

RESTRICTED

DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y9

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

Person interviewed:

Place of interview: Park Gate Police Station

Date of interview: 01/06/2000

Time commenced: 1039

Time concluded: 1107

Duration of interview:

28 minutes

Tape reference nos.
(♦) 44/00/029177

Interviewing Officer(s):

DC / DC

Other persons present:

Portsmouth

Mr. GRAHAM - Saulet & Co Solicitors,

Police Exhibit No: LMC/FLW/8

Number of Pages: 29

Signature of interviewing officer producing exhibit

Tape
counter
times(♦)

Person
speaking

Text

0.11

DC

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

DC

DC

DC

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

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

[Code A] My name is [Code A] date of
 birth [Code A]
 DC [Code A] Okay and also present is...
 SOLICITOR Mr GRAHAM from Saulet and Co Solicitors,
 Portsmouth, Legal Advisor.
 DC [Code A] This interview is being tape recorded and being
 conducted at Park Gate Police Station. The
 time is ten thirty nine (10.39) and the date is
 Tuesday the 20th of June, 2000. At the
 conclusion of the interview I'll give you a
 notice explaining what will happen to the tapes
 and I must remind you that at any time
 throughout the interview you're entitled to legal
 advice, okay, so that means the interview can be
 delayed at any time should you want to discuss
 anything, all you need to do is just make it clear
 and we'll obviously leave the room and let you
 do that. Right the reason we're here is
 Hampshire Police have undertaken an
 investigation into the circumstances of the death
 of Mrs Gladys RICHARDS on the twenty first
 of August nineteen ninety eight at Gosport War
 Memorial Hospital. The investigation centers
 around an allegation that Mrs RICHARDS was
 unlawfully killed as a result of a course of
 treatment that was embarked upon between the
 seventeenth and the twenty first of August
 whilst admitted to that hospital. We are seeking

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided her with direct nursing care or treatment in order that an account can be obtained in particular circumstances and issues that existed between those dates. I emphasise that this is a search for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews from 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. You solicitor has been provided with relevant material prior to this interview commencing and I'll emphasis again that you're not under arrest and you're free to leave at any time, your right to free legal advice in private extends throughout the period you're at the police station, okay. The next part is the caution, You do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in court, anything you do say may be given in evidence, okay. That's the caution, do you understand that?

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

- 2.51 [Code A] Yes.
 DC [Code A] And what I've said?
 [Code A] Yes.
 DC [Code A] So far, okay. What I will emphasise is that myself and DC [Code A] are obviously complete layman when it comes to the medical profession, no decision will be taken by or at least without a consultation of people who have the due knowledge and experience to make those sort of judgements and recommendations so it's not a case of a police officer sitting somewhere and saying that's clearly wrong when they're not really in a position to do so without seeking that advice. Okay that's why we're here. What I'd like to do is just go over some background really, to start off with your professional qualifications and experience and what your role is at the hospital, if you could sort of just run through that for me.
- 3.51 [Code A] I am a registered general nurse, and also a midwife although I haven't actually practiced as a midwife. I've been at Gosport War Memorial for eighteen years come next month erm as night sister in charge of the hospital erm I have responsibility for the safety of the building at night, for the staff, and for the patients.
- DC [Code A] Right.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

Code A

I also cover minor injuries at night 'cause we have a minor injuries department that's open twenty four hours so when a minor injury comes in I see to the patients er if there's any medical problems in any of the wards I deal with those. Any staff ask for advice and help with anything I see, I go to the ward and erm speak to the staff and as I say if there's any problems they come to me.

4.50 DC **Code A**

Okay, right thank you. So do you work permanent nights?

Code A

I work permanent nights, yes I work four nights a week.

DC **Code A**

Okay and that is your responsibility? When you're at work you are responsible for the hospital?

Code A

For the hospital.

DC **Code A**

Okay, alright so what sort of..can you give me examples of scenarios that you would be made aware of by the various wards in relation to patients?

Code A

Well there's er a patient deteriorated suddenly er the patient became ill in the night erm a patient was poorly and er relatives were there and wanted advice, er I'm trying to think, just really anything to do with treatment of the patients.

DC **Code A**

So if a particular patient took an unexpected or

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

a quite quick sort of down turn in their health then you'd be made aware. What would be your responsibility then, if you're made aware of something like that?

6.08 Code A Erm well I'd probably decide that a doctor needed to be informed.

DC Code A Okay and what procedure would you follow to do that?

Code A Well depending on the ward er Sultan Ward where I actually base myself is a GP ward, ...

DC Code A ...Right

Code A ...it's just above Daedalus ward, er each patient who comes in comes under their own general practitioner and I would contact the emergency number for that doctor and 99% of the time it would be Health Call based at Cosham. On Daedulus and Dryad ward which are the elderly care wards, they come under the care of Doctor BARTON's practice er it would be a case of ringing the emergency number there and if they weren't on at night they usually transfer to Health Call at Cosham as well.

DC Code A Right, so it's a call out system?

Code A Yeah, we don't actually have a doctor on the premises.

DC Code A Right, okay. In your role on nights, do you ever get involved in discussions on or assessing the treatment that has been prescribed to a

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

7.12 [Code A] particular patient?
Well if someone's not happy about it, yes I would be notified hopefully.

DC [Code A] Right, okay and again the procedure would be to contact a doctor?

[Code A] Yeah.

DC [Code A] Okay, right obviously as I say this relates to Gladys RICHARDS and the time we're sort of looking at is between the seventeenth and twenty first of August. Are you able to remember what you were doing?

[Code A] Really cannot remember.

DC [Code A] Okay, but you were on duty during August?

[Code A] I believe I was, I haven't, I mean I was sort of off duty briefly for that week...

DC [Code A] ...Right.

[Code A] ...so I can't remember but I normally work the Sunday night to Thursday morning.

DC [Code A] Okay.

[Code A] So whatever the days were during that, that period of time was during these days then yes I'd be on duty.

DC [Code A] I think the seventeenth was a Monday, wasn't it?

DC [Code A] Yeah.

DC [Code A] Friday the twenty first.

[Code A] (inaudible)

DC [Code A] Did you have any contact with Mrs

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

RICHARDS?

[Code A] Not directly, no.

DC [Code A] Not directly. Did you have...

[Code A] Not even indirectly.

DC [Code A] ...Okay, well that was the next thing, did you have any contact with any members of staff from Daedalus in relation to Mrs RICHARDS?

[Code A] Not that I can remember.

DC [Code A] Okay.

[Code A] I've been racking my brains since I...

DC [Code A] ...Yeah.

[Code A] ...heard about this coming up.

DC [Code A] Yeah, okay.

8.37 DC [Code A] If anybody had mentioned anything to you, any concerns or anything, would that be documented anywhere on the patients notes or anything?

[Code A] Not necessarily, no.

DC [Code A] No.

[Code A] If it was a concern I felt needed something to be done about, yeah then yes it would have been.

DC [Code A] Yeah, yeah so if there was any incident brought to your attention for anything about a particular patient which somebody was concerned about, then more often than not it would be documented?

[Code A] Yeah it should be.

DC [Code A] It should be, yeah on the patients care notes?

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

	Code A	Yeah
	DC Code A	And if that was the case would that be down to yourself to document that or down to the...
	Code A	...Not necessarily, usually the nurse in charge of the ward would do that.
	DC Code A	...would do that and would just log that you'd been there and what decisions...
9.20	Code A	...Yeah
	DC Code A	...yeah, okay. Okay so as far as you can remember, I appreciate it's two years ago...
	Code A	...I know
	DC Code A	...you don't recall having any sort of contact at all with Mrs RICHARDS directly or indirectly?
	Code A	As I say I've been try...all I can remember I don't know if it was at the time or a week or so later that there was problems with the relatives but I personally wasn't medically involved...
	DC Code A	...Okay.
	Code A	...I think the two sisters were squabbling together or something.
	DC Code A	Right, where did you hear that from?
	Code A	From the nursing staff.
	DC Code A	So it's something that was just going round?
	Code A	Yeah, it was just something that was going round yeah.
	DC Code A	Okay.
	Code A	But as I say it's part of my duties, I go to each ward during the night at some point.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

- DC **Code A** Yeah, okay. We're obviously looking at the use of the syringe driver just trying to get explanations about what its uses are and benefits and everything, perhaps you could explain the system for the syringe driver, what it is and what you know what its benefits are?
- 10.40 **Code A** Erm the syringe driver is made by Greyspin er it's er used to control symptoms in patients, er it's administered via a syringe in a pump and the drugs are given in the syringe and the particular syringe driver that we use, it administers the drugs over a twenty four hour period.
- DC **Code A** Okay and what are the benefits of using that as opposed to oral drugs or syringe?
- Code A** Well usually the syringe driver is started where the patients can't take anything orally.
- DC **Code A** Right.
- Code A** For whatever reason, they're either unable to swallow erm or they've got er vomiting, nausea in which case if you give something orally they'll just bring it back up again, also the patients very thin, you can't keep injecting them with drugs 'cause obviously their muscles aren't er are depleted so you can't give them a injection properly...
- 11.46 DC **Code A** ...Right.
- Code A** ...whereas with the syring driver the tubings

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

attached to the syringe and there's a small needle at the end, very fine needle which is just placed under the skin and secured in place.

DC Code A Okay and so it, the drugs as I understand it sort of are pumped out at regular intervals...

Code A ...Yeah there's a battery, there's a battery inside the syringe driver.

DC Code A Okay. What training is given to staff do you know to use it?

Code A Well all staff that work the syringe drivers have training sessions on syringe drivers, there's also regular updates.

DC Code A Right. Those updates take the form of ...?

Code A ...Small sessions about an hour a session.

DC Code A Right, okay.

Code A And it's usually given by other staff themselves, or erm palliative care staff from (inaudible).

DC Code A Mmm, okay.

12.35 DC Code A On that issue, are the..the training that they get are they certificated in any way or are they...do they get a rubber stamp on their CV because they've got this syringe driver trained or...

Code A ...We usually get a certificate when they complete these courses.

DC Code A And are the courses held locally or do they have to go anywhere?

Code A Sometimes they're held locally, sometimes they have to go either to QA.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC Code A I take it it's not a major course or anything, it can't...

Code A ...No it's not, no.

DC Code A ...it can't be a...so they do, they can put that sort of thing on a CV, I am syringe driver trained so to speak?

Code A Well officially, yes they could.

DC Code A Yeah.

DC Code A Okay. Moving onto palliative care then, you've just mentioned that, what's your sort of definition of what that means and ...?

Code A Well erm what's palliative care, keeping patients comfortable, pain free, er symptom free really if you like, erm until the end comes.

DC Code A Okay. So am I right in saying that it's for people who appear to be dying?

13.53 Code A Mmm.

DC Code A In pain or distress...

Code A ...Yeah, yeah

DC Code A ...and that's a means of insuring that that pain...

Code A ...Yes that's very kindly, yes

DC Code A ...sorry the death is pain free as much as possible, okay.

DC Code A Who's decision will it be to put a patient on the palliative care course of treatment?

Code A Well it would be the doctors.

DC Code A The doctors that you show (inaudible)...

Code A ...Sometimes with discussion with the staff.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC [Code A] Yeah, so in your capacity as a, like the main person at the hospital during the course of the night you couldn't make that sort of decision?

[Code A] No.

DC [Code A] No so it's got to be...

[Code A] ...Unless there was drugs written up...

DC [Code A] Yeah

[Code A] ...but that would be written up on the doctors instructions.

DC [Code A] Yeah, right.

14.43 [Code A] I mean obviously I couldn't put a patient on that course of treatment myself it would have to be done by a doctor.

DC [Code A] But is it, is it...am I right in saying though that in some cases the doctor can prescribe drugs that don't have to be administered at that time but should the nursing staff feel that well things are deteriorating, we better put her on this drug, on that drug then the doctor doesn't have to be consulted at all because she's already made that decision prior to that?

[Code A] Yeah, yeah.

DC [Code A] Right,

[Code A] But usually there would be a discussion that you would ensure that there had been a discussion with the relatives.

DC [Code A] Yeah.

[Code A] Beforehand.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC **Code A** Yeah.

Code A Usually they are made aware of that anyway.

DC **Code A** Yeah.

15.30 DC **Code A** What I'd like to do is if you're able to, is show you the prescription register, or the prescription log here for Mrs RICHARDS and I just sort of would like you to have a look at that for me. Now as we understand there was four drugs on the driver?

Code A Yeah.

DC **Code A** Which as I say I appreciate that you had no input in this but it's purely from your professional role if you could just help us with, the four drugs we understand are diamorphine, haloperidol...

Code A ...Yeah.

DC **Code A** ...midazolam, and hyoscine I'll be able to say that I reckon by the end of the week.

Code A Yeah very good.

DC **Code A** That's the one I have problems with it.

DC **Code A** I wonder if you could just go through each one, and just talk through what they're set to achieve and what there effects are?

Code A Yeah,well the thing is she was already started on oromorph...

DC **Code A** ...Right.

Code A ...orally, she'd been having that so judging by how much of a dosage she had in twenty four

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

hours relates to the starting dose of the diamorphine in the syringe driver so she was started on forty milligrams, and if needed that would have been increased if necessary but I see it hasn't, it was kept at forty milligrams.

17.02 DC **Code A**

Code A

DC **Code A**

Code A

Okay.

So that's the diamorphine. Haloperidol...

...Am I right in saying that the diamorphine is a pain relief?

Yes, yeah. Er it's the best analgesic you know to relieve the pain relief in them stages. Haloperidol, that's a drug which is an anti-enetic and it also has a sedative effect as well, I don't really quite know whether they go together. Hyoscine is a drug that dries up secretions, sometimes when the patients coming to the end they normally get very bubbly and it can be quite noisy and it can be quite distressing, I hasten to add not for the patient for the relatives to listen to because I don't believe the patients are aware at this time erm and hyoscine is given and that's quite an accepted dosage. Midazolam erm that's another sedative drug, it's very good for terminal restlessness and I believe it has a small anti-enetic effect as well.

18.18 DC **Code A**

Code A

What does that mean the anti-enetic?

Anti-sickness.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC Code A Oh right.

Code A Yeah so they're quite nor, it's quite normal for these drugs to be used in a syringe driver altogether.

DC Code A Okay. Are you able to comment on the amounts prescribed?

Code A Well as I say the forty milligrams diamorphine er the amount that, the forty milligrams because the oromorph had been given more or less regularly, thirteenth, yeah they would have counted how much oromorph she would have had in the twenty four hours and depending how much there's a chart that we refer to and that gives the starting dose for the diamorphine.

DC Code A Right

Code A So that forty milligrams is fine, haloperidol five milligrams that's typical dose, that's fine, hyoscine four hundred micrograms and that's fine as well and midazolam yeah.

DC Code A Am i right in saying that the quantity of diamorphine is that a strong amount, to kill strong pain or is it like a small amount just to...

19.31 Code A It's a small amount actually for a syringe driver when she's been having oromorph previously...

DC Code A Yeah.

Code A ...if someone hadn't been having the oromorph previously they would have been on a smaller dose of diamorphine maybe twenty, maybe

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

		thirty milligrams over twenty four hours.
	DC Code A	So on..for pain relief would it be correct in saying that Mrs RICHARDS wasn't in a great amount of pain so to speak, if they had to change, they haven't increased the dosage...
	Code A	...I would have said she would be having moderate pain to help that ...
	DC Code A	...Yeah but I mean there's no increase at all to...
	Code A	...No there's been no increase in the diamorphine so obviously the pain was well controlled with the dosage she was getting...
	DC Code A	...That's right
	Code A	...if it hadn't have been it would have been commented on and it would have been increased.
	DC Code A	And you say that the four medicines together...
	Code A	...Yeah
20.20	DC Code A	...and it's not unusual for someone....
	Code A	...It's not unusual at all.
	DC Code A	...involved in palliative care?
	Code A	It's not unusual at all.
	DC Code A	Are you aware of any adverse side effects that the four drugs together or two of the drugs together or whatever may have on a patient?
	Code A	No.
	DC Code A	No.
	Code A	No, I would think she had a very peaceful end.
	DC Code A	Mmm, okay.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC **Code A** I appreciate that you haven't seen or you didn't see Mrs RICHARDS but I wonder if you are able to comment on having looked at these four drugs on the syringe driver, is that something that's an example of palliative care, those four drugs together...

Code A ...Yes

DC **Code A** ...if you were to look at that, you would...

Code A ...Yes I don't see anything out of the ordinary about it at all.

DC **Code A** Okay. I mean are you able to say whether that's, looking at it someone who's not going to get better that's someone who is dying and being given a peaceful...

21.24 **Code A** ...Yes

DC **Code A** ...or pain free...

Code A ...Yes

DC **Code A** ...path through? Okay, thank you.

DC **Code A** Just another general question. Are you aware of any of those four drugs which are not licenced for subcutaneous use?

Code A The oral licence was subcutaneous use.

DC **Code A** As far as your aware?

Code A Yes.

DC **Code A** Okay. When would these drugs be reviewed in terms of effects they were having on patients?

Code A Daily.

DC **Code A** It would be daily and who would....

RESTRICTED

DOCUMENT RECORD PRINT

		Code A	...Or as any problems arise.
		DC Code A	Right.
		Code A	For example if a patient showed signs of still being in pain that would be increased...
		DC Code A	Okay.
22.21		DC Code A	And I'm right in saying though the doctor in relation to the diamorphine, the prescription is forty to two hundred...
		Code A	...Forty to two hundred, yeah.
		DC Code A	...so if the nurse in charge that night felt that the dose needed to be increased she...
		Code A	...Yeah
		DC Code A	...could have done it with...
		Code A	...Yeah
		DC Code A	...no problem at all...
		Code A	...no problem
		DC Code A	...because it was authorised, but it wasn't?
		Code A	No
		DC Code A	In this case.
		Code A	It didn't need to be.
		DC Code A	No
		Code A	In fact none of them had been increased, they've all stayed the same.
		DC Code A	Yeah.
22.49		DC Code A	Okay, so who would do that sort of review, daily review?
		Code A	Well it's just part of your normal work.
		DC Code A	Right, okay. What I'm getting at is I know their

RESTRICTED

DOCUMENT RECORD PRINT

GP wards aren't they or Daedalus is a GP..?

Code A Daeda...no, yeah, no Daedalus is an elderly care ward.

DC **Code A** Right

Code A The clinical erm er medical side is covered by Doctor BARTON who is herself a GP that she, it's extra duties that she takes on.

DC **Code A** Yeah, okay. Would it be part of her duties to review daily...?

Code A ...Well she comes in daily anyway so I assume yes, I assume she would have.

DC **Code A** I appreciate that you're nights so you wouldn't actually be part of that review process?

Code A No.

DC **Code A** Okay, if you had something come in overnight which felt, you felt was something the doctor ought to be aware of, where would that be recorded?

Code A In the nursing notes.

DC **Code A** It would be in the nursing notes. Is that the contact record, if I show you?

23.58 **Code A** Each ward is a different...

DC **Code A** ...I know, there seems to be so many

Code A ...paperwork.

DC **Code A** Something like this?

Code A Yes, it would, I'll tell you where you put it, here.

DC **Code A** It would be a summary of general problems...

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

	Code A	...Yeah
	DC Code A	...and doctor whoever was reviewing would obviously pick that up in the morning?
	Code A	Yes it would be mentioned to her.
	DC Code A	Okay. Again another general question in relation to hydrating patients, can you talk me through the reasons why someone wouldn't be able to take on food or water, some of the examples?
	Code A	Er if they had kidney problems, if they're in renal failure obviously if you hydrate them, if you give fluids the kidneys aren't going to be able to cope with it...
	DC Code A	...Right.
	Code A	...so effectively you're drowning the patient by giving them the fluids.
	DC Code A	Okay. So that would apply obviously to orally and?
25.05	Code A	...Yes any form of hydration.
	DC Code A	...yeah, okay. Have you ever, we've talked about who sort of provides, prescribes the drugs and the treatment, have you ever had concerns over treatment provided or medication provided to a particular patient?
	Code A	Er not that I can think of, no.
	DC Code A	Okay, if you did are you aware of any procedures, hospital procedures in place that you would be able to make your representations

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

known?

Code A

Well for example if I wasn't able to read a prescription properly I wouldn't give the drug until I had erm I had it checked out by a doctor in which case I would phone the doctor concerned.

DC **Code A**

Right, okay and in, on occasions when, which you have just said that there hasn't been but if there was a scenario where you had been, or a patient had been prescribed drugs...

Code A

...Yeah

DC **Code A**

...and you felt that wasn't appropriate for whatever reason and you went back to the doctor and discussed it and you know the answer you were given wasn't satisfactory to you...

26.30

Code A

...Yeah

DC **Code A**

...are you aware of any procedure in place where you would go from there to trying redress the...?

Code A

...We have a risk event...

DC **Code A**

Right

Code A

...that we could fill in.

DC **Code A**

Oh, okay and where does that go through, what junction?

Code A

Er just each ward has a risk event form, it's if any accidents hap...it covers anything really untoward er the patient has an accident it's

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

filled in, if there's a medical error or whatever a drug administration error that form would be filled in, copies kept in the ward, a copy sent to the senior manager or a copy sent over to personnel.

DC Code A

Mmm, okay and I take it any issues coming out from that would be dealt with by you know if there was...

Code A

...If there was, yeah, it would be dealt with.

DC Code A

...who would pick that up? Are you aware of....

Code A

...Well I would have thought the manager of the hospital would pick that up.

27.27

DC Code A

Right, okay. Okay so....

DC Code A

I can't think of anything else.

DC Code A

No, right I think we've covered everything we need to cover. Oh just a couple of quick questions on general notes. As we understand it because obviously we've been speaking other people the contact notes or the yellow, the buff coloured one is mainly for changes in, I'll show you here, it's called a contact record, if I find the paperwork, this one here.

Code A

Yeah.

DC Code A

As we understand it would tend to be for times when there's changes in health?

Code A

Well th, this is what they do on Daedalus ward...

DC Code A

...Right

RESTRICTED

DOCUMENT RECORD PRINT

[Code A]
 DC [Code A] ...in the other wards they use this one.
 [Code A] Oh it changes doesn't it?
 DC [Code A] Yeah, I'm afraid it's not.
 [Code A] So it's not a standard...?
 DC [Code A] ..No.
 [Code A] ...Right.
 28.45 [Code A] The other wards use mainly this size, something
 of significant events.
 DC [Code A] So anything significant would go on there?
 [Code A] Yeah
 DC [Code A] But obviously that wouldn't include things like
 giving her a cup of tea or a patient a cup of tea.
 [Code A] No, no, no, each patient has care plans at the
 end of their bed.
 DC [Code A] Right
 [Code A] And any nursing procedures that are done
 every, actually recorded in the care plans.
 DC [Code A] Okay, can you give us some examples of what
 would be on those care plans? What sort of..
 [Code A] Er patients have been washed, if they'd been
 helped with erm toileting er that sort of thing
 really...
 DC [Code A] ...and all those sort of things should be included
 on the care plan?
 [Code A] ...on the care plans.
 DC [Code A] Okay, alright I think that's about it.
 DC [Code A] Mmm, mmm.
 DC [Code A] Okay. Is there anything you would like to add

RESTRICTED

DOCUMENT RECORD PRINT

that you feel we ought to be aware of?

Code A

No I don't think so, I just think it's sad that it comes to this.

DC Code A

Okay, is there anything you'd like to clarify? Anything you've said that you feel we haven't quite grasped or understood?

Code A

No I don't think so.

DC Code A

Okay, right I'll hand you a notice explaining the tape recorder procedure. The time by my watch is 11.07. I'm turning the recorder off.

END OF INTERVIEW

RESTRICTED