

## TRANSCRIPT OF TAPE RECORDED INTERVIEW

TAPE REF NO: LD 27/05  
Master Tape  
Seal Number(s): T112298A

PERSON INTERVIEWED: SALLY ANNE MCMANUS

ADDRESS: [REDACTED]

DOB: [REDACTED]

PLACE OF INTERVIEW: INTERVIEW ROOM, ENNISKILLEN PSNI

DATE OF INTERVIEW: 23/02/2005

TIME COMMENCED: 1100 HOURS TIME TERMINATED: 1141 HOURS

INTERVIEWING OFFICERS: OTHER PERSON(S) PRESENT:

1	DETECTIVE SERGEANT CROSS ENNISKILLEN CARE UNIT	1	[REDACTED] SOLICITOR
2	DETECTIVE CONSTABLE HALL ENNISKILLEN CARE UNIT	2	
3		3	

MADE BY: D/SERGEANT CROSS

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D/Sgt Cross: Right Nurse I'm filling in a document, it's called a PACE 10, which is a Declaration of Voluntary Attendance and you'll be getting a copy of this whenever we are finished. Can I ask you for your full name, please.

Sally Anne McManus Sally Anne with a E, McManus.

D/Sgt Cross: With an E. And your address?

Sally Anne McManus: [REDACTED]

D/Sgt Cross: And your date of birth?

Sally Anne McManus: [REDACTED]

D/Sgt Cross: And would sign there on that line, that's just to say that you agree to remain for interview.

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D/Sgt Cross: And what I've said, we're here basically to interview as I explained before the tape went on, in relation to was there any offences committed on the ward when Lucy was there of a neglect nature and also if there has been any attempt to pervert the course of justice afterwards, in other words was there an attempt to cover up any of the facts of what happened. Now I have to tell you these things, first of all to caution you and tell, "You do not have to say anything, but I must caution you that if you do not mention when questioned, something which you later rely on in court, it may harm your defence. If you do say anything, it may be given in evidence". Now what that means Nurse is broadly speaking when I ask you questions you are not obliged to answer, you can sit there and say nothing, ok. However if you choose to say something, it may be given in evidence and if you choose not to say anything, but later if it went to court you then produce evidence or information that you didn't give us, the court might take a certain view as to how they're going to treat that. And again to repeat to you, you're not under arrest and you're not obliged to remain here you can leave whenever you want and you have a solicitor with you and if I can ask you to sign again to say that you have been cautioned in the manner described above and I haven't given you the notice about legal advice because you have your solicitor here and you understand that you're not under arrest and that you're not obliged to remain and you can have legal advice?

Sally Anne McManus: Hm hm.

D/Sgt Cross: You can sign there.

Sally Anne McManus: Down here?

D/Sgt Cross: Ha ha.

Sally Anne McManus:

D/Sgt Cross:

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Sally Anne McManus:

D/Sgt Cross:

Sally Anne McManus: Ok.

D/Sgt Cross: Eh right we'll start the interview formally. I have to read a bit about this and say where we are and then I'll ask you to state your details for the purpose of the tape and your solicitor and Rosemary here and to say that this interview is being tape-recorded and it is being conducted in an interview room at Enniskillen Police Station. I am Detective Sergeant Cross of Enniskillen CARE Unit and another officer present is?

D/Con Hall: Detective Constable Hall, Enniskillen CARE Unit.

D/Sgt Cross: And today's date is the 23<sup>rd</sup> of February 2005 and the time on the clock on the wall is exactly 1100 hours. And I'm interviewing, nurse if you would give us your full name please?

Sally Anne McManus: Sally Anne McManus.

D/Sgt Cross: Right nurse and there's a solicitor present?

Solicitor:

D/Sgt Cross: And if I can just read the caution again to you and tell you that, "You do not have to say anything, but I must caution you that if you do not mention when questioned, something which you later rely on in court, it may harm your defence. If you do say anything, it may be given in evidence". And I've already explained that caution to you.

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D/Sgt Cross: Nurse could I ask you to sort of give an account of your dealings with Lucy on the night in question, we are talking really, Lucy was admitted on the day shift, just at the tail end of the day shift at about a half seven I think on the 12<sup>th</sup> of April 2000 eh and she stayed there basically I suppose for the bulk of twelve hours until she was moved on to Belfast, I think maybe a half sixish the next morning. If you could tell us what you recall your role and eh duties were that night in relation to her particularly?

Sally Anne McManus: Well we started the shift at a quarter to eight and it was a very busy night, we were told that one member of staff had gone off sick and that they had managed to replace her em, which left us with four qualified which would have been unusual, there would have normally been three and an auxiliary.

D/Sgt Cross: Right, right.

Sally Anne McManus: The hand over was very long because we had so many patients.

D/Sgt Cross: Right.

Sally Anne McManus: To the best of my recollection we had over twenty, which would be unusual, we would.

D/Sgt Cross: Right.

Sally Anne McManus: We would.

D/Sgt Cross: Right.

Sally Anne McManus: Normally have in or around fourteen/fifteen?

D/Sgt Cross: OK.

Sally Anne McManus: Em ... I think there may have been admissions expected, we definitely had admissions in the night which would have taken us up to maybe twenty four, twenty five.

D/Sgt Cross: Right.

Sally Anne McManus: Which would have been our maximum really.

D/Sgt Cross: Right.

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Sally Anne McManus: Em ...I think we came out of handover at about a half past eight. It would have been a long handover, handover should take fifteen minutes.

D/Sgt Cross: Right.

Sally Anne McManus: But it was definitely longer than that, at which point I would have gone in to get to the drug trolley.

D/Sgt Cross: Right.

Sally Anne McManus: Which would really be the first job of the night.

D/Sgt Cross: Ha ha.

Sally Anne McManus: And then I'd have gone round and done the medications.

D/Sgt Cross: Right. Right.

Sally Anne McManus: At that point I think I probably missed Lucy because I think with me going to do the drugs I would have by-passed her by the time she came back and my first time I saw Lucy, I think, was when I went back to take the drug trolley into the Treatment Room and I think it was then because Doctor O'Donohoe was there and I know I had the drug trolley with me when I saw her.

D/Sgt Cross: Right, right.

Sally Anne McManus: And I know at first, I spoke to Caroline, I thought it might have been when I first went in, but I know Doctor O'Donohoe was there so it can't have been that first time, it must have been when I was taking the trolley back and she was sat on her dad's knee with a bottle of juice and a phone call came in, I answered the phone and then I would have gone out of the room. Em ... There was a very sick child on the ward, very, very sick, she was terminally ill. Her mother, at that point, wasn't staying on the ward and I really would have spent the majority of the next hours with her.

D/Sgt Cross: Right.

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Sally Anne McManus: Her breathing pattern was very slow and we were at a point when we were about to phone her mummy so really most of my care would have been to her.

D/Sgt Cross: Right.

Sally Anne McManus: And she subsequently died the following week.

D/Sgt Cross: Right.

Sally Anne McManus: Em and my next, let me think, em ... Teresa McCaffrey would have come up to me at sometime after two, I think it was about twenty past two, twenty five past two to tell me that Lucy had had a large episode of diarrhoea.

D/Sgt Cross: Yeah.

Sally Anne McManus: Em, didn't say, she said it was large, but at that time of year we would have had a lot of children with diarrhoea so it wouldn't.

D/Sgt Cross: Yeah.

Sally Anne McManus: Have been unusual so as the other child was so sick I stayed with her and asked her to firstly take specimens, which would be routine and I asked her to take one for culture, which was just to pick up a bacterial infection specifically looking for rota virus which would be very common at that time of year and usually I asked for ecoli.

D/Sgt Cross: Hm.

Sally Anne McManus: Now I wouldn't normally ask somebody to get for ecoli but at that point there was an outbreak in England of ecoli so those were the three specimens.

D/Sgt Cross: Right.

Sally Anne McManus: I also asked to a, for her to be taken into the em available sideroom, em just to isolate her to protect other children from any potential infection.

D/Sgt Cross: Hm.

Sally Anne McManus: And that was right down at the other side of the ward, which is where the other end of the ward where our siderooms are.

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D/Sgt Cross: Right.

Sally Anne McManus: Em ...The next time would have been, the buzzer went off Teresa went down the ward and I would have come out of the side, I can remember coming out of the sideroom, the buzzer lights are on the ceiling and we've got doors so you actually have to bend down to look to see where the lights are. There is two control, sorry three control panels but they were nowhere near where I was. Teresa went down and then called for me and I ran down. I walked into the room and mum was holding Lucy in her arms and my first response was the take Lucy off her.

D/Sgt Cross: Yeah.

Sally Anne McManus: Because there have been situations where parents will take, pull away and you can't do anything for the child.

D/Sgt Cross: Yeah.

Sally Anne McManus: So my first response is to take the child away from.

D/Sgt Cross: Yeah fair enough.

Sally Anne McManus: From the mother.

D/Sgt Cross: Yeah.

Sally Anne McManus: And then you have free access. I explained to mum what I was doing, I put her onto the bed and I started oxygen, which would be routine for anybody who was.

D/Sgt Cross: Yeah.

Sally Anne McManus: Who was fitting, although she didn't have any loss of colour it would still be treated.

D/Sgt Cross: Yeah.

Sally Anne McManus: And then I started back and I told mum that I asked, I started to do her temperature, because in children of that age who had a febrile illness temperature.

D/Sgt Cross: Yes.

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Sally Anne McManus: It would be quite common for them to have to have what is called a febrile convulsion.

D/Sgt Cross: Yes.

Sally Anne McManus: And that would have been my first thought.

D/Sgt Cross: Yeah.

Sally Anne McManus: A young child, has had a previous temperature, was having a temperature and this may be a febrile convulsion, so obviously start at the least you know.

D/Sgt Cross: Yeah.

Sally Anne McManus: Em ... so I did her temperature, and that was normal, but once again that doesn't mean that it wasn't a febrile convulsion.

D/Sgt Cross: Yes.

Sally Anne McManus: I explained to them that this may be what it was, em ... I can't remember who came into the room next, I think it was probably Thecla.

D/Sgt Cross: Yeah.

Sally Anne McManus: I think it was Thecla and we started monitoring her and doing her blood pressure, but I can't remember what order it was all done in.

D/Sgt Cross: Hm.

Sally Anne McManus: In that situation, it's things you just do automatically.

D/Sgt Cross: Yeah.

D/Sgt Cross: Yeah.

Sally Anne McManus: Em ... Doctor Malik was called in, he came into the room and she was still having, still having a fit but I had felt prior to him coming in the room that she seemed to come out of it a wee bit she wasn't staring as much and her limbs had both loosened and that was only for a matter of seconds and then she started to fit again. I had asked somebody to get some diazepam which would have been routine to give for any fit as your first one after about five minutes but we hadn't



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Sally Anne McManus: given it at that point the doctor came in and he said we should give it.  
Gave that and then she had diarrhoea within a minute. Doctor  
O'Donohoe was called at some point and then I can't remember.

D/Sgt Cross: Yeah. And that's basically when the resuscitation attempt fully  
started.

Sally Anne McManus: Yeah, then her respiratory rate started to.

D/Sgt Cross: Yes.

Sally Anne McManus: Drop and she was bag.

D/Sgt Cross: Yes.

Sally Anne McManus: And masked.

D/Sgt Cross: Bagged yeah.

Sally Anne McManus: And I mean realistically once the full resusc started I have to say I  
took a step back.

D/Sgt Cross: Yeah. Yeah.

Sally Anne McManus: There were twenty two other children on the ward.

D/Sgt Cross: Yeah yeah.

Sally Anne McManus: And one nurse needed to be in there.

D/Sgt Cross: Yeah that's fair enough.

Sally Anne McManus: Thecla had recent ICU experience.

D/Sgt Cross: Yes.

Sally Anne McManus: And she was already quite involved there and I thought, I had already  
been more involved with the other children and with doing the  
medications I knew what everybody was on, I knew what everybody  
was due and I had to take a step back.

D/Sgt Cross: Fair enough.

Sally Anne McManus: Or else otherwise you have the two most senior members of staff in  
the ward, in one room.

D/Sgt Cross: Sorry could I ask, yes.

Sally Anne McManus: I did do a lot of running, I have to say.

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D/Sgt Cross: Yeah.

Sally Anne McManus: I did do a lot of running backwards and forwards and I did at one point go to the lab with blood results.

D/Sgt Cross: Right.

Sally Anne McManus: Or with bloods not blood results and was phoning the lab continually to get results.

D/Sgt Cross: Right well, just when we're on that, there were two sets of bloods done eh, one quite early, I think about maybe at ten to nine eh. You mightn't have been aware of that, you say you met O'Donohoe, I think he was in just before nine initially and attempted to cannulate the child and eh the. Do you think the set of bloods that you took to the lab, let me rephrase that, what time do you think did you take those bloods to the lab.

Sally Anne McManus: It would have been after she fitted and she fitted at ten to three didn't she so it would have been after three.

D/Sgt Cross: Right if I could.

Sally Anne McManus: The other blood results were already in the labs, the ones from earlier on.

D/Sgt Cross: Yes the first ones.

Sally Anne McManus: The first ones, those were the second ones.

D/Sgt Cross: There is a difficulty from our point of view in trying to identify the time of the second set of bloods because there is times on all the other tests but not on that. Now would you know why there was no time on that?

Sally Anne McManus: Yeah I think sometime, you see when the bloods get ordered through the lab they will get ordered on the computer. So you will have an automatic time there on the computer. Those second set of bloods I don't think were ordered on computer.

D/Sgt Cross: They were taken.

Sally Anne McManus: They were taken, they were run with a form.

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D/Sgt Cross: Right.

Sally Anne McManus: Up to the lab because obviously you're starting to go into a computer.

D/Sgt Cross: Of course yeah.

Sally Anne McManus: And put names in and numbers in and trying to get the number and waiting for it to come out on the printer and then going to get a bag. There was a phone order done with us. I think and they were run, it's quicker.

D/Sgt Cross: Yeah. Would you have any idea eh if the blood was taken before or after Doctor O'Donohoe arrived on the ward?

Sally Anne McManus: After, I think he asked for it.

D/Sgt Cross: After right, right would you recall nurse if Doctor Auterson had arrived by the time the blood was taken?

Sally Anne McManus: No I think it was I think it was before he came.

D/Sgt Cross: Right right so it's after Doctor O'Donohoe arrives and before Doctor Auterson comes.

Sally Anne McManus: I think it was literally one of the first things he asked for.

D/Sgt Cross: Right and do you recall, in this case, if O'Donohoe said I want bloods done, do you recall if the bloods were done just then or would there have been a half hour delay.

Sally Anne McManus: Oh no.

D/Sgt Cross: No.

Sally Anne McManus: No, no.

D/Sgt Cross: It was done just after he arrived, OK.

Sally Anne McManus: I think one of the other things that we, us you know, I was saying that the first thing we thought was a febrile convulsion, I know myself and Thecla and Doctors O'Donohoe and Malik actually will say at one point, you know you start at the least and then you start to work up.

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Sally Anne McManus: Em You know we were asking the parents at one point if there was any chance that she'd either had a head injury that we didn't know, that we hadn't known about. You know you start, another reason for a child, unexplainably fitting is that em they've had a head injury within the last couple of days and then we also asked if there was any chance that she'd taken any medication.

D/Sgt Cross: Yeah.

Sally Anne McManus: Because that would be another.

D/Sgt Cross: Yeah fair enough.

D/Sgt Cross: Yes, yeah.

Sally Anne McManus: And I think that was when the plot reinforced when both Doctor Auterson and Doctor O'Donohoe were there but there were questions that they also asked.

D/Sgt Cross: Right what I want to do nurse, just for the record really eh, if I work through your deposition. You are familiar with that, in fact you have a.

Sally Anne McManus: Is this the one from the Coroners?

D/Sgt Cross: That's from the yes from the Coroner's Court. Could I ask before we go through that, can you describe to me the actual process you went through to have this deposition drawn up?

Sally Anne McManus: From.

D/Sgt Cross: You know did somebody say to your write me out a deposition or did you hand that in and this was prepared from it or what the actual procedure was.

Sally Anne McManus: Is this what was read out in court?

D/Sgt Cross: That's what's read out in court.

Sally Anne McManus: I think initially we did, we all wrote a statement.

D/Sgt Cross: Yes.

Sally Anne McManus: And when we would normally write statements or case notes or anything.

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D/Sgt Cross: Yeah.

Sally Ann McManus: We would never have put LC.

D/Sgt Cross: Yes.

Sally Anne McManus: You'd never put Lucy Crawford.

D/Sgt Cross: Yes, yes.

Sally Anne McManus: You would never have referred to their name. I think they went to their CSA solicitors and then they came back with alterations that should be made and I think the ones that I can think up were that we had to stop calling her LC.

D/Sgt Cross: Right.

Sally Anne McManus: We had to call her Lucy Crawford.

D/Sgt Cross: Fair enough.

Sally Anne McManus: Which was fair enough.

D/Sgt Cross: Yes.

Sally Anne McManus: It was something that we wouldn't normally have written in.

D/Sgt Cross: Yes yeah.

Sally Anne McManus: Except, we would never want the person to be identified.

D/Sgt Cross: Yes, fair enough.

Sally Anne McManus: Other things were medical terms.

D/Sgt Cross: Yeah.

Sally Anne McManus: I would have put L per M rather than litres per minute.

D/Sgt Cross: Yes, yes.

Sally Anne McManus: It was shortenings that I would have done.

D/Sgt Cross: Yeah fair enough.

Sally Anne McManus: And there was one about blood. I would have put u's and e's rather, it was technical terms that.

D/Sgt Cross: Yes.

Sally Anne McManus: Had to be extended for everybody to understand.

D/Sgt Cross: That's not a problem.

Sally Anne McManus: But really that was all that was checked.

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D/Sgt Cross: Not a problem. Well if we go through this eh, you eh said that your dealings with Lucy began at five to three in the morning when you were called by Staff Nurse McCaffrey and then you just describe what the documentation says eh we will not go into that eh and at a half two you'd been informed by eh Enrolled Nurse McCaffrey that there had been diarrhoea but you were with another patient and then at five to three eh Lucy's mum calls Nurse McCaffrey and she eh alerts you and you entered the room and found Lucy rigid eh and eh you gave her oxygen. You've described the rate and Doctor Malik was bleeped and you've already described her slight improvement was perceived. At that stage the eh doctor arrives, Doctor Malik, the SHO, I take it that is Doctor Malik.

Sally Anne McManus: Yeah, yeah, yeah.

D/Sgt Cross: And the diazepam was given. The IV fluids were changed to eh normal.

Sally Anne McManus: That would be em.

D/Sgt Cross: Normal saline.

Sally Anne McManus: That would be em, that's what you would do in a resusc, it changes from ... to saline.

D/Sgt Cross: Would you have any recollection nurse whose decision that was to, to eh?

Sally Anne McManus: It would have been Doctor Malik's.

D/Sgt Cross: Doctor Malik's right and that's the reason for it because the blood sugar was up?

Sally Anne McManus: It, I mean it would have been but at the same point in any resusc situation it's normal saline.

D/Sgt Cross: It's normal saline, yeah fair enough. So there are really two reasons for making that change, yeah?

Sally Anne McManus: Yeah.

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D/Sgt Cross: And then at three twenty there is an airway inserted and bagging commences?

Sally Anne McManus: Hm hmm.

D/Sgt Cross: And Doctor O'Donohoe is present and the bloods are ordered and x-rays and the anaesthetist is requested to attend. So that's basically what you have the order you have said, Doctor O'Donohoe arrives, we are anxious to try and pin down when those bloods.

Sally Anne McManus: Yeah.

D/Sgt Cross: Were taken and you have said there it's between his arrival and Doctor Auterson's arrival.

Sally Anne McManus: Yeah definitely.

D/Sgt Cross: Eh and you were not involved then in the resuscitation of Lucy, eh Thecla carried that on.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: Right eh ...If I could go on to ask, if I could go right back to the handover then and what happened then. You've described that it was a busy night there were a lot of children and it was a long handover.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: Could you just tell me what is expected to happen during a handover, what is the purpose of the handover?

Sally Anne McManus: Especially to tell you who's on the ward, how many children are on the ward, where they are on the ward.

D/Sgt Cross: Yes.

Sally Anne McManus: Anything that's still to be done for people, anything that has been done, what's the matter with them. It's really to, you start off my saying the patient's name, their age, their diagnosis, em ...maybe if there is any social problems em, anything that has particularly happened during the day, any changes, anything that is still due to be done in the night, if anybody has still got any investigations.

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D/Sgt Cross: Right.

Sally Anne McManus: Or specimens to be taken.

D/Sgt Cross: Right and who would be present during handover?

Sally Anne McManus: Em ... the person who is in charge during that shift that's just gone on and then the ones that are to work that night or that day.

D/Sgt Cross: So do you recall who actually those people were then, who was the nurse who'd been in charge during the day?

Sally Anne McManus: Viola Lowe, Viola Lowe.

D/Sgt Cross: Viola Lowe.

Sally Anne McManus: To the best of my knowledge looking back.

D/Sgt Cross: Right and then who of the night shift would have been present during that?

Sally Anne McManus: All of us.

D/Sgt Cross: All of you.

Sally Anne McManus: The only time maybe that not everybody is there is say they hadn't been able to replace the fourth person who had gone off sick or.

D/Sgt Cross: Yes.

Sally Anne McManus: Maybe somebody had been able to come in later.

D/Sgt Cross: Ok ok so can I just then for the sake of completeness then, that would have been the eh ... day shift nurse Viola Lowe in all likelihood and then there is yourself.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: There would have been Nurse Jones, Nurse McCaffrey, Nurse Swift, eh ... anyone else?

Sally Anne McManus: No.

D/Sgt Cross: That's the four of you, right and during that during that handover are there decisions made as to who is going to do what for which child, I mean if you are told that bloods have to be done for three children, is there a decision as to who will do it there or how does that work on a ward?



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Sally Anne McManus: I think on a day shift where you have bigger numbers it's easy it's easier to allocate patients to staff.

D/Sgt Cross: Right.

Sally Anne McManus: Em on a night shift where there is a presumption that a night shift is going to be quiet and that's wherever you work.

D/Sgt Cross: Yes, yeah.

Sally Anne McManus: So staffing numbers for nights are always a lot less than days.

D/Sgt Cross: Right.

Sally Anne McManus: Roughly about a half whereas you'd have four on a night shift, em sometimes three in the summer when once again it is a presumption that it's going to be quieter and you could have, seven, eight, nine so obviously you have twenty two patients to allocate to nine staff, it's easier than allocating twenty two patients to realistically three when you think.

D/Sgt Cross: Yeah.

Sally Anne McManus: That if I started a drug round at a half past eight and didn't finish it till nearly eleven anybody that I was allocated would not be seen for three hours at all.

D/Sgt Cross: Yeah.

Sally Anne McManus: So at night em more then than now there would have been a tendency to do task allocation, which would be. I mean that night we had no auxiliary on so somebody had to go and do the teas and the suppers, which then left two people and me doing the drugs so you then got two people to be allocated to twenty two children so then it's more a matter of going round and checking all the obs and then I think going and helping doctors with anything that still needs to be done.

D/Sgt Cross: Right and of the nurses who were on that night who was dealing, you were dealing with the drugs, who was dealing with the teas and suppers then?

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Sally Anne McManus: I think it was Teresa because.

D/Sgt Cross: Teresa.

Sally Anne McManus: Teresa McCaffrey would have been the most junior.

D/Sgt Cross: Yes, right.

Sally Anne McManus: Or the least inexperienced with children, I don't think she had been doing Children's Ward very long then.

D/Sgt Cross: That is correct, eh and that would have left then Thecla Jones and Briege Swift to deal with the twenty odd patients who were on the ward at that stage eh and what would your system, how would your systems have coped with new admissions during this period?

Sally Anne McManus: That night?

D/Sgt Cross: Yes.

Sally Anne McManus: It would have been very, it was very difficult and we did have admissions that night.

D/Sgt Cross: You did yeah. I believe, now we haven't been able to interview Doctor Malik but I see from his paperwork he admitted three more children.

Sally Anne McManus: Sounds about right.

D/Sgt Cross: He says himself between between the IV access being obtained for Lucy and the child's fit of whatever nature it was which say at half three in the morning, I think he said he dealt with three new intakes. Would that require nurses to be abstracted from the ward to deal with those.

Sally Anne McManus: Hm hmm and up to an hour at a time, if you do it properly up to an hour at a time.

D/Sgt Cross: Right, right.

Sally Anne McManus: I think now people thinks attention so much that there is more a tendency to try to allocate people. I mean there is always going to be children who need very little intervention at night, very little.

D/Sgt Cross: Yes they just want to sleep probably.

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Sally Anne McManus: They just want to sleep but there are always going to be children who would need more attendance and I would say ninety nine per cent of the time people are allocated there just so nothing is forgotten.

D/Sgt Cross: Right, right. What I have here Nurse eh, obviously this is an unusual investigation for police and I'm not an expert on nursing or in medical practice, so we have got experts to advise us in relation to the doctors end of things and in relation to the nurses end of things. What I want to do, this is unfortunately quite lengthy but I'm going to work my way through this and ask you to respond to all the points that our Nursing Advisor has highlighted. I think maybe I've mentioned Miss McGonigle, that she is Sue Chapman from Great Ormond Street.

Miss McGonigle: Yes.

D/Sgt Cross: Do you, right.

Sally Anne McManus: I used to work there, I trained there.

D/Sgt Cross: Did you well, I hope this doesn't spoil your relationship but obviously she knows none of the people involved at least she didn't say to us that she did, now she would have read the notes, but eh ...

Sally Anne McManus: I've changed my name since I worked there.

D/Sgt Cross: Is that right OK eh. This will be slow because I've a lot of reading to do. Eh ... The first eh ... thing that that eh ... the expert has highlighted is the lack of a nursing care plan that's actually written down. There is I suppose the start of a medical care plan in that Doctor Malik suggested I think about three things that he thought should be done but eh ... Sue Chapman is saying that eh ... for every patient that comes in you should formulate a care plan that applies to them and that basically will tell you or whenever there is a handover what it's about. What do you say about that?

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and  
Tape Times:

Sally Anne McManus: I think what happened with Lucy is so much that the admission was. Normally what happened is that the person who admits does the care planning.

D/Sgt Cross: Yes.

Sally Anne McManus: The problem is that she was admitted at half past seven.

D/Sgt Cross: Yes.

Sally Anne McManus: Which is the changeover.

S/Sgt Cross: So there was an expectation either that it had probably that it had already been done.

D/Sgt Cross: Right, right.

Sally Anne McManus: Because somebody else had admitted. Em a lot of the care plans on Children's Ward are standard are what they would call standardised care plans.

D/Sgt Cross: Yes.

Sally Anne McManus: In so much because it is a small district hospital ninety per cent are cases that you are going to see all the time.

D/Sgt Cross: Yeah.

Sally Anne McManus: So rather than having to hand write everything every time an admission comes to the ward you very much have what they would call a standardised care plan so there would be one for temperature, one for asthma, you know one for diarrhoea and vomiting em and so she probably would have had a standardised care plan, which would have been adapted to maybe her special requirements.

D/Sgt Cross: Yeah, aha.

D/Sgt Cross: And you are saying the day shift should have done that, or you would have expected.

Sally Anne McManus: I think that maybe there was an expectation that they had done it.

D/Sgt Cross: Yes, yeah yeah, but clearly they didn't and I think it was Nurse McDowell said that when she was going off duty and she expected that night shift would do it.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and  
Tape Times:

Sally Anne McManus: This you know.

D/Sgt Cross: So that was missed one way or another. Eh and normally, what you are saying then nurse is basically for the average patient that comes in you would run off a care plan off a computer, basically.

Sally Anne McManus: Yeah, that's what it is.

D/Sgt Cross: Yes because that's what happened in ICU, you tick the ones that are relevant to this particular child.

Sally Anne McManus: Yeah.

D/Sgt Cross: Ok, eh could I ask then, your handover is complete at whatever time, at half eight or thereabouts, you go to do the drugs, Teresa goes to do teas etc that just leaves Thecla and Briege. Now the records show that Briege went to, I think, the Treatment Room she certainly went to a room where Lucy was under her mum and Staff Nurse McDowell and introduced herself.

Sally Anne McManus: What's that, staff sorry.

D/Sgt Cross: It was Lorna McDowell and what do you call the other girl?

Sally Anne McManus: Mary Burns, Staff Nurse Burns, that's what I.

D/Sgt Cross: Yes both of them were there or thereabouts. Now why would Briege have gone there, would you have sent her, did she go of her own volition, how would that have happened?

Sally Anne McManus: I dunno, I couldn't tell you whether I sent her or somebody may have said could somebody take over so the girls can go home and she just was the one who went.

D/Sgt Cross: Would it be possible that Briege went because you had said to her, you look after Lucy now?

Sally Anne McManus: I could have done yes, I suppose.

D/Sgt Cross: Right ok, but what you are saying is nurse that the normal practice on the ward, on night shift was not to allocate a patient like Lucy to an individual nurse?

Sally Anne McManus: No.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and  
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D/Sgt Cross: Right that wasn't the factor. Could I ask then because one of the things we'll come to afterwards is the record keeping and the number of observations because it'll be alleged anyway that they are fairly significantly defective, that far fewer were taken than should have been. Now if nobody is actually allocated to do that how could you be sure that it's going to be done at all?

Sally Anne McManus: Because with task allocations you expect somebody to be going round at first, that the very first thing when you come out would be to go round and check all the observations so from there you can. We regularly would walk round and do observations on the child.

D/Sgt Cross: Yeah.

Sally Anne McManus: Roughly every hour to two hours.

D/Sgt Cross: Yeah. What do you mean by task allocation? I mean I can guess but it's better you tell me, but that's your, your name obviously for ...

Sally Anne McManus: Em it would be to go round and like I say like Teresa going round to do the task of doing all the teas and suppers and the feeds em somebody else going round and doing all the observations and somebody else going round and checking that all the parents have got beds for the night.

D/Sgt Cross: Yeah. So what you are saying is that instead of saying you know Briege you're in charge of that child, that child and that child, Thecla you're in charge of that one, that one and that one, the situation or the way work was allocated is, you're doing the drugs, Teresa's doing the teas.

Sally Anne McManus: The other two would do.

D/Sgt Cross: Observations OK.

Sally Anne McManus: And then as the night progresses and the drugs are finished and the teas are all finished then we would all go round and do you know.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and  
Tape Times:

D/Sgt Cross: Right well one way or another nurse on this night in questions eh the records would suggest that there was eh there were very few observations taken in relation to Lucy. Now I'm asking you for an opinion here based on your experience on the ward, I mean how long had you worked on Children's Ward in the Erne at that stage?

Sally Anne McManus: Eight months.

D/Sgt Cross: Eight months, right eh and are you saying that during that period the system that was operating that night in the ward i.e. not allocating a named nurse to a named child that that had been working during that seven or eight month period?

Sally Anne McManus: Hm hmm.

D/Sgt Cross: Right and in your opinion did the system that operated ensure that the observations in the vast majority of cases were properly taken for every child during the night shift?

Sally Anne McManus: Most of the time.

D/Sgt Cross: OK, right, and while we come.

Sally Anne McManus: Until it got very busy.

D/Sgt Cross: Until it got very busy, right.

Sally Anne McManus: It wasn't a system I'd worked with before.

D/Sgt Cross: Yeah what other hospitals had you worked in other than Great Ormond Street?

Sally Anne McManus: Em... The North Middlesex Hospital in Edminton,

D/Sgt Cross: Right.

Sally Anne McManus: Em ... Queen Elizabeth Children's Hospital in Hackney, that was attached to Great Ormond Street.

D/Sgt Cross: Right.

Sally Anne McManus: It was their sister hospital.

D/Sgt Cross: Yes.

Sally Anne McManus: And the Royal Berkshire Hospital in Reading.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and  
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D/Sgt Cross: Right, and did the Erne's system operate in any of those other hospitals?

Sally Anne McManus: No.

D/Sgt Cross: Right had you worked night shift in those other hospitals?

Sally Anne McManus: Oh yeah, yes.

D/Sgt Cross: And the workload in those other hospitals for an individual nurse or for a ward, how would they have compared to the Erne?

Sally Anne McManus: Great Ormond Street would have been an awful lot quieter, it's a different world is Great Ormond Street.

D/Sgt Cross: Right.

Sally Anne McManus: They wouldn't have got the input of patients, they'd have been more regular patients.

D/Sgt Cross: Right.

Sally Anne McManus: So you'd a maybe had a ward with ten children.

D/Sgt Cross: Yes.

Sally Anne McManus: A maximum of ten children and they wouldn't have had emergency admissions over night.

D/Sgt Cross: Ok.

Sally Anne McManus: Em ... The Royal Berkshire I was a student so it would have been different.

D/Sgt Cross: Right.

Sally Anne McManus: I didn't do nights there not really. The North Middlesex would have been a far busier hospital, far far busier.

D/Sgt Cross: Right ok.

D/Sgt Cross: Right ok and what system did they operate, did they operate the named nurse for the named child on night shift?

Sally Anne McManus: Yes.

D/Sgt Cross: Right.

Sally Anne McManus: But we have more staff, it was a London hospital.

D/Sgt Cross: Yes, yeah.



PERSON INTERVIEWED: SALLY ANNE MCMANUS

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Sally Anne McManus: We had more staff. We had more paediatric staff and we had the facility to be able to pull in staff from elsewhere.

D/Sgt Cross: Yeah.

Sally Anne McManus: Here has a very limited number of people to pull in. London hospitals have agencies, they have banks, you can pull in whatever you want. Once you get, I know that that night they struggled and struggled to get us a nurse and there would have been nobody else, that would have been it. You couldn't have suddenly decided at twelve o'clock well we're very busy here we need somebody else, you just wouldn't have got them.

D/Sgt Cross: Yeah.

Sally Anne McManus: There is such a limited pool of people to get them.

D/Sgt Cross: Yeah.

D/Sgt Cross: I'm sure you're aware of the ... we will take a look at the observation charts. The first things that I want to ask you in relation to the observations, eh ... if a task was allocated to a nurse to go round the ward doing observations, what observations would you expect them to take routinely for every child?

Sally Anne McManus: It would depend on the child.

D/Sgt Cross: Right well then for for a child with Lucy's in Lucy's situation.

D/Sgt Cross and Nurse McManus searching paperwork.

Sally Anne McManus: Is that not it.

D/Sgt Cross: I think that's eh ...

Sally Anne McManus: That was the modulation chart I think.

D/Sgt Cross: Yeah, but that's her, that's a previous admission in 1999.

Sally Anne McManus: Oh, sorry.

D/Sgt Cross: There, there we go there.

Sally Anne McManus: Em ... on admission you'd expect temperature, pulse, respirations and blood pressure.

D/Sgt Cross: Right.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and  
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Sally Anne McManus: After that probably just her temperature, pulse and respiration.

D/Sgt Cross: Ok.

Sally Anne McManus: Unless there was a problem with the blood pressure.

D/Sgt Cross: Right eh ... now I haven't actually collated all of this to perfection yet hopefully an analyst will do it some day but you know, to be fair to the nurses here now, I do think that you could improve on this chart slightly by comparing the nursing progress and the patient admission details because I think that there were temperatures etc taken on other occasions that weren't actually written in here.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: So there may, there's actually more details available than is recorded here?

Sally Anne McManus: Yeah.

D/Sgt Cross: Although I think Sue Chapman would say well when they were written elsewhere they should have been written here as well so that there is one record of everything, but, but could I ask you, have you any explanation for why you think a task is allocated and yet for Lucy we really only have four temperatures here after admission and that would have been the.

Sally Anne McManus: I think what's happened.

D/Sgt Cross: Admission temperature, there is really only three thereafter.

Sally Anne McManus: Em.... I think what's happened here is, these are the admission ones and they've not all been written down for a start.

D/Sgt Cross: Yeah.

Sally Anne McManus: The child has been given Paracetamol at a half eight and if the child's temperature is down there two or three hours later there may be a tendency to leave it just for a couple of hours just to let the child sleep. This was a seventeen month old child.

D/Sgt Cross: Yeah.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

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Sally Anne McManus: Em especially when you can't do anything about the temperature, you may put a fan near the bed and sometimes the parents won't let you.

D/Sgt Cross: Yeah.

Sally Anne McManus: Not saying, I'm not saying that with Lucy but quite often the parents will not let you go near a child.

D/Sgt Cross: Yeah.

Sally Anne McManus: But at that point you should write down that they won't let you.

D/Sgt Cross: Yeah yeah. So what you are saying is that from this point on you wouldn't be surprised if no temperatures are taken ...

Sally Anne McManus: I would if.

D/Sgt Cross: Because the child should be asleep?

Sally Anne McManus: No I think it wouldn't have been done as frequently as maybe hourly because it was going down, it may at that point go to two hourly.

D/Sgt Cross: Ok, right.

Sally Anne McManus: And I would have expected when she had the diarrhoea that somebody had done observations.

D/Sgt Cross: Again asking you for an opinion, eh ... a child who is at 38.6, 38.7, 38.3 and then 37.4 with gastroenteritis, are those reasonable temperatures to have, they are not overly alarming to you as a nurse, OK? Now what would you have to say about the lack of pulse, blood pressure, respiration, although respiration is recorded at a half eleven eh and I suppose after the convulsion there is a fuller record. What would you say about that?

Sally Anne McManus: It should be done.

D/Sgt Cross: It should a been done right eh ... and can I ask you again, I know I'm pushing you on this point but it is my job I'm afraid, who should have done it?

Sally Anne McManus: The person who did the temperature, you would presume if you've disturbed the child to do a temperature.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

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D/Sgt Cross: Yeah.

Sally Anne McManus: That, if you've already disturbed them to do that you might as well do the rest.

D/Sgt Cross: Do the whole thing yeah.

Sally Anne McManus: Because you can do both at once. There is no reason that you can't do all three at once.

D/Sgt Cross: Yeah.

Sally Anne McManus: Well at that point we had different thermometers, we had digital thermometers which take two to three minutes so you've got a thermometer under somebody's arm so there is no reason why you can't do the two at the same time.

D/Sgt Cross: Right, you mentioned you would expect pulse and respiration to be done ahead of blood pressure.

Sally Anne McManus: Yes.

D/Sgt Cross: Unless there was a problem with blood pressure.

Sally Anne McManus: The problem with blood pressures on children is so much that we use machines to do it.

D/Sgt Cross: Right.

Sally Anne McManus: Em ... if a child is distressed and the child is moved in any way whatsoever you cannot record a blood pressure.

D/Sgt Cross: Ok.

Sally Anne McManus: It should be routine, well it is now routine on every child that is admitted but there are always circumstances where you could be spending twelve hours trying to get a blood pressure on a child and it is impossible.

D/Sgt Cross: Yeah.

Sally Anne McManus: It is a frightening machine, it bleeps, it had flashing lights and it tightens and it is quite sore on them.

D/Sgt Cross: Yeah.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

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Sally Anne McManus: Em ... so if at these points maybe if they were being cannulated as well, one you've got an inaccurate reading because the child is stressed and two, it's impossible to get it anyway.

D/Sgt Cross: Yeah, do you see this actual record here it occurs three times, 38.7, 38.3 and 37.4 what is this written after it.

Sally Anne McManus: I know what I think it is, I don't think it's copied right, I think it's AX which means axilla which means she's recorded it under the arm.

D/Sgt Cross: Under the arm OK now can you ...

Sally Anne McManus: Which is where you would record all children's temperatures anyway.

D/Sgt Cross: Right looking at the handwriting, if you don't know and you're not sure say so, do you know who did these?

Sally Anne McManus: I'm not sure.

D/Sgt Cross: No, right eh ... and does this ring a bell here that handwriting at all, who might have made those entries?

Sally Anne McManus: No you see everyone's writing is so similar.

D/Sgt Cross: Yeah well nurse you know are any of those entries yours?

Sally Anne McManus: No.

D/Sgt Cross: No you didn't make any of those.

Sally Anne McManus: My writing is very distinctive.

D/Sgt Cross: Right, right, anything else Rosemary in that?

D/Sgt Cross: And would you have any idea nurse no here at a half eleven at night why do you think was respiration done when the others weren't and it hadn't been done before.

(Buzzer sounds on  
Tape recorder)

Sally Anne McManus: I'm wondering whether, I'm wondering whether it was because she was asleep and it was easy to do, when a child is sleeping it is much easy, much easier to do observations.

D/Sgt Cross: Right and how do you actually do respiration?

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Sally Anne McManus: Em ... just em ... it depends on the child, it depends on the age of the child if you've got a very young baby you'd do it over, you'd look at you'd either put your hands on the chest or, or the stomach on a baby. Ahm you'd do it for a full minute. On a younger child where the respiratory rate is more regular like yours and mine would be you can do it over fifteen seconds and multiply it by four.

D/Sgt Cross: So it is just counting the breaths literally and giving that and that's a figure per minute.

Sally Anne McManus: En ha but if you've got a screaming child once again you're not going to get an accurate.

D/Sgt Cross: Yeah and twenty six for a seventeen month old child who is asleep, what.

Sally Anne McManus: She still has got a slight temperature.

D/Sgt Cross: Yes.

Sally Anne McManus: I mean it's very slight so you may expect it to be up a wee bit.

D/Sgt Cross: Right and what would normal be?

Sally Anne McManus: How old was she, seventeen months, probably around about twenty three, twenty four.

D/Sgt Cross: OK so that's just slightly elevated. Yeah, we'll have to ...

At this stage there was a change in the interview in order to change the tapes.

CHECKED AND CERTIFIED AN ACCURATE PACE SUMMARY OF TAPE NUMBER

T112298A \_\_\_\_\_