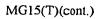


# HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

SDN: ROTI	: Contemporaneous Notes
Person interviewed : Co	Code A  de A  Police exhibit no.
Place of interview : Parkg	Number of pages
Date of interview : 10 Jul	}
Time commenced: 11.06	Time concluded: 11.50
Duration of interview: 44 n	Tape reference numbers •:
prviewing Officers : DC DC	Code A
Other persons present:	
Tape Counter Person Speaking Times	Text
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
7	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):	

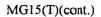
• Not relevant for contemporaneous notes





# **HAMPSHIRE CONSTABULARY** RECORD OF INTERVIEW

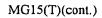
	Record of interview of: Code A  OOB Code A	
Tape Counter Times	Person Speaking	Text
		who had a duty of care to Mrs RICHARDS during that time and
		who in some cases may have provided her with direct medicine
		care or treatment, in order that an account can be obtained of
		particular circumstances 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.
	Code A	Yeah I've seen some statements.
	DC Code A	From Mrs LACK and Mrs MCKENZIE?
	Code A	Yes.
Signature	(s):	
•		◆ Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

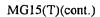
	Record of interview of: Code A  DOB Code A		
Tape Counter Times ◆	Person Speaking	Text	
,	DC Code A	Okay. I emphasise that you are not under arrest and you are free	
		to leave at any time. Your right to free legal advice in private	
		extends throughout the period you are at the Police Station, okay?	
		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	e(s):		
		<ul> <li>Not relevant for contemporaneous notes</li> </ul>	





#### RECORD OF INTERVIEW

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 trying to chat and
Signature	o(s):	
Signature	(s):	◆ Not relevant for contemporaneous notes





Signature(s):

# 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. Mmm Code A Okay. We're not here to make any judgements on whether there's DC Code A 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. Mmm. Code A 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. What I'd like to do first of all is just to talk about your experience DC Code A at Daedulus, what your role is, how long you've been there . . Code A Mmm. and what your role actually entails at Daedulus Ward at DC Code A

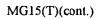
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# HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

	Continuation Sheet No : 5  Record of interview of: Code A  DOB Code A		
Tape Counter Times •	Person Speaking	Text	
		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	
1		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	





#### RECORD OF INTERVIEW

Tape Counter Times	Person Speaking	Text
		own hospitals, for a day to see how that ward worked and about
		what facilities they had there
	DC Code A	Mmm.
	Code A	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 Code A	Right, yeah.
	Code A	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 Code A	Okay. Okay, thanks for that. So you've been ten years at the, at
		Daedulus Ward ?
	Codo A	Mmm Yeah, ten years at War Memorial
	DC Code A	, •
		Oh ten years at War Memorial
	Code A	Because the Daedulus Ward has only been there for about six,
	<u></u>	seven years.
	DC Code A	Right, okay. How much of that time has been spent with elderly
		patients?
Signature	(s):	
J	,	Not relevant for contemporaneous notes





#### RECORD OF INTERVIEW

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,
		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.





#### RECORD OF INTERVIEW

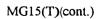
Tape Counter Times	Person Speaking	Text
	DC Code A	But you'll also give dressings to a minor
	Code A	Yes, small dressings, if there's any grazes, then you see a trained
		nurse and say, you know, what do you think of this and they'll say
		well just put a barclusiv on or whatever.
	DC Code A	Yeah.
	Code 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 17 <sup>th</sup>
	Code A	Huh huh.
	DC Code A	and the 20 <sup>th</sup> , 21 <sup>st</sup> of August.
	Code A	yeah, 21 <sup>st</sup> yeah.
	DC Code A	Okay. Can you tell me what DO stands for, which is lis
Signature	e(s) :	
~		◆ Not relevant for contemporaneous notes





#### RECORD OF INTERVIEW

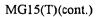
Tape Counter Times	Person Speaking	Text
	Code A	That's Day Off.
	DC Code A	Day Off?
	Code A	Yeah.
,	DC Code A	Okay. So you're
	Code A	Day off on the 17 <sup>th</sup> .
	DC Code A	Your first day would have been on the 18 <sup>th</sup> ?
	Code A	Yeah, which I was on a late duty.
	DC Code A	Which is what time?
	Code A	1.15 to 8.30.
	DC Code A	Okay and then we've got the 19 <sup>th</sup> .
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 A	Okay and then we've got the 20 <sup>th</sup> .
	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	e(s):	• Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

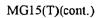
Tape Counter Times ◆	Person Speaking	Text
8.41	DC Code A	Can you just go over for me your recollections of Mrs
		RICHARDS during that time, any dealings you've had with her or
		with the family during that period of time?
	Code A	I didn't really have um I didn't have that much of a connection
		with 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





#### RECORD OF INTERVIEW

Tape Counter Times *	Person Speaking	Text
		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





#### RECORD OF INTERVIEW

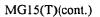
		Continuation Sheet No : 12
DOB Co Tape	ode A	
Counter Fimes •	Person Speaking	Text
	DC Code A	Oh right.
	Code A	because she she was demented and deaf, very deaf. She
		did she used to scream and grab every time you did anything
		with her, because I mean she was demented, she was frightened,
		she doesn't 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	e(s):	• Not relevant for contemporaneous notes
		▼ Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

Record o	f interview of:	Code A
DOB c		
Tape Counter Times *	Person Speaking	Text
		in and dealing with her while she was in that situation.
	DC Code A	Okay. Were you able to say there was I mean you've
		obviously had some dealings on the on previous time
,	Code A	Mmm.
	DC Code A	and am I right in saying you would at least have seen her on
		basically between the 18 <sup>th</sup> and 21 <sup>st</sup>
	Code A	Oh yes, yes, yeah I did.
	DC Code A	Are you able to comment on the differences in her condition?
12.03	Code A	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 Code A	Right. Okay. Just um you've mentioned the time before
	Code A	Mmm.
Signature	e(s):	
-	<del></del>	◆ Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

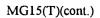
Tape Counter Times •	Person Speaking	Text
	DC Code A	Which obviously we're not sort of looking at, but we will go over
		it because it just gives us a bit of background um What sort of
		problems did you. Did you encounter any problems with Mrs
		RICHARDS in dealing with her the previous on the previous
		occasion?
	DC Code A	This is when she goes to the Gosport War Memorial after the hip
		operations.
	Code A	Yeah, yes, yeah.
	D( 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):	





#### RECORD OF INTERVIEW

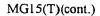
Tape Counter Times •	Person Speaking	Text
		feet at least that would keep her feet up and maybe stop her being
		inclined to want to try and stand, even though she couldn't. Um
		she called continually, although you couldn't understand what she
		was saying. Er she couldn't really understand what you 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	v(e) ·	
Dibilatale	<u> </u>	◆ Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

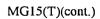
Tape Counter Times •	Person Speaking	Text
	DC Code A	Okay. How did you do that? How did you ?
	Code A	Well, she was the chair that she was in was a chair, a big arm
		chair that had wheels on so we wheeled that in the bathroom,
		which was next door to her room and then we've got an Oxford
		Stand Aid 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
	<u> </u>	bearing
Signature	(s) :	◆ Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

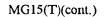
Record of	I	ode A
Γape Counter Γimes ◆	Person Speaking	Text
	Code A	She wasn't weight bearing at all.
	DC Code A	No.
	Code A	That's why we had to use it, because we're not allowed to lift
		people, or pull people around. We're not allowed to manhandle
		people.
	DC Code A	Right.
	Code A	So by using in 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 hierarchy 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





#### **RECORD OF INTERVIEW**

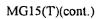
Person Speaking	Text
Code A	Yeah, um only that um that the duty Doctor on our ward comes in
	every morning, first thing, just after we've had report, to find out
	if there are any problems with any of the patients that need seeing
	to or if there's any drugs that need changing, um if someone's had
	a 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?
	Code A  Code A  Code A  Code A





#### **RECORD OF INTERVIEW**

de A	Yes.  And then Doctor LORD would come in on a  Twice a week.  Twice a week?  Yeah.  And would that be to review what decisions had been made by
de A	Twice a week?  Yeah.
de A	Twice a week? Yeah.
]	Yeah.
de A	And would that be to review what decisions had been made by
	Doctor BARTON?
	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.
le A	Mmm. Okay. In terms of er yourself as an Auxillary Nurse, do
	you get involved in these discussions over patient
	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





#### RECORD OF INTERVIEW

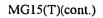
Record o		Continuation Sheet No : 20
Tape Counter Times •	Person Speaking	Text
		report, which is sort of two or three times a day, there's a report
		going on and um then they then pass that on to the Doctor. If
		necessary, if there's something that's urgent then they will phone
		the Doctor up at 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	e(s):	
		<ul> <li>Not relevant for contemporaneous notes</li> </ul>





#### RECORD OF INTERVIEW

	Record of interview of: Code A  DOB 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	e(s) :		
	•	◆ Not relevant for contemporaneous notes	





#### RECORD OF INTERVIEW

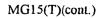
DOB C	f interview of:	
Tape Counter Times ◆	Person Speaking	Text
	Code A	Mondays and Thursdays.
	DC Code A	Is it can you give us a time? Is it generally the same time?
	Code A	Er no, well it's always in the afternoon.
	DC Code A	Right.
ŀ	Code A	It's usually after report, usually about 2 o'clock on a 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 Code A	Okay.
	Code A	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 Code A	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?
	Code A	Together?
	DC Code A	Together, yeah.
	Code A	Yes.
Signature	e(s):	
		Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

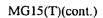
Record o	\	Code A
Tape Counter Times •	Person Speaking	Text
	DC Code A	Yeah and that'd be a bedside thing, looking at the notes at her
		bedside?
	Code A	Absolutely.
	DC Code A	Okay.
	Code A	Yeah.
	DC Code A	Okay. What do you understand about um the administration of
		drugs, whose responsibility it 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 Auxilliaries 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
		1101 folevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

Record of interview of: Code A  DOB Code A		
Tape Counter Times	Person Speaking	Text
		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
Signature	(s):	◆ Not relevant for contemporaneous notes
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#### **RECORD OF INTERVIEW**

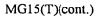
Tape Counter Times •	Person Speaking	Text
		to look for and what you have to do in what order. You have to
		check that it's the right patient, the date of birth, etc.
	DC Code A	Right, okay. I'm moving on from that, I mean one of the drugs
		that was prescribed to Mrs RICHARDS was Diamorphine.
ı	Code 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





#### RECORD OF INTERVIEW

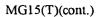
Tape Counter Times	Person Speaking	Text
Times	<u> </u>	
	Code A	No, no actual training on syringe drivers, no. We see them
		working, but we don't have that training on them, because we
		don't deal with them.
	DC Code A	Are you aware of the reasons for putting a particular patient on a
į.		driver?
	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	e(s):	
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#### RECORD OF INTERVIEW

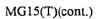
Tape Counter Times	Person Speaking	Text
	DC Code A	Does that get cascaded down to Auxilliary Nursers or?
	Code A	We it's all passed down to us in report, yeah.
	DC Code A	Right, so you'll get if there's a particular problem with a
		particular patient
	Code A	Yes, yeah, everything's passed down yeah
	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
		17 <sup>th</sup> and the 21 <sup>st</sup> .
	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





#### **RECORD OF INTERVIEW**

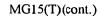
Record of interview of: Code A  DOF Code A		
Tape Counter Times *	Person Speaking	Text
	DC Code A	Okay. Did you have any conversation with the daughters
		regarding this course of treatment?
	Code A	No.
	DC Code A	Or did you have any conversation with any or did they make
		any comment that you heard 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 <sup>th</sup> to the 21 <sup>st</sup> ? Any member
		of staff who was
	Code A	They have a named nurse, I can't remember who her named nurse
	L	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
Signature	e(s):	
		<ul> <li>Not relevant for contemporaneous notes</li> </ul>





#### **RECORD OF INTERVIEW**

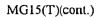
Record of interview of: Code A  DOB Code A		
Tape Counter Times *	Person Speaking	Text
		patient, she should make it her business to know the dealings with
		that patient and what's happening with that patient and um
		anything to do with their care, like turning or things like this, or
		whether you feed them or not, they will say whether you know,
		they need it done.
	DC Code A	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?
	Code A	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 Code A	Okay. Have you ever had um ever any cause to question any care
		programme that's been set up?
	Code A	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 whats 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	r(e) ·	
~	(~).	◆ Not relevant for contemporaneous notes





#### RECORD OF INTERVIEW

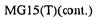
Tape Counter Times	Person Speaking	Text
		after elderly people with big problems.
	DC Code A	Mmm.
	Code A	and so you become used to noticing what is a big problem or
		not and how to deal with that. Also noticing the little things that
		lead to big problems, so no I've never found any need to
		they're 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
	<b>4</b>	attempting to give her some lunch at the time, but um I mean her
Signature	(s):	◆ Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

Record of interview of: Code A  DOB Code A		
Tape Counter Times *	Person Speaking	Text
		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 sedarion or is it
		like a parallel
	Code A	No yes there is a difference, because someone can be sedated,
Signature	e(s):	
		◆ Not relevant for contemporaneous notes



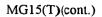


#### RECORD OF INTERVIEW

Continuation Sheet No: 32

Γape Counter Γimes ◆	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 auxilliaries anyway, on what to look for, whether
		someone is swallowing or not and if we don't feel that that person

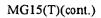
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#### **RECORD OF INTERVIEW**

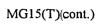
Record o	Record of interview of: Code A  OOI Code A		
Tape Counter Times *	Person Speaking	Text	
		is swallowing, I mean we make sure they're sat up for a start.	
		You can't give anything to anyone laying down.	
	DC Code A	Yeah.	
	Code A	And if they're sat up and um they're swallowing, then yes, they	
		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	
	<u> </u>	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	
	h	the Care Plans and then obviously there'll be some questions	
		arising from those.	
C:	(a) .		
Signature	(5).	◆ Not relevant for contemporaneous notes	





#### **RECORD OF INTERVIEW**

Record of DOB C Tape Counter	f interview of: Co	Text
Times *		
	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	e(s):	
~		• Not relevant for contemporaneous notes





#### RECORD OF INTERVIEW

	Record of interview of: Code A  DOB Code A		
Tape Counter Times •	Person Speaking	Text	
	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	
<b>)</b>		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	





#### RECORD OF INTERVIEW

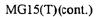
Tape Counter Times	Person Speaking	Text
		move very well, their diet's poor, some incontinence, then you've
		got a chance of and their weight as well, whether they're fat,
		very thin or whatever, all adds up to whether they are at risk of
		pressure sores, so we have to check them over regularly, every
		time we see them, to make sure that they don't get pressure areas
		and they are nursed on an air bed then.
	DC Code A	Right.
	DC Code A	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
	Code A	the 11 <sup>th</sup>
	DC Code A	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
	Code A	Yes, yes.
	DC Code A	and also with regard to the Water Pressure
	Code A	Water Low, yeah.
	DC Code A	On the 11th August it was also assessed that she was very
Signature	e(s):	
		Not relevant for contemporaneous notes





#### RECORD OF INTERVIEW

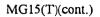
Record o	f interview of:	Code A	
Tape Counter Times *	Person Speaking	Text	
		susceptible to bed sores and stuff?	
	Code A	Yes.	
	DC Code A	Is that because of her lack of mobility and	
	Code A	Yes, lack of her mobility and also um her weight, her poor di	et,
		because she wasn't eating very much.	
	DC Code A	Would these have been matter of coursely reassessed on h	ıer
		second admission on 17th August, or would they look at these a	nd
		say well there's no change?	
	Code A	They, they, sometimes they can be. If a patient comes back a	nd
	•	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	ed,
		but because she was more poorly when she came back and the	se
		were quite high, this one's quite low anyway, then the nurse	in
		charge of her at the time probably hasn't thought it necessar	ry,
		because we were keeping her in bed anyway.	
	DC Code A	Right. Okay.	
	Code A	Okay. I can't really judge that because that is something that t	he
		trained nurses always do.	
	DC Code A	Qualified nurses, yeah.	
Signature	e(s):	• Not relevant for contemporaneous notes	





#### **RECORD OF INTERVIEW**

Tape Counter Times	Person Speaking	Text
	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





#### **RECORD OF INTERVIEW**

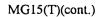
Tape Counter Times •	Person Speaking	Text
	DC Code A	And according to this one here, she received nutrition on the 14 <sup>th</sup>
	Code A	Yes, by myself.
	DC Code A	Is that your signature?
	Code A	That's myself, yes, porridge.
	DC Code A	Right, but then obviously according to this form, post ops she
		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 14th to the 17th she was back at Haslar
	Code A	Yes.
	DC Code A	And then from the 17 <sup>th</sup> 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
	<u> </u>	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
	ti	food, do you always mark the nutrition form off?
Signature	e(s):	◆ Not relevant for contemporaneous notes





#### **RECORD OF INTERVIEW**

Record of interview of: Code A  DOF 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	e(s):	• Not relevant for contemporaneous notes





# RECORD OF INTERVIEW

Record of interview of: Code A  DOB Code A		
Tape Counter Times *	Person Speaking	Text
		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