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RECORD OF INTERVIEW

Number: Y16A

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

Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 30/06/2000

Time commenced: 1438 Time concluded: 1510

Duration of interview: 32 MINS Tape reference nos. (◆)

Interviewing Officer(s): DC Code A DC Code A

Other persons present: Mr GRAHAM - Solicitor

Police Exhibit No: Number of Pages:

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
	DC Code A	This is a re-commencement of the interview of Code A I'll remind you that you are still under caution, okay, and I'll just go over that again, 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

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on in court, anything you do say may be given in evidence. I'll also remind you that you are free to leave at any time and Mr GRAHAM is here and should you want further advice at any time then just say so and we'll stop the interview for you to have that advice. Can I just ask you to confirm that I have not asked you any questions regarding the reason you're here with, in relation to Mr RICHARDS or the hospital or anything to do with that during the break that we've had.

Code A — I can confirm that.

1.13 DC Code A — Right, we were going over the notes, the health care notes and just to re-cap so far, we've covered the entries relevant to you which was the fall on the 13th and then the subsequent x-rays on the 14th then the re-admission to date and from what you can see and what obviously I can see that that is the only entry relevant to you.

Code A — There is one more entry, on the medicine chart where I have signed that I gave her haloperidol on the 13th.

DC Code A — On the 13th, right, and that's on the, as you look at it the far right.

Code A — Which I asked Doctor BARTON to write up because Mrs RICHARDS was so distressed and we'd tried everything to calm her down and that

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		was the last result.
	DC Code A	I wonder if you could go through these for me, appreciating that you know that is the only one you've actually administered but just to give me an explanation of what these sort of things, what these drugs do, what they're role is sort of thing.
2.22	£	This Oramorph, that is a liquid form of Diamorphine, it's a very small dose that the patient can take by mouth for pain relief. These are the ingredients of a syringe driver, okay, that is Diamorphine, yes, for pain, Hyoscine to dry up the secretions, Midazolam to, it's an antispasmodic.
	DC Code A	Is that sort of a muscle sort of..
	Code A	It's a muscle relaxant.
	DC Code A	Okay.
	Code A	It keeps them relaxed.
	DC Code A	And the..
	Code A	This is Lactalose, which is given to people for their bowels, okay, this is the Haloperidol which I, it's appropriate to give somebody that's got Alzheimers disease.
	DC Code A	Right, and from what you've described earlier it quietens them down.
	Code A	Yes, and it stops aggressive behaviour.
3.44	DC Code A	Now as I understand it a syringe driver was started on the 18th and the contents of it was the Diamorphine, the Haloperidol.

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	Code A	Yes.
	DC Code A	The Midazolam and the Hyoscine.
	Code A	Oh right, yes.
	DC Code A	Am I right in saying that.
	Code A	Yes, yes.
	DC Code A	In relation to the level that was given to Mrs RICHARDS of these drugs have you got any comment to make on the level that she was prescribed and actually administered.
	Code A	It's actually quite a small amount.
	DC Code A	Okay.
	Code A	It's a very small amount, it's, it's it's, the Diamorphine is virtually a starting amount that we normally give to people but that would indicate really that maybe she wouldn't need anymore than that because she was so frail.
4.49	DC Code A	When you say frail, I mean, are you able to, on those sort of (inaudible) can we find out how heavy she was, are you able to estimate her weight.
	Code A	She was, frailty, I wouldn't..
	DC Code A	Put down to weight.
	Code A	I wouldn't put frailty down to weight, I'd put it down to ability to move and, know what I mean.
	DC Code A	Yeah I'm with you, it doesn't necessarily, she doesn't necessarily need to be like a rake for frailty.
	Code A	She wasn't mega thin at all.

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	DC Code A	I'm sorry, I know I'm going off at a tangent here but I've never thought to be (inaudible), the amount of drugs prescribed to somebody, would it have a, would it reflect on their build and weight.
	Code A	Yes.
	DC Code A	It would.
	Code A	Yes. When somebody has an anaesthetic it's all done by weight, body weight.
	DC Code A	And does that go for like pain relief and the sort of drugs we're talking about now.
5.45	Code A	Right, now pain relief might be slightly different, what happens is Doctor BARTON rights up a span of dosage that's appropriate to that patient, so she's written here 40 to 200 milligrams and we can actually, if the pain, that's the threshold that we can work within, we're not to go over that till she's reviewed it, yes, so we would start off at a very small dose, the smallest dose and if it would hold the pain or the patient, make the patient comfortable we can increase it within that range.
	DC Code A	So yeah that gives you, if you were, and this is not a question obviously based on Mrs RICHARDS but generally, if you felt well, for example with Diamorphine it's obviously not dealing with the pain now, you know the pain has increased.

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	Code A	Yes.
	DC Code A	And Doctor BARTON has signed up, as in the case, 40 to 200.
	Code A	Yes
	DC Code A	Did, do you then have to go back to Doctor BARTON and say you know I think we ought to go up.
	Code A	No.
	DC Code A	You can.
	Code A	It's done by 2 nurses, it must be done by 2 nurses.
	DC Code A	But that's a decision 2 nurses can..
7.01	Code A	And they must agree.
	DC Code A	Two qualified nurses can make that decision.
	Code A	Yes.
	DC Code A	But basically Doctor BARTON has given you the license to increase it to a maximum..
	Code A	But only within the parameters that she has given us and that would be specifically prescribed for that particular patient.
7.30	DC Code A	Now there's a nursing care, sort of the nursing care plan as well. Can you describe when this should be completed, generally.
	Code A	Sorry.
	DC Code A	When these sort of, I mean we've got 3 here, nutrition, observation and personal hygiene.
	Code A	Yeah, in the morning, in the morning we take

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the (inaudible) and then we, if there's not a nurse on for that particular team, every team has a trained nurse right, there's 3 teams, right, so we see to the patients who we've been allocated, sometimes it may not be our team but mostly it's our team and we do their daily care, and that can be from 7.30 in the morning or 8 o'clock in the morning till lunch time where we washed or bathed, dressed, give them their breakfast, commoded, give them their medication all sorts of things, that is the main time for their daily activities, the daily living for their care, their hygiene and things like that, yes. After we have done that we would fill in what was appropriate that we have done that day, yes, and these are really problem pages, so Mrs RICHARDS had a problem with her nutrition so that would be monitored and that would be the reason, the problem, the desired outcome and the action that we would take.

9.16 DC Code A — Obviously, so I mean if there was a patient who was eating 3 meals a day not a problem that sheet..

Code A — Wouldn't be in there.

DC Code A — Might not be inside the folder.

Code A — No, no. But if there's a problem with her nutrition then that page would be there and there was definitely a problem with her nutrition,

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		because she was immobile her bowel function was disrupted and because she was dement, you know confused we would monitor her bowel actions, there doesn't seem to be one here for her continence but I feel there should have been, because she couldn't carry out her own personal hygiene she had one for her personal hygiene, yes, that would be washing and dressing.
	DC Code A	So basically you can set these forms for anything.
	Code A	Yeah.
	DC Code A	Depending on the patient.
	Code A	Yes.
10.25	DC Code A	So it's not a set.
	Code A	No, it's different for every patient.
	DC Code A	Right.
	Code A	But you only put in the care plan what they've got as a problem, what they are not able to do that you would think they ought to be doing.
	DC Code A	Right, so.
	Code A	You know monitor.
	DC Code A	There's a couple of things that I just want to go back on.
10.53	DC Code A	Can I continue on the care plan side of things, there's, we've been made aware that certain patients may have a separate page, that each individual's would be made for nutrition and hygiene etc but a patient who is considered to be

		suitable for mobility would have a separate page for that as well.
	Code A	Yes.
	DC Code A	So I take it the absence of a page in respect of Glady's RICHARDS would indicate that a decision was made that she wasn't suitable, at that time, for.
	Code A	Mobility.
	DC Code A	For mobility purposes, ie contact with any what you call.
	DC Code A	Physio.
	DC Code A	Physiotherapy wasn't considered.
	Code A	Right, I'm not, I cannot say whether she was referred, what happens is when a patient is admitted they are referred to Occupational Therapy and Physiotherapy to be assessed for what is deemed the correct way.
11.55	DC Code A	What so anybody coming in would have been assessed.
	Code A	Yes.
	DC Code A	They would.
	Code A	Yeah, they don't always come and see them immediately it depends, in Mrs RICHARDS case I would presume that due to her, due to her mental state that we would have allowed a few days for her to settle into the ward before we tried to do that and because there was a problem with communication with her.

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	DC Code A	Sorry, so a physio would come at some point during her stay.
	Code A	Yes.
	DC Code A	And make an assessment.
	Code A	Yes, they're actually in the hospital and they come every day to the ward.
	DC Code A	Are they notified by like yourself or Doctor BARTON.
	Code A	Yes, well we fill out a referral to them and it's signed by Doctor BARTON.
	DC Code A	Fine, okay. Syringe driver, I didn't cover the training, what training do you get.
	Code A	We all have to go on a drug course and it's done on a regular basis, quite often.
13.10	DC Code A	And would that include things on new models.
	Code A	Oh yes.
	DC Code A	Like a syringe driver.
	Code A	Yes, yes, you'd have to be aware of any new equipment.
	DC Code A	And do you get a sort of certificate for that.
	Code A	Yes.
	DC Code A	Or is it recorded somewhere.
	Code A	You get a certificate.
	DC Code A	And that's kept by the relevant member of staff.
	Code A	Yeah.
	DC Code A	You've got yours somewhere.
	Code A	Yeah.
13.35	DC Code A	Just going back to the drugs, you may not be

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able to comment on this, now in relation to the syringe driver and your handbook, the 4 drugs we had on there and your knowledge of Mrs RICHARDS condition really prior to the 17th, the time before that, are you able to comment on what her health, would you be able to comment on what her health was like at the time these drugs were being prescribed.

Code A — I think she was in pain and very distressed, she had a haemotoma.

DC Code A — Right.

Code A — She was obviously agitated so that all these drugs would be appropriate to give her and they're not large doses either.

DC Code A — No. Would this be something that would, would be similar to a palliative care type of treatment.

Code A — Actually these drugs can be used on somebody to keep them comfortable, if they're very compos mentis, do you understand what I'm saying to you, we've actually used them for somebody that had a stroke and had quite a deal of pain from his limbs and the one that dries up the secretions wouldn't necessarily be used all the time, it depends, you can, you can use what's appropriate, you don't have to use all the drugs, these were actually written up for Mrs RICHARDS, somebody else might just have

		one with Diamorphine and Midazolam in.
	DC Code A	So it would vary.
	Code A	Yeah.
15.34	DC Code A	And I appreciate that really the 2nd time she came in you're dealings with her were minimal at best.
	Code A	Yes, yes.
	DC Code A	But this is not, this doesn't mean just because they're there that this is someone who is going to die.
	Code A	No.
	DC Code A	Depending on the patient.
	Code A	Yes.
	DC Code A	And your knowledge of that patient.
	Code A	Yes, these are given purely to keep the patient comfortable.
	DC Code A	Pain free.
	Code A	Pain free, for no other reason and they're very small doses.
	DC Code A	Just one more thing I want to cover, obviously I believe you got hold of your, it's called a statement but clearly it's not, it's a question and answer thing from the independent investigation made a couple of years ago and a written statement as well.
	Code A	I wrote a statement and I answered questions.
16.40	DC Code A	I don't think from, well if you could just have a look at that, have you ever seen that before.

	Code A	I haven't seen this before.
	DC Code A	You haven't.
	Code A	I know I was interviewed and I got told off by my RCM representative because she, because she wasn't there.
	DC Code A	Yeah I mean, because obviously we've obtained these thinking that someone has actually seen them yeah and clearly there's an error there, do you want to have a quick look through, if you're happy to, and see if there's anything you've got an issue with, we can always stop and.
	DC Code A	We could shut the tape couldn't we for a couple of minutes while she has a read through that.
	DC Code A	Yeah.
17.21	DC Code A	For the benefit of the tape Mrs Code A is having a look at her question and answer form which was written by a member of the Health Authority on the prior investigation a couple of years ago regarding this matter and I'm going to turn the tape recorder off for a short while and the time is 1455.
17.48	DC Code A	This is a resumption of the 2nd interview of Code A the time is 1502. Right you've had a chance to read what is described as a witness statement but clearly isn't, it's a question and answer thing, have you ever seen this before today, this Q and A.
	Code A	No.

DC Code A	Is there anything on there that you've got an issue with in the way it's worded or what's, you know the way the question has been asked or whatever.
DC Code A	Is that a true reflection of.
Code A	It's a fairly true reflection of the interview that I had yes.
DC Code A	Is there anything that you want to clarify from that.
Code A	Just the paragraph, question 19, do you have anything else to say, it says I was completing the consultants round and I would not have blamed the dementia as a cause for Mrs RICHARDS distress, I think this doesn't say that I didn't think Mrs RICHARDS had dementia, it just says that I would have looked at other avenues for her distress, I think that's like wanting to go to the toilet and being in pain.
DC Code A	So you investigated to see the source of her distress. You wouldn't have shouted out loud you would have gone there, oh is she in pain, is it her hip, it could be..
DC Code A	You didn't just take it on face value that because she's got dementia..
Code A	Nope, I actually point to my statement that I made, when I came on a late duty on the 13th when Mrs RICHARDS was making a lot of noise where I asked 2 support workers to check

		Mrs RICHARDS to check whether she needed to go to the toilet, to check whether she was in pain or to check whether she was hungry or thirsty.
19.43	DC Code A	So I think what you're saying is that if a patient, not necessarily Mrs RICHARDS, were to cry out you would investigate it, irrelevant if you knew she had dementia or not, you'd still go and investigate and make sure that it wasn't dementia.
	Code A	It just comes naturally, it's part of something you do.
	DC Code A	An investigative process.
	Code A	Yes.
	DC Code A	Is there anything that you'd like to add.
	Code A	I think that Mrs RICHARDS got the best care that we could have given her, I feel that she fell on the floor or was on the floor because she wasn't safe in the chair and I feel that some of our work was disrupted by the daughter's view of her mother's condition.
	DC Code A	Right, okay, and that was obviously at odds with the medical opinion.
20.56	Code A	Yes, I felt that she wanted to, I didn't mind her giving us advice about her mother, I would welcome it, but I felt that she was really dictating how we looked after her mother, erm, and I felt that we should have been the ones

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allowed to make the assessment and then erm consult her on any problems that she might have had. Another thing that comes up that I would like to say is that I feel that Mrs LACK had plenty of opportunities to actually say that she wasn't happy with procedures that we were taking, I mention the night of the 13th when I asked her if she had any problem with her mother staying in the department, I also mention the day, although I wasn't the nurse who was in charge, I mention the day when Mrs RICHARDS went on the syringe driver and they had plenty of opportunity to actually say that they did not want her to go on the syringe driver and if they wanted her transferred they had opportunity to actually insist that she was transferred to Haslar. I would also like to say that if they were so, if they really felt that there was a case unlawful killing that they should have insisted that Mrs RICHARDS be referred to the coroner when she died.

DC Code A — Because for the benefit of the tape she was cremated wasn't she.

Code A — Yes.

DC Code A — On that point, it's a general point, if a family wish a certain course of action to take, surely the doctor must, has got to reach a point when she says I'm sorry I appreciate what you would

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		like and what your feelings are but I'm responsibility for the best care for your patient. Would she override whatever the family wanted, like we don't want her to have this course of treatment, you know, would she bow to what that actually want or would she override their, what they want with her professional decisions.
23.31	Code A	Well there have been occasions when relatives have actually said they do not want their relative to have that treatment.
	DC Code A	I know that there is on some cases there's like a religious issue.
	Code A	Yes.
	DC Code A	And things like that, but apart from those issue, a general patient who comes in where a relative is unhappy but obviously Doctor BARTON had the welfare of the patient as the highest priority, would she say I'm sorry but you know I'm the doctor I'm taking charge of this.
	Code A	She wouldn't actually make that decision on her own, she would get the consultant in and other people.
	DC Code A	So she would go above herself if necessary.
	Code A	Yes she would, if there was a problem with the treatment.
	DC Code A	I mean, just going back to this issue of sitting on the chair, I mean obviously that's what was

		followed there was the daughter's wishes that she sit up.
	Code A	Yes. This is my personal view, other nurses may have a different view, this was my view that she was safer in bed but it was difficult to look after her in the chair.
	DC Code A	Did you you'd voiced your concerns as best you could to whoever was.
24.43	Code A	Yes, I did, I obviously, if she'd been my patient I might have been more..
	DC Code A	Involved.
	Code A	Assertive about it but I wouldn't override what her nurses were doing so.
	DC Code A	Unless you thought there was something..
	Code A	Unless it was really, really.
	DC Code A	Life or death.
	Code A	Yeah, yeah.
	DC Code A	Okay, is there anything else you want to clarify.
	DC Code A	(laughs) that was the longest is there anything more to add.
	DC Code A	(laughs) is there anything you want to clarify, anything you said that you know you think we don't understand.
	Code A	I don't think so.
	DC Code A	Or.
	Code A	I don't think so, I think I've put over what I wanted to say and answered what you wanted to know.

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DC Code A	Okay, anything you'd like to ask.
Mr GRAHAM	No thank you.
DC Code A	Okay the time by my watch is 1510 and I'm turning the recorder off.

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