, we always kept the sling round her and the Stand Aid in front with brakes on so that they couldn't wriggle off the toilet you know, once they were on there, so she was quite safe to be on the toilet.

DC Code A

Okay.

DC Code A

So by that then were you able to say whether she was weight bearing . . .

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code ADOB Code A

Tape

Counter Person Speaking

Text

Times ♦

Code A

She wasn't weight bearing at all.

DC Code A

No.

Code A

That's why we had to use it, because we're not allowed to lift people, or pull people around. We're not allowed to manhandle people.

DC Code A

Right.

Code A

So by using . . . in her room she had an overhead hoist. We'd have to roll her to put the sling underneath and then put her onto the overhead hoist to put her into her chair, but that's not always . . . you're not able to do that if they've got underwear on obviously when they need the toilet, so you've got to stand to get their underwear down and this hoist can be used on people that haven't had strokes, that are able to hold on with their arms.

DC Code A

Okay. Okay, thank you. Can you tell me how the, the hierachy in the hospital works in terms of . . . I understand there's a Doctor who comes in on a daily basis . . .

Code A

Yes.

DC Code A

Are you able to tell me how she . . . what her responsibilities are on the ward and then down to the staff nurses, as you understand it.

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 18

Record of interview of: Code A

DOB Code A

Tape		
Counter	Person Speaking	Text
Times ♦		

Code A

Yeah, um only that um that the duty Doctor on our ward comes in every morning, first thing, just after we've had report, to find out if there are any problems with any of the patients that need seeing to or if there's any drugs that need changing, um if someone's had a reaction to a drug, or maybe they're not getting enough relief from pain killers or whatever, or if someone's become chesty overnight and then if necessary then she'll go and see that patient and she will write up a prescription accordingly for treatment. Um any other problems then she passes on to the Head Consultant, Dr WARD, who then on her visits that she does, her ward rounds, which are twice a week, she will then look into this and decide whether anything needs changing with this patient or what decisions are to be made.

DC Code A

Right, so there's, there's, I mean do you know the name of the Doctor who was. . .

Code A

Doctor BARTON.

DC Code A

Doctor BARTON?

Code A

Yeah.

DC Code A

So Doctor BARTON would come in on a daily basis?

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 19

Record of interview of: Code A

DOB Code A

Tape Counter Times ♦	Person Speaking	Text
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Code A

Yes.

DC Code A

And then Doctor LORD would come in on a

Code A

Twice a week.

DC Code A

Twice a week?

Code A

Yeah.

DC Code A

And would that be to review what decisions had been made by Doctor BARTON?

Code A

No she, she would go round every single patient and see every single patient individually, looking at their notes and their drugs and talking to the patient, examining the patient or whatever, to see how things are going and what needs altering with their treatment.

DC Code A

Mmm. Okay. In terms of er yourself as an Auxillary Nurse, do you get involved in these discussions over patient . . .

Code A

No. No we don't. We . . . at reports we pass on any changes that we see in patients, or if a patient seems to be in pain when we move them, or distressed in any way or agitated, we pass that on to our . . . the Staff Nurses that are coming onto the next duty, if you like, and um the Ward Manager um each time we have a

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 20

Record of interview of: Code ADOB Code A

Tape

Counter

Person Speaking

Text

Times ♦

report, which is sort of two or three times a day, there's a report going on and um then they then pass that on to the Doctor. If necessary, if there's something that's urgent then they will phone the Doctor up at her surgery and state the problem and she will either come in to see them or recommend something's done.

19.11 DC Code A

Okay. So from what you're saying then, if you came across a problem . . .

Code A

Mmm.

DC Code A

. . what would you do? What would you . . .

Code A

If I came across a problem . . .

DC Code A

Yeah.

Code A

I would pass it straight on to the Staff Nurse in charge on that duty.

DC Code A

Okay and then obviously from there it would be a decision . . .

Code A

Yeah, yeah, it would be passed on to the Doctor, or waited until the next morning if they think it's . . it's not that urgent.

DC Code A

Yeah. Okay.

DC Code A

Going onto the Consultant, Dr LORD . . .

Code A

Mmm.

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 21

Record of interview of: Code ADOB Code A

Tape Counter Times ♦	Person Speaking	Text
	DC Code A	Er, I take it, is it a he or a she?
	Code A	She.
	DC Code A	She. I take it she's in a position that if she felt um something had changed with the patient then she could er er prescribe a different medication course. . . ? . .
	Code A	Oh yes.
	DC Code A	Or something different without having a consultation with Dr BARTON, or is Dr BARTON generally there when she does her two rounds?
	Code A	Dr BARTON comes round on the rounds with her . . .
	DC Code A	Oh right, oh right.
	Code A	Always.
	DC Code A	I sh
	Code A	So anything that Dr LORD decides, she passes onto Dr BARTON and it's all written down in the patient's notes.
	DC Code A	Oh, so Dr LORD doesn't come round on her own accord at a different time to Dr BARTON? They . . .
	Code A	No, they're always together. Yeah, yeah.
	DC Code A	Right and what days does Dr LORD do these rounds?

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 22

Record of interview of: DOB

Tape

Counter Person Speaking

Text

Times ♦

Mondays and Thursdays.

DC

Is it . . can you give us a time? Is it generally the same time?

Er no, well it's always in the afternoon.

DC

Right.

It's usually after report, usually about 2 o'clock on a Monday and same on a Thursday. At the moment it can be later because she does a stroke round one day and then a continuing care round the next day.

DC

Okay.

So she just sees stroke patients one day and the continuing care patients the next, but if any, while she's there, if there's any problems with one of the other types of patients, then she will see that patient.

DC

Mmm. So I can take it with the lady Gladys RICHARDS then that there was probably two visits by Dr BARTON and Dr LORD that week?

Together?

DC

Together, yeah.

Yes.

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 23

Record of interview of: Code ADOB Code A

Tape

Counter Person Speaking

Text

Times ♦

DC Code A

Yeah and that'd be a bedside thing, looking at the notes at her bedside?

Code A

Absolutely.

DC Code A

Okay.

Code A

Yeah.

DC Code A

Okay. What do you understand about um the administration of drugs, whose responsibility it is, that is to, to prescribe and administer?

Code A

To prescribe, um yes it's down to the Doctors to prescribe the drugs, Dr BARTON and Dr LORD, or if Dr BARTON can't be got hold of, if she's off duty, then another Doctor that's on duty from her surgery.

DC Code A

Okay and who does it fall down to to administer?

Code A

Administer? It's the Staff Nurse that's in charge of the ward at that time.

DC Code A

Okay. In your role are you able to administer drugs?

Code A

No. No. Nursing Auxilliarities don't. I, I know have done um a drug test and I can go and check controlled drugs, if there are no other trained nurses on, because sometimes there can only be one

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 24

Record of interview of: Code ADOB Code A

Tape Counter Times ♦	Person Speaking	Text
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trained nurse on and some of us are allowed to go and actually check the amounts and you know the times, to make sure that it's all been checked for . . .

DC Code A

That would be the Drug Register, would it?

Code A

Yes, controlled . . . Yeah.

DC Code A

Okay, but you're still not able to administer?

Code A

Administer, no, no. We're not allowed to administer any drugs.

DC Code A

Right. Okay.

DC Code A

So I take it you're the like the counter signatory to the drugs that are taken out of the chemist and . . .

Code A

Yeah, only yeah. The control, if there's no other trained nurse on the ward, yeah.

DC Code A

What does that training tell that you've just done?

Code A

Um, you're asked questions about what controlled drugs are and um what they, what effect they can have, er what side effects they can also have and um checking on what you know about quantities that can be given . . .

DC Code A

Right.

Code A

. . . and what you have to do to countersign these, what you have

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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 25

Record of interview of: Code ADOB Code A

Tape

Counter

Person Speaking

Text

Times ♦

DC Code A

to look for and what you have to do in what order. You have to check that it's the right patient, the date of birth, etc.

Right, okay. I'm moving on from that, I mean one of the drugs that was prescribed to Mrs RICHARDS was Diamorphine.

Code A

Huh huh.

DC Code A

Which I understand at the time you weren't trained to . . .

Code A

No.

DC Code A

. . . to sort of assist in booking it out?

Code A

No, no I wasn't.

DC Code A

Have you received any training in what the effects of Diamorphine is?

Code A

Yes, yeah.

DC Code A

Okay, can you comment on what . . . what effects Diamorphine has on a parti. on a particular patient?

Code A

It's, it's a pain killer, a strong pain killer .

DC Code A

Okay

Code A

. . . and it just stops any pain generally.

DC Code A

Right. Have you had any training on syringe drivers and their effects?

Signature(s) :

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 26

Record of interview of: Code ADOB Code A

Tape

Counter Person Speaking

Text

Times ♦

Code A

No, no actual training on syringe drivers, no. We see them working, but we don't have that training on them, because we don't deal with them.

DC Code A

Are you aware of the reasons for putting a particular patient on a driver?

Code A

Yes, I mean basically a syringe driver is there just to administer the relevant drugs constantly, people can be walking around with a syringe driver attached to them. A lot of cancer patients do.

DC Code A

Okay, so are there advantages of using a syringe driver over say an injection? A single injection?

Code A

Yes, yeah, because it's administered at a certain dose constantly, so you'd never have a fall off of the drug, where you give an injection, you can only give an injection once every so many hours and in that time the drug is gradually fading off, so the pain will come back. With a syringe driver it keeps that pain relief constant all the way through.

25.16 DC Code A

Okay. We've covered the consultation that Dr BARTON would have with Staff Nurses . . .

Code A

Yeah.

Signature(s) :

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 27

Record of interview of: Code A

DOB Code A

Tape Counter Times ♦	Person Speaking	Text
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DC Code A

Does that get cascaded down to Auxilliary Nursers or . . . ?

Code A

We . . it's all passed down to us in report, yeah.

DC Code A

Right, so you'll get . . if there's a particular problem with a particular patient . .

Code A

Yes, yeah, everything's passed down . . yeah

DC Code A

You'll get to know about it. Okay.

Code A

We're all kept informed.

DC Code A

Do you recall any such conversations regarding Gladys RICHARDS, particularly on this second occasion, between the 17th and the 21st.

Code A

Um, no, no. I knew that um her condition was such when she came back that she was rather poorly and um that also by then she wasn't really taking anything orally and um it was discussed with the daughters, her going on a syringe driver, I think Philip BEAD actually discussed it with the daughters, and to what effects this would have, how it would help to keep her more peaceful and what a syringe driver does. Most of the relatives are talked to about it and it's up to them then whether they decide they want their relative to have this relief or not.

Signature(s) :

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 28

Record of interview of: Code ADOE Code A

Tape Counter Times ♦	Person Speaking	Text
	DC Code A	Okay. Did you have any conversation with the daughters regarding this course of treatment?
	Code A	No.
	DC Code A	Or did you have any conversation with any . . . or did they make any comment that you heard or were part of . . .
	Code A	No.
	DC Code A	whether they voiced any concern or advice.
	Code A	they never seemed to voice any concern, they were very very nice, very friendly to us. We never, or I never seemed to have any problems with either of them. They were very friendly and they seemed quite happy, they never you know they never sort of came out and said I want this doing, I want that doing or why aren't you doing this? It was all . . . it all seemed quite happy, amenable.
27.20	DC Code A	Okay. Was there anybody who was particularly responsible for Mrs RICHARDS during this time, 17 th to the 21 st ? Any member of staff who was . . .
	Code A	They have a named nurse, I can't remember who her named nurse was, but I know they have, every patient has a named nurse and when she's on duty, she will know what's going on with that

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♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 29

Record of interview of: DOB:

Tape

Counter Person Speaking

Text

Times ♦

patient, she should make it her business to know the dealings with that patient and what's happening with that patient and um anything to do with their care, like turning or things like this, or whether you feed them or not, they will say whether you know, they need it done.

DC:

Okay. We've obviously covered your sort of experience and training at the Ward, would that allow you to question any sort of care programme that had been set up for any particular patient?

Yes. Yes, I mean, if we don't feel happy about something with a patient, then, yes at the reports we, we can voice our concerns and um we get the relevant answers or you know someone might say well that's an idea, you know, we'll see the Doctor, or . . . yes, always.

DC:

Okay. Have you ever had um ever any cause to question any care programme that's been set up?

No, I can't think that I ever have done. No, I honestly can't think that I've ever had cause to sort of judge what's being done to any patient. Most of our patients have very good care, I mean that's what the ward is there for. The nurses are trained for looking

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 30

Record of interview of: Code A

DOB: Code A

Tape Counter Times ♦	Person Speaking	Text
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after elderly people with big problems. .

DC Code A

Mmm.

Code A

. . and so you become used to noticing what is a big problem or not and how to deal with that. Also noticing the little things that lead to big problems, so no I've never found any need to . . they're all very caring and Doctor BARTON's always been very attentive, very caring with the patients.

DC Code A

Okay. During those few days . . .

Code A

Mmm mm

DC Code A

. . you say you can't recall attending Mrs RICHARDS?

Code A

No.

DC Code A

Okay. Now as we, do you recall attempting to feed Mrs RICHARDS at any time or . . .

Code A

No.

DC Code A

. . or trying, attempting to give her a drink?

Code A

Not in that time, no, I don't.

DC Code A

Okay.

Code A

I think on the day she came back from Haslar, someone was attempting to give her some lunch at the time, but um I mean her

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 31

Record of interview of: Code ADOB: Code A

Tape Counter Times ♦	Person Speaking	Text
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health was so bad and we don't really try and pump too much into patients that aren't responsive, because half the time it could be going into their lungs or whatever, you have to be very careful. I mean you give them sort of sips of water and we always give mouth care, that sort of thing, but um we listen to what the Doctor says and if they don't think we should be sort of er pushing to much fluids into a patient, then we don't.

30.41 DC Code A

Are you aware of any reasons why you wouldn't supply water, or attempt to give water?

Code A

If a patient is unconscious, then we wouldn't attempt to give them anything orally, because their swallow reflex isn't there and half the time it's just taken into their lungs causing pneumonia or chest infections.

DC Code A

You say unconscious, is that the same for people that are sedated?

Code A

Yes, yeah, I mean if they're sedated, not, I mean some people when they're sedated . . .

DC Code A

Is there a difference between unconsciousness and sedation or is it like a parallel . . .

Code A

No . . yes there is a difference, because someone can be sedated,

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 32

Record of interview of: Code ADOB: Code A

Tape Counter Times ♦	Person Speaking	Text
----------------------	-----------------	------

but they can still be aware that they are just slower if you like, more um peaceful, maybe um yeah, more calm . .

DC Code A

Mmm.

Code A

It depends what strength sedation we're talking about, where someone that's unconscious is asleep and unresponsive generally to what you're doing, unless you move them and they're in pain.

DC Code A

Right would a sedated person possibly have the same problems as somebody who is unconscious, with regard to their swallowing reflex action?

Code A

Yes.

DC Code A

They would?

Code A

Yes.

DC Code A

So it would be . . . the same rules apply to somebody who is sedated regarding food and water.

Code A

Yeah you have to look to see. . . we would still try. If someone is awake, but maybe um not so responsive, you have to try and see whether they are then swallowing and we are trained to a certain extent, the auxiliaries anyway, on what to look for, whether someone is swallowing or not and if we don't feel that that person

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 33

Record of interview of: Code ADOE Code A

Tape

Counter

Times ♦

Person Speaking

Text

is swallowing, I mean we make sure they're sat up for a start.

You can't give anything to anyone laying down.

DC Code A

Yeah.

Code A

And if they're sat up and um they're swallowing, then yes, they are given food and water accordingly.

DC Code A

Mmm.

Code A

And with all old people we push fluids, greatly, on the ward, even to patients that maybe don't want to drink, it we try and push it, because it's necessary, but if someone's not swallowing it, then no, 'cos it just leads to . .

DC Code A

(inaudible)

Code A

. . . more problems, yeah, drowning, literally.

DC Code A

Mmm. Okay. What I'd like you to do now, I've got the Health Care, the Health Record notes for Mrs RICHARDS. I'm led to believe there's Care Plans that are completed, is that correct?

Code A

Yes, that's right, yeah.

DC Code A

I wonder if you could just look through the Contact Record and the Care Plans and then obviously there'll be some questions arising from those.

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 34

Record of interview of: Code A

DOB: Code A

Tape Counter Times ♦	Person Speaking	Text
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	Code A	Huh huh.
	DC Code A	If there's anything which is relevant to yourself, where you've written it, or . . .
	Code A	Okay.
	DC Code A	. . . or told the Staff Nurse, about a particular problem that's been recorded on those forms as well.
34.29	DC Code A	Looking at this, this is the Bartel. . .
	Code A	Huh huh.
	DC Code A	Bartel index. .
	Code A	Yeah.
	DC Code A	and the water pressure sore prevention . .
	Code A	. . water. . pressure. . . mmm.
	DC Code A	Are these documents that you would refer to in your role?
	Code A	Yes. Yeah we do. That more or less tells us what the person is capable of doing and this also, the water low, tells us um what care we need to make for um any chance of pressure sores, pressure areas, that sort of thing.
	DC Code A	Now there's a rating given on each one?
	Code A	Yes.

Signature(s) : _____ ♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 35

Record of interview of: Code ADOB: Code A

Tape

Counter

Person Speaking

Text

Times ♦

DC Code A

Which obviously these relate to Mrs RICHARDS. What would these tell you about Mrs RICHARDS?

Code A

That, well that she she needs full nursing care. The Bartel is only 3, so that's very low. It tells you that she has to be dressed totally, that she can't go upstairs, that she needs total help with hygiene. Transferring, here when she first came in, it said 1 to 2 people, but she couldn't wait there when we assessed her so that's why we put her under a hoist and kept her under a hoist, she wasn't a slim lady by any means. Feeding; she wasn't able to feed, which we knew. We fed her. Toileting again; we had to put her on the toilet, grooming, bladder - yeah she was continent that she could make you aware maybe that she wanted to spend a penny, but more often than not, she could be, you know she had to have a pad on, because more often than not, she would be damp and bowels were the same. She would sort of be agitated and we might think well that could be her bowels and put her on the toilet to see and the same with her water low, this is 27, which is very high indeed. As it says, 10 plus is at risk, 15 plus high risk, 20 plus very high risk. If their health isn't very good or they can't

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 36

Record of interview of: DOB:

Tape

Counter Person Speaking

Text

Times ♦

move very well, their diet's poor, some incontinence, then you've got a chance of . . . and their weight as well, whether they're fat, very thin or whatever, all adds up to whether they are at risk of pressure sores, so we have to check them over regularly, every time we see them, to make sure that they don't get pressure areas and they are nursed on an air bed then.

DC

Right.

DC

I've just noticed this actually, before, I mean we've commented on these forms with other staff at your place of work, I've just noticed that these are dated . . .

.. the 11th . . .DC

. . . the 11th of August, so am I right in saying that as of the 11th of August, irrespective of the operation, she had post that and the hip dislocation after that, that she was considered to be a very dependant patient with regards to the Bartel index . . .

Yes, yes.

DC

and also with regard to the Water Pressure. . . .

Water Low, yeah.

DC On the 11th August it was also assessed that she was very

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 37

Record of interview of: DOB

Tape

Counter Person Speaking

Text

Times ♦

susceptible to bed sores and stuff?

Yes.

DC

Is that because of her lack of mobility and . . .

Yes, lack of her mobility and also um her weight, her poor diet, because she wasn't eating very much.

DC

Would these have been matter of course reassessed on her second admission on 17th August, or would they look at these and say well there's no change?

They, they, sometimes they can be. If a patient comes back and they're a lot better, for some . . . or they've gone out and they've come back and they're a lot better, then they would be reassessed, but because she was more poorly when she came back and these were quite high, this one's quite low anyway, then the nurse in charge of her at the time probably hasn't thought it necessary, because we were keeping her in bed anyway.

DC

Right. Okay.

Okay. I can't really judge that because that is something that the trained nurses always do.

DC

Qualified nurses, yeah.

Signature(s) :

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 38

Record of interview of: Code A

DOB: Code A

Tape Counter Times ♦	Person Speaking	Text
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Code A

But I mean looking at that myself, because coming back the second week . . .

DC Code A

And we can say from what you've told us that even if Gladys RICHARDS' name written on top of these sheets, if you were to give us a general guide about what this particular patient. . . that the state of a particular patient was, you could say that she was dependant?

Code A

She needs . . .

DC Code A

. . . and susceptible to bed sores?

Code A

Yes, she needs full nursing.

DC Code A

Yeah.

DC Code A

See we'll go onto the Nursing Care Plans (inaudible) and these are the forms that yourself and your colleagues would complete after they visit patients.

Code A

That's right, yeah, after we've attended patients.

DC Code A

If, if you look down this is referring to the nutrition chart . .

Code A

Nutrition, 11/8 . .

DC Code A

You'll see that . . .

Code A

Now on the 14/8, yes. . .

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 39

Record of interview of: Code ADOB: Code A

Tape Counter Times ♦	Person Speaking	Text
DC Code A		And according to this one here, she received nutrition on the 14 th ..
Code A		Yes, by myself.
DC Code A		Is that your signature?
Code A		That's myself, yes, porridge.
DC Code A		Right, but then obviously according to this form, post ops she never received any food supplements for a whole week. Now we firmly believe that the lady probably was fed, but can you give us any reasons why this one wasn't filled in?
Code A		I think at that time she wasn't in our, on our ward, was she?
DC Code A		I think from the 14 th to the 17 th she was back at Haslar. .
Code A		Yes.
DC Code A		And then from the 17 th onwards . . .
Code A		Yeah
DC Code A		She was on the ward, but er the nutrition charts show that she had no food.
Code A		I can't comment on that because as I say I didn't really see much of her when she came back from Haslar.
DC Code A		Okay, okay. As a personal thing to you, if you do give a patient food, do you always mark the nutrition form off?

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 40

Record of interview of: Code ADOE Code A

Tape

Counter

Times ♦

Person Speaking

Text

Code A

Yeah, um generally I mean sometimes at lunch time if it's taking a long time to feed them and someone's just going off duty. .

DC Code A

Yeah.

Code A

. . . then maybe they might have handed it over and report oh they've not eaten or they've refused, but they don't necessarily you know, have time to write it in here, but it's passed on . . .

DC Code A

Right.

Code A

. . in the report.

DC Code A

So am I right in saying, not every time, even if she was fed or wasn't fed, it may not have been recorded on the form

Code A

It may not have been recorded.

DC Code A

Right.

Code A

Yeah and now a lot of our patients, if we need to give them a food chart or a fluid chart, that has to be kept up, but I don't believe that she actually had one at that time, because before she went in, she didn't need one, because we were feeding her and she was taking . . .

DC Code A

What's a food chart?

Code A

A food chart, we have to put down on there for each meal, um it's

Signature(s) : _____

♦ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 41

Record of interview of: Code A

DOB Code A

Tape Counter Times ♦	Person Speaking	Text
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got breakfast, lunch and supper and you put down, tick, tick, whether they've had it or some, minimal or refused and a fluid chart, um is a chart that actually tells, you have to write down how much fluid they've taken at certain times of the day.

DC Code A

Right.

Code A

. . . so that you can measure through the day how much fluid they've actually had.

DC Code A

right.

Code A

. . . and if they haven't had enough, and it's necessary then they're given a sub cut or boosted with something.

DC Code A

Sub cutaneous needle is that?

Code A

Yeah, but that just depends on the health of the patient. Some patients after strokes may be not drinking enough and we feel they need more to keep them, their health up . . .

DC Code A

Okay.

DC Code A

We've got to stop you there 'cos the tape's about to run out.
Time is 11.50.

Signature(s) : _____

♦ Not relevant for contemporaneous notes