

POLICE SERVICE OF NORTHERN IRELAND

Police Identification Mark WRC100

TRANSCRIPT OF TAPE RECORDED INTERVIEW

TAPE REF NO: LDV27/05
Master Tape Seal Number(s): T112299A

PERSON INTERVIEWED: SALLY ANNE MCMANUS
ADDRESS: [REDACTED]
DOB: [REDACTED]
PLACE OF INTERVIEW: INTERVIEW ROOM, ENNISKILLEN PSNI
DATE OF INTERVIEW: 23/02/2005
TIME COMMENCED: 1148 HOURS TIME TERMINATED: 1232 HOURS
INTERVIEWING OFFICERS: OTHER PERSON(S) PRESENT:
1 D/SERGEANT W CROSS 1 [REDACTED]
ENNISKILLEN CARE UNIT SOLICITOR
2 D/CONSTABLE R HALL
ENNISKILLEN CARE UNIT
3

MADE BY: D/SERGEANT CROSS

Tape Number and
Tape Times:

D/Sgt Cross: Right it's 1148 and we will continue the interview. The same four people are in the room. Can I just ask you, just remind you nurse that you are still under caution, still a caution interview and if I could ask you to confirm that there was no questions asked while the tape was off in relation to the matters we're discussing.

Sally Anne McManus: Yeah, no.

D/Sgt Cross: If I could go back to the observation sheet and just for the purpose of the tape this is Page 75 of the Erne Hospital notes eh ... These are blanks and you can't identify the handwriting. Am I right in saying however that the two nurses who would have been responsible for this task would have been Nurse Jones and Nurse Swift?

Sally Anne McManus: Hm hmm.

D/Sgt Cross: And are you saying that at no stage eh ... during that night was this your job to do?

Sally Anne McManus: Em ... That's not to say I wouldn't have gone to do observations.

D/Sgt Cross: Right right.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: I can't say that I wouldn't have gone to do observations, you now people had to take breaks and people get caught up in other things so there would have been no reason for me to not do it.

D/Sgt Cross: Ok. Well at 2030 hours am I right in saying you were otherwise engaged?

Sally Anne McManus: Yes.

D/Sgt Cross: And this was not your job?

Sally Anne McManus: No.

D/Sgt Cross: And at 2230 that was not your job and could you just explain why it wasn't your task at that time?

Sally Anne McManus: I was doing medications.

D/Sgt Cross: Right and at 2330?

Sally Anne McManus: I think by 2330 I was in with the other child.

D/Sgt Cross: Right.

Sally Anne McManus: I know I was in for the majority of the night with her.

D/Sgt Cross: Ok. Now would Nurse Swift have been involved in any intensive sort of contact with any other children that night that would have removed her from perhaps her responsibility for doing this?

Sally Anne McManus: Apart from the other twenty on the ward.

D/Sgt Cross: Right the child who was critically ill, was Nurse Swift involved there?

Sally Anne McManus: She had been, she was in at some point.

D/Sgt Cross: Right. And Nurse Jones could I ask the same question in relation to her, to your recollection was she involved in anything specifically that would have removed her from any responsibilities?

Sally Anne McManus: I don't think Thecla was in with the other child, I don't.

D/Sgt Cross: Right.

Sally Anne McManus: But it is very stressful to be in with a child who is dying all the time so people would be in and out just to check.

D/Sgt Cross: Right ok.

Sally Anne McManus: You know that you were ok, that you didn't need a break.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Yeah, yeah fair enough.

Sally Anne McManus: You know you wouldn't just be left in there on your own people would be in and out to check you're ok.

D/Sgt Cross: Fair enough. Then the fluid balance chart, I think it's eh ...Nurse Jones has already said that she prepared that chart. This is Page 65 of the Erne notes eh, this is, this is the admission eh ... and then there is fluids given orally here at nine and at ten and then there's a

D/Sgt Cross: record here of what was given, it's No 18 solution and then there is 100 mls. Could I ask you nurse, at 11.00 pm we have a figure here of 100/100 now what would that mean to you?

Sally Anne McManus: That a 100 mls, the machine was set to 100 and so that would have been the hourly amount that went through.

D/Sgt Cross: Yeah.

Sally Anne McManus: And that would have been the running total.

D/Sgt Cross: Right and then at twelve midnight it's 100/200 what does that mean to you?

Sally Anne McManus: That the machine is still set to 100 and that the running total is 200.

D/Sgt Cross: Right and then I think, not to spring surprises on you, but I think Nurse Jones who completed this she has said that there is a mistake here on the running total that she should have gone to 300/400.

Sally Anne McManus: Hm hm.

D/Sgt Cross: And am I right in assuming that what the entry at 1.00 am says this machine is still set at 100.

Sally Anne McManus: Hm hm.

D/Sgt Cross: And equally at 2 am the machine is still set at 100. Now Nurse, sorry Sue Chapman, is of the opinion that this figure the first figure should be a record of what actually went through that hour, but what you're saying is that's not the same thing though, that's what is set to go through.

Sally Anne McManus: I agree.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: And again is is that normal procedure in the Erne.

Sally Anne McManus: It was normal at that time.

D/Sgt Cross: At that time.

Sally Anne McManus: That's what the machines were set.

D/Sgt Cross: Yeah.

Sally Anne McManus: It was difficult to get a running total of them.

D/Sgt Cross: Right ok.

Sally Anne McManus: It isn't what happens now.

D/Sgt Cross: Is it not?

Sally Anne McManus: No. And that has, that has gone.

D/Sgt Cross: That form?

Sally Anne McManus: I and another senior member of staff have redesigned the form in the last twelve months.

D/Sgt Cross: Right ok.

Sally Anne McManus: That has gone because what you tend to find in paediatric hospitals is that everybody is paediatric, everybody is childrens' the whole system is geared towards children. You work in a in a children's ward in a district in a small outside hospital the system is geared towards adults. I personally feel that that is a piece of paper work that is geared towards adults and is then used on a childrens ward and if you actually look at a lot of the stuff you will find the paper work is the same.

D/Sgt Cross: I think Sue Chapman is of the same view mind you she wasn't impressed with the paperwork.

Sally Anne McManus: But that is the system that you have to work.

D/Sgt Cross: Oh I appreciate that.

Sally Anne McManus: In district hospitals and it takes time, I mean realistically it's only within the last couple of years at the Erne that most nurses on the ward now are paediatric trained.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: En ha, I think we already have it confirmed but can I ask who were the paediatrically trained nurses on the ward at that on that night?

Sally Anne McManus: Myself and Thecla Jones.

D/Sgt Cross: Thecla, yeah.

Sally Anne McManus: But that would have been unusual at that point to have had two paediatric nurses.

D/Sgt Cross: Yeah.

Sally Anne McManus: The numbers of qualified paediatric nurses at the time were very

D/Sgt Cross: Right but that night you did have them.

Sally Anne McManus: En ha.

D/Sgt Cross: I think according to Sue you're required really or you ought to have two every night.

Sally Anne McManus: It's recommendation it's not a, it's not ...

D/Sgt Cross: Right it's not a requirement just a recommendation.

Sally Anne McManus: It's a recommendation.

D/Sgt Cross: Right eh ... The entry at 3.00 am it says 500 normal saline and I'm not sure what that is meant to read at 4.00 am, there is a mark there but what would that mean to you as it's written.

Sally Anne McManus: I would say that 500 has been given in that hour.

D/Sgt Cross: In that hour yeah. There is a slight difficulty because you then go to the.

Sally Anne McManus: That's what I'm reading from that.

D/Sgt Cross: Yes I think that probably is right eh ... I think the, Doctor Sumner and Sue Chapman just weren't really sure because I think there is 250 mls mentioned when she was in Intensive Care and there was a debate about whether only 250 mls of this had been given and it was finished but I think it is accepted that.

Sally Anne McManus: I wasn't there when it was being.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Yeah.

Sally Anne McManus: I was there when it was put up but I wasn't there when it was finished so there could have been half a bag left, I couldn't be one hundred per cent certain.

D/Sgt Cross: Yes. Now if I could. We are now going to Page 66 of the Erne notes, this is the fluid prescription eh ... chart and this is signed by, that should be Doctor Malik there.

Sally Anne McManus: Yeah.

D/Sgt Cross: And then Briega Swift and what we have is the date eh and the name of the fluid, which, I mean Sue Chapman wasn't suppose, particularly happy with that but people in the Erne would they have known what solution 18 was, that would not have led to confusion on the Erne at that day.

Sally Anne McManus: I'd, we'd in the UK they'd have called it 4% on the 5th.

D/Sgt Cross: Yes, yeah, eh ... the site it's going to be intravenous, IV. The column for hours what what it's blank but what does that for.

Sally Anne McManus: That's what I'm saying this is really an adult based chart. Hours would be more for em adult patients.

D/Sgt Cross: Right.

Sally Anne McManus: Where you would have a litre bag, in the main adults would have litre bags.

D/Sgt Cross: Yes.

Sally Anne McManus: And it would go over say eight hours.

D/Sgt Cross: Ok.

Sally Anne McManus: That would be more adults than.

D/Sgt Cross: Ok. So where it says name, strength and volume you would have expected if this was a fully written prescription the solution 18 and then it would have said one litre over eight hours.

Sally Anne McManus: No because we never use litre bags in children.

D/Sgt Cross: But I'm talking about for adults that's what you're saying.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: Yes, oh yeah yeah.

D/Sgt Cross: Eight hours would tell you this quantity goes in over that time?

Sally Anne McManus: Yeah, yeah.

D/Sgt Cross: Right eh ... and the name and the dose of the drug added. Eh ...
The dose is missing here basically, what would you expect to see in
there?

Sally Anne McManus: That wouldn't relate to that em, that would be if you were adding em
another drug to a fluid bag, that would be say potassium being added
to a bag. That would be the whole made up bag.

D/Sgt Cross: Right OK.

Sally Anne McManus: This would be if you were adding addition, ah eh extra drugs into a
bag. Quite often you would em give fluids with potassium not so
much now because most bags are pre made up.

D/Sgt Cross: Yes.

Sally Anne McManus: Now because potassium is another drug that would cause such
problems but say they wanted to give solution 18 with 10 minamols of
potassium, you'd have pu, you would put there solution 18, 500 mls
and there you would add KCL 10 minamols.

D/Sgt Cross: Ok.

Sally Anne McManus: So that's nothing to do with the pre made up bag that's to do with
adding something.

D/Sgt Cross: Additions so the, I mean it appears to me as a lay person that the
biggest single defect in this fluid prescription is that nowhere has the
doctor said how much of it is to be given or at what rate.

Sally Anne McManus: Not the how much.

D/Sgt Cross: Right ok.

Sally Anne McManus: I have to say just in so much that we don't use litre bags so all bags
in children are 500.

D/Sgt Cross: OK.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: So it's like anything you know if it's something that you regularly regularly.

D/Sgt Cross: Yes.

Sally Anne McManus: Do then 500 mls is what you always give.

D/Sgt Cross: Ok.

Sally Anne McManus: So it's not even that you are presuming, I think that's it you wouldn't use litre bags unless it was specified. The only time that you'd use litre bags in on maybe a fifteen year old.

D/Sgt Cross: Yes ok.

Sally Anne McManus: Who you would be changing fluids every two, three hours.

D/Sgt Cross: OK yeah.

Sally Anne McManus: Em ... But the rate is missed.

D/Sgt Cross: And where would the rate be written then?

Sally Anne McManus: It should be written here, we'd normally write it, it would be if, or you know written also.

D/Sgt Cross: Under hours or under name, strength and volume of fluids serial number.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: Ok. Now I'm sure you've heard there is a significant dispute as to what actually was prescribed by Doctor O'Donohoe in that he says one thing and I think Nurse Swift is saying another.

Sally Anne McManus: Coughs ... sorry.

D/Sgt Cross: Eh could I ask and again this is opinion and based on your experience, Nurse Swift is saying that the the, her instructions were to give 100 mls per hour of number 18 until urine was passed.

Sally Anne McManus: Hm, hmm.

D/Sgt Cross: And Doctor O'Donohoe was saying no my recollection is it was a bolus of 100 mls in the first hour and 30 mls thereafter.

Sally Anne McManus: Hm hmm.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Now 100 mls an hour until urine is passed of number 18 does that appear to you to be a reasonable enough prescription that you wouldn't have thought that's strange I must query that?

Sally Anne McManus: I can't say what I'd have said that night.

D/Sgt Cross: Right yeah.

Sally Anne McManus: I can't say what I would have said to him that night.

D/Sgt Cross: Well I mean clearly if eh ... he had said you know 1 litre per hour that would have seemed strange to you.

Sally Anne McManus: Hm hmm I'd have said no.

D/Sgt Cross: Yeah well would 100 mls per hour have seemed strange?

Sally Anne McManus: But I didn't hear him say it.

D/Sgt Cross: No but if you had I'm asking for an opinion here not evidence because you are an experienced nurse if you were Teresa McCaffrey I wouldn't ask you that you know, but you're I mean, let me set the scene, if I talked to one of my colleagues, if I was being questioned by Internal Investigation Branch right and they said your colleague says that he fired three rounds during that riot last night I would say big deal you'd expect that but if they said he fired three whole boxes, what do you think of that? I'd think well that's I never heard of anybody fire that many rounds do you know what I mean it would be so far beyond the norm I would think it strange as a police officer just from my experience. So I'm asking you you know.

Sally Anne McManus: It's a lot of fluid.

D/Sgt Cross: It is a lot of fluid.

Sally Anne McManus: I think I would have questioned it myself, I have to be honest, yeah, I think I would have questioned it.

D/Sgt Cross: That's fair enough.

Sally Anne McManus: I like to think I'd have questioned it.

D/Sgt Cross: Right. Hm hm, right.

Sally Anne McManus: And that's not to say Briege didn't question, question it.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Now I would, I mean I haven't asked her, a mean she'll give her own account and she, she.

Sally Anne McManus: I would like to think I would question it.

D/Sgt Cross: She may have valid reasons for doing what she did and she may be telling the truth, maybe that is what she was told, that's for her to say but I'm just asking that. Eh ... Also nurse can I ask you then, there were concerns raised about the fluid regime very very early on because there is a note by Esther Millar dated the 14th that concerns had been raised about fluids so you know that is very early on.

Sally Anne McManus: In what sorry in what context?

D/Sgt Cross: There is a critical incident report goes through and she is writing that up.

Sally Anne McManus: I didn't know that there had been a critical incident.

D/Sgt Cross: Yeah it's critical or clinical incident.

Sally Anne McManus: Yeah clinical incident.

D/Sgt Cross: Clinical incident report, sorry and she has recorded that now do you recall discussion on the ward about concerns over the fluid that Lucy had been given at that stage, you know in the very early stages, in the initial days.

Sally Anne McManus: I think so.

D/Sgt Cross: Right and do you recall what the concerns were, was it the type of fluid, the amount of fluid, the rate of fluid?

Sally Anne McManus: It was the rate.

D/Sgt Cross: The rate.

Sally Anne McManus: And that it hadn't been prescribed properly.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Yeah. Now it's it's not my job to get anybody into bother here, it's my job to investigate that's what I'm paid to do to ask questions for and against. I mean from your recollection of what happened on the night in question, did you hear anybody say what the prescription was for this child because it's not recorded so we are going to have to look for it elsewhere.

Sally Anne McManus: No, no.

D/Sgt Cross: You didn't hear?

Sally Anne McManus: No.

D/Sgt Cross: Right did you hear Briega Swift say what she believed it was?

Sally Anne McManus: Well I documented what she believed, in my nursing cardex I wrote what she believed it to be.

D/Sgt Cross: And you wrote that cardex on the relevant night?

Sally Anne McManus: Yes. I wrote it as Lucy was going to ICU.

D/Sgt Cross: Right, well could I ask also, were you present at now I, I accept that you didn't hear what the prescription was OK but were you present and can you tell me how the prescription was arrived at, in other words what staff were involved when the decision was made?

Sally Anne McManus: No I can't tell you because I didn't see it.

D/Sgt Cross: Right.

Sally Anne McManus: I can only tell you what I was told after that.

D/Sgt Cross: What you know thereafter then, right, right go on ahead then.

Sally Anne McManus: My knowledge from what I've recorded, I think there was Briega and I think Malik was there and Doctor O'Donohoe.

D/Sgt Cross: Yeah ok now again from your experience because you can't give evidence but you.

Sally Anne McManus: Oh yeah yeah.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: You didn't hear this conversation between the three of them but of those three people standing at the bed discussing what fluids to give, whose job is it in your opinion to make the pres ...to actually decide what they are going to give and how much?

Sally Anne McManus: It depends on the circumstances.

D/Sgt Cross: Right.

Sally Anne McManus: Eh ... I think the fact that Doctor O'Donohoe was there means it's his responsibility he was the most senior member of staff there so it would be his, his but that's not to say, that he would be the one who prescribes it. It may be his decision because he was there, but then he may also leave it to his SHO, it was a routine diarrhoea and vomiting.

D/Sgt Cross: Yes to write it down.

Sally Anne McManus: To write it down.

D/Sgt Cross: OK.

Sally Anne McManus: Or the SHO, would have, say there were ten children on IV fluids, that's right, he would not have had to phone Doctor O'Donohoe every time he wanted fluid written up.

D/Sgt Cross: Yes he would go ahead.

Sally Anne McManus: He would go ahead and make his own.

D/Sgt Cross: Yes fair enough.

Sally Anne McManus: But the fact that Doctor O'Donohoe was there in that situation if there was a discussion about it then it would have been.

D/Sgt Cross: Yeah, fair enough so so from your experience it it would not be unusual for Doctor O'Donohoe to say I want so much given of this fluid and then for Doctor Malik to actually write that down then.

Sally Anne McManus: No, hm hmm, no.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Yes eh ... now from your experience of fluid prescriptions and looking at this chart, albeit it's changed now but how it would have been, is this a common defect that a solution was marked down with no quantities, in other words is that common to you or is that highly unusual.

Sally Anne McManus: The volume of the fluid, the fact that there is no volume of the fluid there, it's not written 500 mls that's not unusual.

D/Sgt Cross: Fair enough that's because you always give 500 mls.

Sally Anne McManus: Because we always give 500 mls.

D/Sgt Cross: That's it given ok.

Sally Anne McManus: It would be more common to say a litre bag and you would tend to find that it wouldn't be paediatricians who would write litre bags.

D/Sgt Cross: Yeah.

Sally Anne McManus: It would tend to be surgeons.

D/Sgt Cross: Right.

Sally Anne McManus: Who obviously are adults.

D/Sgt Cross: Yes, yeah.

Sally Anne McManus: Doing a bit of paediatric surgery so they would be more likely to write litre bags on it.

D/Sgt Cross: Ok.

Sally Anne McManus: And that would generally be corrected because 1, I don't think we even stock litre bags.

D/Sgt Cross: Ok yeah.

Sally Anne McManus: And 2 there is a risk a litre bag running through and the fact that there is no em hourly rate there I would say is unusual.

D/Sgt Cross: It's unusual right.

Sally Anne McManus: I would like to think it's unusual.

D/Sgt Cross: And I mean Sue Chapman says categorically eh that it was wrong then for the nurse to proceed to set the drip up without that, you are agreeing with that.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: Oh yeah.

D/Sgt Cross: Well could I ask you then again now to be fair to Briega Swift and I don't know what she's going to say, but it is while it's not good practice and shouldn't be done does it happen on the ward that a doctor will say exactly what to give and the nurse goes and does it and expects the doctor will write that up thereafter?

Sally Anne McManus: No.

D/Sgt Cross: No that wouldn't happen?

Sally Anne McManus: No.

D/Sgt Cross: Or at least it's not a regular occurrence.

Sally Anne McManus: What confuses me about this is if it was to happen, if it was to happen the fluids were put up without them being prescribed you wouldn't have any signatures there. It's a fact that Briega and Malik have actually what looks like checked a bag of fluid, they have actually gone so far as writing the fluids.

D/Sgt Cross: Yes.

Sally Anne McManus: They have checked the bag they have both signed that they've checked but still not got a rate down now that would be unusual.

D/Sgt Cross: Yeah, right, right.

Sally Anne McManus: Do you see, do you see what, do know, what I'm getting at.

D/Sgt Cross: Yes, I do, I do.

Sally Anne McManus: If you've if you've taken a verbal instruction from somebody there is no signatures there because you've taken it, there is nothing to sign but the fact that there is something to sign is unusual for there to be no volume.

D/Sgt Cross: Fair enough. Can I ask nurse another thing that eh Sue Chapman has highlighted is you know there is no patient name here.

Sally Anne McManus: No.

D/Sgt Cross: And there is no hospital number.

Sally Anne McManus: No.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Whose responsibility would that be? I assume that this is Doctor Malik's handwriting I believe it is from earlier notes he's made but we hope to confirm that some day but who should have done that?

Sally Anne McManus: It's one of those tasks that I say is, it depends.

D/Sgt Cross: Right.

Sally Anne McManus: I think the fact, if you hand a fluid chart to a doctor and ask could you prescribe me another bag of fluids or a bag of fluids for somebody I would probably write the name on it.

D/Sgt Cross: Right.

Sally Anne McManus: But if the doctor has got a blank sheet there, which it looks like he has.

D/Sgt Cross: Yeah.

Sally Anne McManus: I would expect him to write it on, on that portion anyway.

D/Sgt Cross: Yeah because there was no use for that sheet at all in relation to Lucy up until there's a decision to do this so this is a blank sheet as you say.

Sally Anne McManus: Ah ha.

D/Sgt Cross: And the nurses had no reason, wouldn't have laid hands on it right.

Sally Anne McManus: Ah ha. I mean you wonder whether, I mean the fact that there is no name there but I think, sorry can I turn that again.

D/Sgt Cross: Yeah.

Sally Anne McManus: You know that, I don't know whose writing that is even but there is a presumption there, there were two different types of fluid charts one is for somebody on IV fluids which would be this one on orals and the other is if they are just on orals so whoever has written this has presumed that this child is going to go onto intravenous fluids later on.

D/Sgt Cross: Yes.

Sally Anne McManus: So she has written the front bit.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Yeah.

Sally Anne McManus: There might never have been a need for the back bit because they couldn't plan ahead because they may not have ever put IV fluids up.

D/Sgt Cross: Yeah, yeah.

Sally Anne McManus: So then it's, I would say it probably should have been Malik that's done it because he's prescribed something without a name.

D/Sgt Cross: Yes.

Sally Anne McManus: The fact that Brieger has signed as well really he should be writing the name because he is prescribing for that person.

D/Sgt Cross: Yeah.

Sally Anne McManus: And although the name is on that side, it doesn't.

D/Sgt Cross: Yeah, just for the purpose of the tape we are comparing the headings of Page 65 and Page 66. 65 has a name on the top, 66 doesn't. Could I ask again and the originals will confirm this you say the other part of the sheet, are these the one page or do these come together.

Sally Anne McManus: Yeah they are back to back.

D/Sgt Cross: In the originals OK, so Page 66 is actually the back of Page 65. Yeah, fair enough eh ... Well then I have to say, am I right in saying this, if they are the one page it's not much of a mistake to leave Lucy's name off the back of the page since it is the front of the page so that's really not a big issue any further and I think I've explained that fair enough.

Sally Anne McManus: These have also changed on the ward since. This is the one thing, this back page bit has now changed.

D/Sgt Cross: Yes.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: To I, I would imagine probably to stop that happening. There is far more detail on the back of this now, there would be the patient's name, hospital number, the date of birth, so you've got an age as well just in case there is a mistake with the weight. There is also the weight written down and there is also the em the fluid how to calculate fluids on there.

D/Sgt Cross: Ok yes, yeah that's the responsibility of the doctors really to calculate.

Sally Anne McManus: Yeah.

D/Sgt Cross: Well could I ask now, to proceed, you said that possibly if you had been told 100 mls an hour you would have queried that.

Sally Anne McManus: Hm hm.

D/Sgt Cross: We have, we have an incomplete prescription here as far as Nurse Swift is concerned.

D/Sgt Cross: Doctor Malik.

Sally Anne McManus: And Doctor Malik yes but she's the person who is going to actually set this up now and she hasn't all the information really that she ought to have been given. What ought she have done before she set up the drip then?

Sally Anne McManus: Checked it out, that not to say he wasn't with her when she set the rate.

D/Sgt Cross: Yeah.

Sally Anne McManus: He could a been sat at the side of her when she set the pump rate.

D/Sgt Cross: Right so if she has this written out properly she doesn't need a doctor, she can just set up exactly what on it.

Sally Anne McManus: She would need another nurse.

D/Sgt Cross: Another nurse, why?

Sally Anne McManus: Because you never put fluids up on your own.

D/Sgt Cross: Right.

Sally Anne McManus: You can check them with the doctor.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Yes.

Sally Anne McManus: But you must always check them with another person.

D/Sgt Cross: Right, right.

Sally Anne McManus: So that em ... this is the other thing that's changed normally, this doesn't clarify that you need two signatures there it's difficult to get two signatures on.

D/Sgt Cross: Yes.

Sally Anne McManus: The new one is quite categorically clear you can see, I meant to bring a copy to show that you can, the doctor's signature and two nurses.

D/Sgt Cross: Two nurses yes because Sue Chapman has raised that it was although she said it's not universal practice across the UK in her experience but she said best practice is that the fluid, the prescription is checked by two nurses.

Sally Anne McManus: Yeah.

D/Sgt Cross: And the actual setting of the equipment.

Sally Anne McManus: Yes the right, and any changes that rise.

D/Sgt Cross: In other words the nurses selected the right bag and selected the right rate so you say that that should have been done, that would a been standard practice in April 2000 would it have been?

Sally Anne McManus: Hm hm mmmm.

D/Sgt Cross: It would have been right ok. So Briege would have been better advised to have required Malik to complete this basically and if he didn't, what appears to you to have been the next step that Nurse Swift could have taken if he didn't or wouldn't?

Sally Anne McManus: Not put the fluid

D/Sgt Cross: Right, and would it be appropriate then you were the boss in the ward that night did you take it up yourself, that's what would happen in the police say you would take it up with your line manager then and let them sort it.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: Hm hmm, which does happen, which does happen, you disagree with, anything anything that if you're not happy with doing it then you can say no.

D/Sgt Cross: Now can I ask again and I know we've been over this but we will pass on, the last question and that's a fact, looking at this sheet and again we are Page 66 there is there's eh you know I suppose almost complete prescription for fluid with one element missing and the nurse has gone ahead and done it she may have had the nurse or the doctor at her side eh to give her verbal instruction, is that common? If I were to select 50 fluid prescription charts written by doctor on the children's ward would I expect to find another sheet with the rate missing? I'm looking for a ...

Sally Anne McManus: Sorry I misheard, sorry I misheard you I thought you meant would it be abnormal that a doctor would be your second checker.

D/Sgt Cross: No sorry what I'm saying is if I picked 50 of these out of the ward at random.

Sally Anne McManus: Now.

D/Sgt Cross: Now, no in 2000 maybe to be fair, in 2000 would it have been common to find incomplete prescriptions and the nurses were expected to go ahead with only half the story, no it's unusual.

Sally Anne McManus: I would say it's

D/Sgt Cross: Right well could I ask you to go further and say is it unheard of in your experience at that time?

Sally Anne McManus: But I can't say it was unheard of.

D/Sgt Cross: Yeah well in your experience would you have seen that happen? If you can't say, I know I'm asking for something that is four years old now or five.

Sally Anne McManus: I don't know, I don't know.

D/Sgt Cross: Ok fair enough.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: It is very difficult when things have changed so much to then remember back to how things were.

D/Sgt Cross: Yes, yeah fair enough. Eh ... What Sue has said eh ... is that best practice is, well well to oversee the division of work it is best achieved by allocating a member of staff to be the primary carer for each child and their family. What you are saying is that you did see that in operation in other hospitals but in the Erne at that time it wasn't done that way.

Sally Anne McManus: No.

D/Sgt Cross: It was task allocation rather than allocating one child to one nurse eh and what Sue goes on to say is therefore the recording of observations and updating fluid charts etc is generally the responsibility of the primary carer of the named nurses whatever we want to refer to that person, although others may assist but we didn't have that person here. Now could I ask because Sue then goes on to try and work out who the named nurse is or the primary carer and who the nurse in charge is and she did she was right with yourself, she reckoned it was you from records and she reckoned it was Nurse Swift but we know that's not the case, but what happened actually was that Nurse Swift goes to the ward, goes and meets the family immediately after handover, but you don't recall telling her to do that you're not sure why. Ok that's for her to say if she recalls that.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: Eh ... if you can find the nurses progress chart we will just get the nurse to eh ... describe her entries on it.

Sally Anne McManus: Go down that way, the writing would be that way.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: This is pages 57, 58 and 59 of the Erne notes and these are the chart and progress details, if we can work through these now nurse. This is the 12th of the 4th eh ... this is day shift as I understand it and again eh it appears to me that that's a temperature taken at 8.40 and there's that's a blood sugar is it?

Sally Anne McManus: Yeah.

D/Sgt Cross: I'm not sure that that was transferred to the observation.

Sally Anne McManus: It was, the temperature wasn't, the blood sugar was I think.

D/Sgt Cross: That's why I think if you go this there may have been observations done that weren't recorded. This is early shift, now is this your writing from here on?

Sally Anne McManus: Yes.

D/Sgt Cross: Could you just describe to us then why and when you made these notes from your memory?

Sally Anne McManus: I made those at about a half four, five o'clock in the morning.

D/Sgt Cross: Right.

Sally Anne McManus: When everything was still fresh and everything was well.

D/Sgt Cross: Right, right.

Sally Anne McManus: It was an accurate record collating what everybody had experienced.

D/Sgt Cross: Yeah and you, you how did you know, the information that you have recorded here, how did you know that information, where did you go to source that?

Sally Anne McManus: It would have been from the people that were working that night.

D/Sgt Cross: Right so basically from all the nurses.

Sally Anne McManus: En ha.

D/Sgt Cross: Would that have been Briege, Thecla and Teresa, from the three of them? Eh ...

Sally Anne McManus: Hm hmm unless it's the bits here which I would have been that would have been my observations.

D/Sgt Cross: You are personally involved.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: Rather than somebody write a bit here and a bit there and a bit there it was collated all so it made more sense.

D/Sgt Cross: Right could I ask, in your opinion eh ... why is, this I assume is written at 8.40 or thereabouts, that temperature is timed there and I think this is possibly Laura McDowell's writing.

Sally Anne McManus: Yeah.

D/Sgt Cross: She finishes here, examined by Doctor Malik, that's done and she goes off so we'll assume she goes off just after 8.40 now you are writing this at 4 in the morning and things.

Sally Anne McManus: No no, this bit here, I would've put this I wrote sooner, this unable to cannulate.

D/Sgt Cross: Right.

Sally Anne McManus: Sips of...fluid taken... That would have been before that.

D/Sgt Cross: Ok and well, how far down do we go for the earlier record then.

Sally Anne McManus: No, I think I would have done that at all of that after and all of that before because I think that was what Laura had ... Laura was going off and this had happened almost when she was there.

D/Sgt Cross: Yeah, right, right.

Sally Anne McManus: And she was going off and I wrote that. I would have written the rest.

D/Sgt Cross: Thereafter. So there is a gap there of maybe six or seven hours when Lucy is in the ward and really nothing has been written by way of nursing progress. Now what would you have to say about that, I mean was there nothing that happened that should have been written down or should things have been written down and weren't.

Sally Anne McManus: I don't think so. Most places I've ever worked would unless it was something very unusual, it would be written at the end of the shift.

D/Sgt Cross: Right ok I'm not suggesting there is anything wrong either, I don't know.

Sally Anne McManus: No, no most of it most of it would be written at the end of the shift.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Right and the, for instance there was a the mother I suppose highlights one episode of diarrhoea which she found fairly frightening but that was recorded on the observation chart and in your opinion then and experience, if it's written on the observation chart.

Sally Anne McManus: This was the fluid observation chart.

D/Sgt Cross: Yes it doesn't require then to be written then in the nursing progress.

Sally Anne McManus: Not until the morning.

D/Sgt Cross: Until the morning, right but again bearing in mind my ignorance of nursing sort of procedures what actually is a nursing progress eh ...document for?

Sally Anne McManus: It's a it is a handover of what has happened in the twelve hour shift. If you have a child in with six episodes of diarrhoea you wouldn't write 1.03 diarrhoea, 1.10 diarrhoea, 3.06 diarrhoea.

D/Sgt Cross: Right.

Sally Anne McManus: Because you have got that record hopefully on your fluid chart.

D/Sgt Cross: Yes, yes.

Sally Anne McManus: That's a collation of really your information here. So on here you may write in the morning that they'd had six episodes of diarrhoea, you wouldn't write each one. You have the necessary documentation on here because you're duplicating everything.

D/Sgt Cross: Fair enough so am I right in assuming that the nursing records of what is happening to this child as far as treatment and diarrhoea and urine and blood results etc they are appropriate charts for recording that.

Sally Anne McManus: Hm hm.

D/Sgt Cross: The nursing progress is written up at the end of a shift as a summary for the information of those who follow on.

Sally Anne McManus: Hm hmm, hm hmh.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Ok and therefore am I right in assuming that the fact that nothing is written here for seven hours is not an indication of poor nursing practice. Ok.

D/Sgt Cross: Well then could I ask.

Sally Anne McManus: If you think I had 24 or 25 children if I was writing something every five minutes rather than that night.

D/Sgt Cross: Yeah I, I appreciate that yeah.

Sally Anne McManus: You leave a period of time in the morning.

D/Sgt Cross: Yes.

Sally Anne McManus: To collate all the information from the night.

D/Sgt Cross: Yeah.

Sally Anne McManus: You have the charts there that you can pull unless something really traumatic happens.

D/Sgt Cross: Yes.

Sally Anne McManus: And then you would document that at the time.

D/Sgt Cross: Yeah, yeah and who normally writes the nursing progress chart?

Sally Anne McManus: Em ... at that point it would have been the nurse in charge.

D/Sgt Cross: Right, which is you then, but you be required.

Sally Anne McManus: Unless unless you had a child which was special, then the person who was special.

D/Sgt Cross: Right.

Sally Anne McManus: Just a one to one would write that.

D/Sgt Cross: Right and would you have been then responsible for writing up for the whole 20 children.

Sally Anne McManus: Right, but that doesn't happen any more either.

D/Sgt Cross: No but we are interested obviously in what went on.

Sally Anne McManus: I know.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Fair enough, right eh now if you bear with me while I read through this in case there are any abbreviations that I don't understand. I suppose I'm less ignorant of nursing practice than I used to be. Specimens type 3 for.

Sally Anne McManus: Microscopy, culture and sensitivity. So they look at it under a microscope, they grow it and then they look to see what antibiotics would get rid of it.

D/Sgt Cross: Fair enough. Cyanosis.

Sally Anne McManus: It's em ... Blueness.

D/Sgt Cross: Blue lips.

Sally Anne McManus: Yeah blue lips and things.

D/Sgt Cross: Blood pressure is recorded there and what P?

Sally Anne McManus: Pulse.

D/Sgt Cross: Pulse, respiration.

Sally Anne McManus: Temperature.

D/Sgt Cross: See again you know that is a rea those observations were taken there, there not.

Sally Anne McManus: I think

D/Sgt Cross: Yes those were the ones after the seizure.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: Yeah.

Sally Anne McManus: You see blood pressure would be inaccurate because she was having a seizure so she was, spasm would have.

D/Sgt Cross: Yeah right and then Thecla, I think I've been through that with Thecla. Is there anything else you want to say in relation to those?

Sally Anne McManus: No.

D/Sgt Cross: Right there is a record in the review to the effect that the nurses were of the opinion that 100 mls per hour until urine is passed was a standard eh ... prescription.

Sally Anne McManus: It was done.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Was it?

Sally Anne McManus: Hm hmm it was done the next night as well because I came ... to try and keep... with the fluids going at 100 mls an hour, I don't think it was 100 but it was a big volume until the child passed urine.

D/Sgt Cross: Right.

Sally Anne McManus: I'm not it wasn't standard for 100 but sometimes they would give extra fluid.

D/Sgt Cross: Right.

Sally Anne McManus: Till the child passed urine, but I couldn't tell you which consultant did that at.

D/Sgt Cross: Yeah ah aha.

Sally Anne McManus: At that time.

D/Sgt Cross: Eh ... well could I ask, one of the issues at the inquest, did you sit right through the inquest. Eh right ... One of the issues raised by one of the other consultants who were there was very much to the effect that this was the wrong fluid, now there is a debate about that because I think it is accepted that if it was the wrong fluid it was still the commonly used one at that stage in Northern Ireland.

Sally Anne McManus: And the UK.

D/Sgt Cross: And the UK.

Sally Anne McManus: And the UK definitely, it has only been removed from some places in the UK within the last twelve months.

D/Sgt Cross: Yeah.

Sally Anne McManus: I was using number 18 solution at Great Ormond Street before I worked there in 1988 and the only hospital I didn't use it at was the North Middlesex and they had a solution that was just for children.

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

D/Sgt Cross: Yeah what Sue Chapman has said here I'm reading from 4.4 eh ... that No 18 solution plus 4% dextrose can be used for this purpose and indeed is commonly prescribed as a maintenance fluid so what they were saying is that it may be useful as a maintenance it shouldn't be used for rehydration or for making up a deficit.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: But eh, right so there is an issue about the type of fluid, there is an issue about the rate.

Sally Anne McManus: Hm hmm.

D/Sgt Cross: Eh ... and there was an issued about the lack of an actual calculation recorded anywhere as to 1. How much is this child dehydrated, what is her body weight therefore how much does she need for maintenance, how much does she need for rehydration. Eh ... Now you have said that fairly large quantities did happen at that stage. Do you recall seeing records being made for other patients of dehydration or an actual fluid calculation.

Sally Anne McManus: No.

D/Sgt Cross: Right but you are saying the new forms now do have that as part of them so the doctor is driven to do it.

Sally Anne McManus: It's actually twice, it's actually down twice, it's actually in the medical notes.

D/Sgt Cross: Right.

Sally Anne McManus: We actually made it part of the nursing record as well so that nurses had more of an awareness.

D/Sgt Cross: Right.

Sally Anne McManus: And that that the actual weight calculated is on the back of the fluid charts but the actual calculation is in the medical notes so it means that nurses now have more of an awareness.

D/Sgt Cross: Ok yeah, right on a very practical level, do the nurses have access to the medical notes?

PERSON INTERVIEWED: SALLY ANNE MCMANUS

Tape Number and
Tape Times:

Sally Anne McManus: Yes.

D/Sgt Cross: Right, again in your experience because you weren't there, one question, in your experience but I appreciate you didn't hear the conversation is it likely that the nurse was told to do such and such until urine is passed?

Sally Anne McManus: Yes.

D/Sgt Cross: Right, maybe we should.

D/Con Hall: Change the tapes yeah, its 1232 terminating the interview.