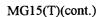


HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

SDN:	ROTI:	Contempora	neous Notes
Person in	terviewed : Jeanette Eliz	abeth FLORIO	
Place of i	interview : Park Gate Po	olice Station	Police exhibit no.: Number of pages: Signature of interviewing officer producing exhibit:
Date of in	nterview : 18 July 2000		
Time con	nmenced: 1013	Fime concluded: 1	157
uration	of interview : 44 minutes	Tape reference r	numbers • :
Interview	ving Officers :	Code A	
Other per	rsons present : Mr GRAH	IAM - Saulet & Co So	olicitors, Portsmouth - Legal Advisor
Tape Counter Times	Person Speaking	Text	
0.10	Code A	This interview is	being tape recorded Code A
		The other police	officer present is
	Code A	Code	A
•	Code A	Okay I'm intervi	ewing Jeanette FLORIO. Please can you give
		your full name an	d date of birth.
	FLORIO	Jeanette Elizabeth	FLORIO, Code A
	Code A	Okay and also pro	esent is
	Mr GRAHAM	Mr GRAHAM fro	om Saulet and Co, legal advisor.
	Code A	This interview is	being conducted in the interview room at Park
!-		Gate police static	on. The date is Monday, sorry Tuesday the 18th of
		July the year 200	00 and the time by watch is ten thirteen. Okay at





Continuation Sheet No: 1

Record of interview of: Jeanette Elizabeth FLORIO

Tape

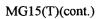
Counter Times •

Person Speaking

Text

the conclusion of the interview I'll give you a notice explaining what will happen to the tapes okay. What I'm now going to do is just go through exactly why we're here and what we're seeking to achieve by this interview. Excuse me. The Hampshire police have investigation the undertaken an undertaken. have circumstances of the death of Mrs Gladys RICHARDS on the 21st of August 1998 at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and the 21st of August whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided with direct nursing care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I emphasise that this is a search for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews with staff and general correspondence. As a result of this

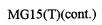
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Continuation Sheet No: 2

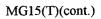
Tape Counter Times ◆	Person Speaking	Text
		interview and several others further guidance will be sought from
		professionals bodies and ultimately the Crown Prosecution Service
		on how we should proceed. Your solicitor has been provided with
		relevant material prior to this interview commencing. I must
		emphasise that you're not under arrest and you're free to leave at
		any time. Your right to free legal advice in private extends
		throughout the period you're at the police station okay. Do you
	· •	understand that.
	FLORIO	Mmm, mm.
2.22	Code A	The next part is the Caution. You do not have to say anything but
i	<u></u>	it may harm your defence if you do not mention when questioned
		something which you later rely on in court, anything you do say
		may be given in evidence. Okay. Do you understand the Caution.
	FLORIO	I think so, yeah.
[Code A	Would you like me just to go through it and explain it to you.
	FLORIO	No.
-	Code A	You sure.
	FLORIO	It's fine.
	Code A	That's basically why we're here, that's the allegation and all
Signatur	e(s):	◆ Not relevant for contemporaneous notes





Continuation Sheet No: 3

enter es •	Person Speaking	Text
		basically all I'm after is is just accounts from the members of state
		as to what they can remember and what their roles were in relatio
		to the hospital and there's obviously specific questions that we'
		go over and we've got the notes here to assist you so you ca
		look at them if you can't remember or to comment, we'll ask yo
		to comment on various points of the notes as we go through.
	FLORIO	Okay.
	Code A	What I'd like you to do to start off with is if you could just g
		over your professional qualifications and your experience as
		nurse.
	FLORIO	Right I qualified in 1992 August and this year went to work
		Saint Mary's hospital in Portsmouth on the new-born unit, worke
		there for four years, decided I wanted to get back into adu
		nursing and the night duty post came up on Daedalus ward at the
		War Memorial and applied for that and was employed for tw
		nights a week initially and I've since moved on from that ward
		think it was December 98 I went to work on one of the oth
		elderly care wards in the same hospital on day duties.
	Code A	Right.





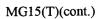
HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Γape Counter Γimes ◆	Person Speaking	Text
	FLORIO	Where I am now.
1.11	Code A	Okay and that's obviously at Gosport War Memorial hospital.
	FLORIO	Mm.
	Code A	Okay, so you've been a Registered General Nurse since '92.
	FLORIO	'92, middle of '92.
	Code A	What experience have you had with sort of elderly care.
	FLORIO	Well since '96 till now.
	Code A	Till now.
,	FLORIO	I've been working with, in elderly medicine, obviously during n
		training I um look, I mean there's a lot of elderly people people
		the wards and prior to doing my nurse training I worked in vario
		nursing homes.
	Code A	Oh right, how long was that for.
	FLORIO	Local nursing homes. Er, probably over a couple of years, was
		home carer as well for Social Services.
	Code A	Oh right.
	FLORIO	Looking after elderly people in their own homes.
	Code A	Okay.
	FLORIO	So going back to about 94 I suppose, 85.

Signature(s):

Not relevant for contemporaneous notes

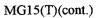




HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 5

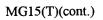
pe unter nes *	Person Speaking	Text
	Code A	85. Okay. I wonder if you could sort of describe the ward
	L	Daedalus, at the War Memorial hospital, in terms of what sort
		patients you would tend to get into the ward.
	FLORIO	I think it's 24 bed ward elderly patients, um some of the patien
		admitted for continuing care, some um beds were allocated
		stroke, we have slowstream rehabilitation and the patients
		assessment um some for terminal care, some for palliative care.
17	Code A	Okay. There's a couple of phrases there I'd like you to try a
		explain. Continuing care. That's what, what does that mean.
	FLORIO	Um, they come to Daedalus Ward for continuing care when
		say they've been into a hospital like Haslar or Saint Marys or Q
		um as an acute admission and they've got over their illness
		they're they're stable, they need more care they're unable to
		home at that stage and they come to Daedalus for um I mean
		they've had a stroke they will come so that they can be made
		good as they're going to get.
	Code A	Oh right
·	FLORIO	With physio input, input from dieticians, occupational therapists
	Code A	Okay and is that with a view to, what's the final goal with





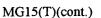
Continuation Sheet No: 6

Tape Counter Times •	Person Speaking	Text
		continuing care patients.
	FLORIO	Well I mean if they're well enough to to go home or if that's
		where where they come from or back to a rest home or to a
		nursing home or whatever.
6.52	Code A	Okay, terminal care I'd, fairly obvious I'd guess.
	FLORIO	Yeah um, they may not have been admitted for terminal care but
		some patients do become terminal, I mean they their illness
		progresses or you know they have another something may happen
		to them, another problem that might arise that might make them
		more poorly.
	Code A	Right and Palliative care, what, what does that mean.
	FLORIO	To relieve symptoms, to control symptoms that um keep them
		comfortable.
	Code A	Right so I get, what's the difference between palliative and
		continuing.
	FLORIO	Well palliative isn't necessarily um terminal I mean they may have
		pain, they may have other symptoms that that just need to be
		controlled and um that can be achieved and the person be quite
		comfortable and happy and.
Signatur	re(s):	◆ Not relevant for contemporaneous notes





Person Speaking	Text
Code A	Okay is it right that they can be times when they came of
	palliative care.
FLORIO	Yeah there can be.
Code A	Make a recovery to the point of
FLORIO	Well the palliative can be, terminal palliative care can be the
	you obviously with the terminal, terminally ill patient you're
	to control symptoms there, you don't want them to
Code A	Yeah.
FLORIO	suffer unnecessarily, you're looking at all the things tha
	that is wrong with them and what can you do about it. To
	life more um (inaudible).
Code A	Yeah and palliative care again is treating symptoms.
FLORIO	Yeah.
Code A	But not necessarily terminal in some cases.
FLORIO	Treating or controlling you may not be able to get rid of
	symptoms, you know if you withdraw the medication and
	they may well get those symptoms back again.
Code A	Yeah.
FLORIO	But finding the medication to keep them comfortable.





Continuation Sheet No: 8

Record of interview of: Jeanette Elizabeth FLORIO

Tape

Counter

Person Speaking

Text

Times •

Code A

Okay. That's great. In terms of Daedalus ward and the management of the patients care in terms of treatment and prescriptions for treatment and sort of overseeing....

FLORIO

Right.

8.59

Code A

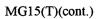
.....how they sort of cope with that. What sort of set up is there to ensure that they receive the correct treatment. Who's sort of responsible for doing that in the ward.

FLORIO

Well initially when they're admitted they're clerked in, a doctor will phone through to the surgery, this is what happens in the day I mean at night obviously when I was working on night duty it just wasn't my responsibility, I would always call a doctor in if I needed one but initially a person when they're admitted to the ward would be clerked in and assessed by which ever doctor saw them, um quite often Doctor BARTON it might have been somebody else from the practice depending whether she was on call or not um Doctor BARTON use to come in every morning or a doctor would come in every morning, it was usually Doctor BARTON, first thing and she would obviously get feed back from the nursing staff, how the patient had been over the last 24 hours

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HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 9

iter 1	Person Speaking	Text
		and then she would decide what she needed to do for the
		anything, um we were able to um call somebody in if we
		worried about a patient, a doctor to come in and asser-
		sometime just to give advice over the phone.
[Code A	Right, so I mean obviously you worked nights.
]	FLORIO	Yeah.
	Code A	In terms of if there is a problem, what sort of procedures do
		go through in order to speak to a doctor.
	FLORIO	If I needed a doctor I would have um I've got the on-call nur
		the health call number.
	Code A	Right.
	FLORIO	And then which ever doctor is covering would then come i
		wanted somebody to.
[Code A	Is that a call out
	FLORIO	Yes.
[Code A	scheme?
	FLORIO	Mmm. Yeah.
[_	Code A	Okay. Right so to summarise that then Doctor BARTON is
		I understand is the or was the doctor in August 98 the Dae



MG15(T)(cont.)

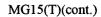
HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

		Continuation Sheet No : 10
Record o	f interview of: Jeanette El	lizabeth FLORIO
Tape Counter Times •	Person Speaking	Text
		ward.
10.53	FLORIO	Yeah.
	Code A	Who would come in.
:	FLORIO	Yeah.
	Code A	How often would she come in to the ward.
	FLORIO	Every day.
	Code A	On a daily basis.
	FLORIO	Usually somebody, yeah unless she was away on holiday and
		somebody would cover for her.
	Code A	Hopefully there would be a doctor.
	FLORIO	Always there first thing in the morning.
	Code A	Right okay.
	FLORIO	And rounds, sometime, you know the consultant rounds but she
		would also pop in at different times during the day, I've known
		her come in you know she just wants to check up on a patient.
	Code A	Right.
	FLORIO	May be she's prescribed something for them earlier on in the day
		just wants to see or she would phone and find out or.
	Code A	Okay, okay and I appreciate you're on nights. But I mean would

Signature(s):

Not relevant for contemporaneous notes



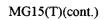


HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 11

Tape Counter Times	Person Speaking	Text
		she see each individual patient, would she be able to do that, or.
	FLORIO	Yeah, yeah.
	Code A	She would do, on a daily basis.
	FLORIO	Yeah she also covered the ward that I'm working on now.
	Code A	Oh right.
	FLORIO	So she would go to Daedalus ward first and then come to Drya
		ward and she'd go round and see each patient and
	Code A	Okay and from there would review
	FLORIO	Yeah, I mean if we had any problems she would go round with
		one of the nursing staff whoever was in charge that morning an
		um depending on what had been handed over from night or th
		previous afternoon or whatever
12.05	Code A	Okay and who's actually responsible for prescribing th
	<u> </u>	particularly the drugs involved with particular patients.
	FLORIO	Well the doctor always prescribes the drugs.
·	Code A	Okay and who would actually, who's actually responsible for
		administering them.
	FLORIO	The nursing staff.
	Code A	The nursing staff okay. Excuse me. I know there's, you've go





HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 12

Tape Counter Times ◆	Person Speaking	Text
		health care support workers all, auxiliary nurses.
	FLORIO	Yeah they don't give medicine.
	Code A	They don't, staff nurses.
	FLORIO	Mmm, mm.
	Code A	And each ward has a clinical manager is that right.
	FLORIO	Yeah.
	Code A	Okay. Is the clinical manager is that person a qualified nurse.
	FLORIO	Yes and experienced, very experienced qualified nurse.
	Code A	Right is that, is that equivalent to like as I understand a matron or
	L	something like that, someone who actually is in control.
	FLORIO	Yes I suppose so yes, were actually called matron.
	Code A	Right so is it just another name for, just for obviously we're trying
		to get
13.05	FLORIO	He's the manager well in this case Mr Beed the manager of the
		ward at that time.
	Code A	Right and he was the manager in August 98.
	FLORIO	Yep.
	Code A	Okay. Right we've just obviously got the background here that we
	L	need. What I would like to do now is obviously we as I explained

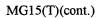


MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 13

enter es •	Person Speaking	Text
		in our sort of opening introduction we're looking at the treatment
		of Mrs RICHARDS between the 17th and 21st of August 98 which
		was the second time she was admitted as I understand.
	FLORIO	Yeah.
	Code A	I wonder if you could recount your, any recollections you have or
		Mrs RICHARDS during that time and just to, just to further
	FLORIO	Um when I first knew that, it was only a few weeks ago that I first
		knew that there was actually an investigation cos this is Augus
		98, I left the ward in, at the end of 98 and at that time I wasn't
		aware that there was a problem. Initially I couldn't recall this lady
		at all. Um I may have discussed it with various staff, discussed it
		with various staff that I'd worked with and then gradually start
		yes I do vaguely remember her and vaguely remember the
		daughters, mainly because they for the, I think it was on the nights
		of 18th, 19th when I worked, they were staying at the hospital with
		her mum, Gladys.
	Code A	Right okay.
	FLORIO	Mrs Gladys, I think, Gladys RICHARDS. Yeah yeah.
	Code A	Right okay. Anything specific you remember about either Gladys





Continuation Sheet No: 14

Tape Counter Times •	Person Speaking	Text
		RICHARDS or her family.
	FLORIO	Um.
4.53	Code A	And from that I'm talking about things like conversations you ha
		or
	FLORIO	I spent quite a bit of time with them um with the daughters, an
		when you have relatives staying they usually staying becaus
		somebody is very ill or they are actually dying and they do need
		lot of support. I wouldn't say I spent any more time with ther
		that I would with any other relative that was staying but you go i
		and make sure they're okay and they're coping all right, you mak
		them cups of tea, offer them the bed or somewhere to go sleep for
		a couple of hours or they may want to actually sleep in the roon
		give them blankets, pillows, whatever.
	Code A	Okay.
	FLORIO	But um nothing unusual that I remember about them.
	Code A	Do you recall where Mrs RICHARDS was in the ward durin
		those four days.
	FLORIO	I think she was in a single room opposite the nurses station.
	Code A	Okay right. Is there any reason you're aware of why she was ther





HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 15

Tape Counter Times	Person Speaking	Text
		and.
	FLORIO	Um well single rooms if somebody is very poorly or dying we
		usually have them in a single room and if they've got relatives
		staying.
	Code A	Yeah.
16.04	FLORIO	Um I don't know how long she'd been in that room. Whether she
		was there for the whole of the time she was on the ward I can'
		remember.
16.10	Code A	Do you recall what duties you worked during those four days, the
		17 th to the 21 st . I'm just going
	FLORIO	Think it was the nights of the 18 th and the 19 th , but I had to, but
		mean I had to consult I keep all my old diaries I had a look fo
		that you know I wouldn't have remembered off hand.
	Code A	This is a photocopy we have of the duty register for the
	FLORIO	Yeah 18 th , 19 th .
,	Code A	August 98. It shows you on the 18th of the night
	FLORIO	What she died on the 21st didn't she.
	Code A	Yeah okay. Did you get involved with administering any drugs to
t.		Mrs RICHARDS during that time.





Continuation Sheet No: 16

Record of interview of: Jeanette Elizabeth FLORIO Tape Counter Person Speaking Text Times ◆ **FLORIO** Not on those nights because um looking back at the medication chart the syringe driver had been started in the morning and they decided to run over 24 hours and it would have been removed the following morning. Code A 17.23 Right. So I wouldn't have interfered with the medication at all unless I **FLORIO** thought that her symptoms were not under control and as I didn't, it's not recorded that I did so I must have felt that she was comfortable. In fact I don't think she was conscious for those two nights. I wouldn't swear to that but I do, I don't seem to, well you know I just don't recall really. I wouldn't um you know if she was comfortable on the medication she was on that was in the syringe driver then I wouldn't have interfered with it, I would have just checked it again, checked the machine, check the site where the needle was inserted under her skin, can't remember where it was, um given her what care she needed during the night. Code A Okay and what sort of things would that be in terms of caring for her, not just Mrs RICHARDS but say any patient on the ward. You would change the position they get in um if necessary change **FLORIO** Signature(s): ◆ Not relevant for contemporaneous notes



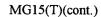
MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 17

Tape Counter Times	Person Speaking	Text
		clothing, change sheets, give mouth care. Um give what ever care
		they required, washing.
	Code A	Okay.
	FLORIO	Would have been bed bathing.
	Code A	Did the daughters get involved with doing sort of helping at all in
· · · · · ·	i!	any way.
	FLORIO	I can't recall. Some relatives do but I can't recall whether they
		did.
	Code A	Okay. In terms of looking after a patient and not necessarily the
i		administering drugs but doing the stuff you said, the mouth care
		and sort of moving and changing clothes, is that recorded
		anywhere or is that usually
	FLORIO	Um I think I seem to remember, well I don't remember making the
		entries but having looked back yes I did make entries or care
		given something like that or seems to be comfortable, I can't recall
		what my comments were but.
	Code A	I'll show you the records here.
	FLORIO	Right.
	Code A	Come to the nursing care plan. As I understand this is the one

Signature(s):	
	◆ Not relevant for contemporaneous notes



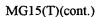


HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 18

Tape Counter Times ◆	Person Speaking	Text
		from nights.
	FLORIO	It's me. Yeah.
9.55	Code A	And there's an entry for you on the
	FLORIO	Yeah.
	Code A	on the 12 th .
	FLORIO	Yeah. (inaudible) yep. We gave her a haloperidol and I think
		was just that once, yes that's my signature there, 2330. It was
		actually written up on that date for 1800 but it wasn't give
		probably because it wasn't necessary but as she became s
		agitated it says there.
	Code A	Right.
	FLORIO	At that time then I gave it then.
[Code A	At 2330 on what date, sorry on the 12 th .
	FLORIO	I think it looks like the 12th. My signature's sort of on it, year
		because that's somebody else's signature on the next day.
	Code A	Okay. Turn over the pages, any other.
	FLORIO	That's mine as well, that's the following night.
	Code A	The 13 th .
	FLORIO	At nine o'clock on the 13 th I gave oramorph. 13 th which is there

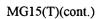




HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 19

Record of interview of: Jeanette Elizabeth FLORIO Tape Text Counter Person Speaking Times • that one there. 13th of August at 20..... 21.10 Code A Ah I've got 2050 there and it's 2100, ten to nine, nine o'clock, **FLORIO** and I've got for x ray tomorrow which would have been handed over to me because I think it was on the afternoon of the 13th they thought she may have damaged her hip and they decided they would do an x ray the next morning. Code A Right. **FLORIO** Okay. Okay do you recall anything about that... Code A **FLORIO** I mean obviously I wrote it because those are my signatures but I can't actually I mean I write so many things. Code A Okay, I mean was there any..... Just at times I can't remember everything I wrote. **FLORIO** Code A Where you aware of any problems the daughters had at that time with. Well I don't think, I didn't met the daughters there, I met them **FLORIO** here. Code A You met them on the....

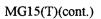




HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 20

Record of	finterview of: Jeanette Elizab	eth FLORIO
Tape Counter Times •	Person Speaking	Text
	FLORIO	I came on duty to find that, to be told that they were staying the
		night.
	Code A	Right so.
	FLORIO	And they stayed the following night as well yeah.
	Code A	So from what you're saying when was the first time you actually
		met the daughters. On what date.
22.19	FLORIO	I believe it would have been on the 18 th .
	Code A	On the 18 th .
	FLORIO	Yeah.
	Code A	Okay. Are you able to, and I appreciate what you've said about
		your recollections of Mrs RICHARDS. Are you able to comment
		though on whether her condition was different from the first time
		you were on duty you know
	FLORIO	Mmm.
	Code A	The first time she was in, between the 11 th and the 14 th of August
		and the times you saw her on the 18 th and the 19 th .
	FLORIO	Well I mean if if I gave her haloperidol on the 12 th because she
		was agitated, shouting, crying, so she was obviously very different
		to what she was you know the fact that she had, she was now on a

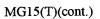




HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

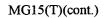
Continuation Sheet No: 21

Tape Counter Times	Person Speaking	Text
	:	syringe driver which I have here, um her condition had
		deteriorated and as, as I say I can't quite remember whether she
		was conscious at that stage.
3.18	Code A	That's on the 18 th .
	FLORIO	But I was obviously happier with those two nights that she was
		comfortable.
	Code A	Yeah.
	FLORIO	I've got a feeling she wasn't conscious but I can't swear to it.
	Code A	Okay.
	FLORIO	Not rousable anyway. Um the fact that I didn't um change any of
		her medication I obviously didn't feel I needed to, she must have
		been comfortable and controlled.
	Code A	Right. Okay, you say you think she might have been unconscious,
		I mean that's not, how sure of you are, are you of that.
	FLORIO	I'm pretty certain that she was probably not conscious.
	Code A	And the next question is are you aware of, of, or are there any
		particular reasons why she wasn't conscious that you're aware of.
	FLORIO	Well I can only assume, I mean in the week between you now my
		looking after her here and here, that she had deteriorated and that





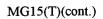
Γape Counter Times ◆	Person Speaking	Text
		her pain had not been able to be controlled with oral medication,
		oramorph, or her agitation. I mean the decisions, you know, about
		the syringe driver were made between then and then.
1.41	Code A	Are you able to say during the latter entries on the 18 th when you
		came on duty that looking at your notes there and looking at the
		drugs prescribed whether that is a course of treatment that would
		be given as you mention much for terminal care.
	FLORIO	Um, I mean it's not, they're not all, syringe drivers are not used
		for, just for terminal care, they're to control the symptoms and it
		doesn't necessarily mean that person's going to die because
		they're on a syringe driver, I think a lot of people you know
		relatives get a bit upset when they think, you know when you
		mention things like syringe drivers and morphine and they think oh
		no this is the end. It doesn't necessarily mean that at all. You
		know, there's some people that have their symptoms controlled
		via a syringe driver, they don't necessarily die but given that this
		la, lady had had this traumatic experience with the broken hip and
		the surgery and her age and other medical condition.
[Code A	Seeing that we're onto the syringe driver I wonder if you could





Continuation Sheet No: 23

Tape Counter Times *	Person Speaking	Text
		explain to us how it works.
25.53	FLORIO	It's um a little pump um run by a battery and um the ones we use
		on the ward we usually a 24 hour syringe drivers, you draw up
		medication in a syringe a 24 hour amount and the um the rate that
		you want the um medication delivered is set
	Code A	Right.
	FLORIO	on the machine and and it gives a fairly level of um drug in in
		the blood over you know over an hour, so much is delivered over
		an hour um it's a continuous infusion and um the medication is um
		you don't get sort of peaks and troughs with with the effect, it's
		just a continuous amount and it's it's excellent
.	Code A	Okay.
	FLORIO	for, for, you know once you get levels right of the different
		drugs.
	Code A	Yeah.
	FLORIO	To control the symptoms it's an excellent way of giving
		medication.
	Code A	And how is that administered in, in, obviously with a needle but is
		it
Signature	e(s):	◆ Not relevant for contemporaneous notes



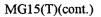


Continuation Sheet No: 24

Record of	finterview of: Jeanette	Elizabeth FLORIO
Tape Counter Times *	Person Speaking	Text
	FLORIO	Yeah there's there's a needle, a line and a needle
27.05	Code A	And I understand that's
	FLORIO	And the needle is inserted under the skin.
	Code A	Under the skin.
	FLORIO	A subcutaneous infusion.
	Code A	Okay. Can we just go over the drugs that were loaded onto the
		syringe driver and as I say I accept that, I'll show you which I
		mean, bit clearer, I accept that you didn't actually administer these
		in any way but as I understand it it was four drugs that were
		loaded onto the driver.
	FLORIO	Mmm, mm.
_	Code A	Initially three, but the hyoscine was I think was put on a day later.
	FLORIO	Yeah.
	Code A	But the four were hyoscine
	FLORIO	Midazolam
	Code A	Midazolam, haloperidol and diamorphine
	FLORIO	Hmm, mm.
	Code A	Could you just go through each drug and explain exactly what it's
		purpose is

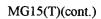
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Tape Counter Times ◆	Person Speaking	Text
	FLORIO	Right diamorphine is um to control severe, moderate to severe
		pain. Um the dose written up there is 42, 200 milligrams and when
		you start a syringe driver you'll start on the lowest amount and um
		see how that, what sort of effect that has.
28.10	Code A	Right.
	FLORIO	And looking at that there she stayed on 40 milligrams which
		means that her pain must have been controlled there was no need
		to increase it. Um the haloperidol she was having that orally
		before she came into the War Memorial um to control, it's used to
		control all kinds of things with schizophrenia, acute agitation,
		anxiety, distressed um so that would keep her nice and calm. Um
		it does allow that has a similar effect um again she's she remained
		on the lowest dose
	Code A	What
	FLORIO	she was comfortable on that, 22, 80 milligrams that says and
		she was on the 20 so there was no need to increase that. That kept
		her quite comfortable then the hyosine has an anti-emetic, anti-
		sickness effect, it has um er anti-spasmodic effect
	Code A	Right.



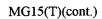


HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 26

Tape Counter Times *	f interview of: Jeanette El	Text
	FLORIO	which would also reduce pain and also um dries up secretions.
·		Um people that are very poorly and not conscious can have a lot
•		of upper respiratory tract um secretions which they can't deal with
N.		can't swallow properly.
29.35	Code A	Right.
	FLORIO	It just helps dry them up so that their breathing is more comfortable.
	Code A	Okay. What form do these take, are they liquid or powder.
	FLORIO	They're all liquid if you're going to use them in a syringe for for
		purposes of a syringe driver the um the diamorphine comes in a
		powder.
	Code A	Right.
	FLORIO	And you make that up with um water for injection.
	Code A	Right.
	FLORIO	And the haloperidol I think that's a liquid, yeah I mean you can
		get tablets you can get liquid to take orally and you can make it up
		so it's in solution
	Code A	Right.
	FLORIO	in the syringe driver. Midazolam's um in solution and the
Signature	(s):	• Not relevant for contemporaneous notes



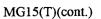


HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 27

Tape Counter Times ◆	Person Speaking	Text
		hyoscine.
	Code A	Okay so the
	FLORIO	They're all drawn up and mixed with a little bit of water for
		injection.
	Code A	Oh right, just to, just to
	FLORIO	Just to
	Code A	dilute.
30.24	FLORIO	with 10 mil syringe we use we usually make it up to about 10
		mils.
	Code A	Right oh okay, okay so it's
	FLORIO	If it needs making up we use water (inaudible).
	Code A	Trying to get our heads round this cos it's all in milligrams
	FLORIO	Yeah.
	Code A	but it's in a 10 mil
	FLORIO	In a 10 mil syringe so you'll have so many milligrams of various
		medications in solutions in 10 mils, we make up to 10 mils so that
	,	we can
	Code A	So the rest is
	FLORIO	judge the rate um you know it's just easier to work out.



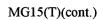


Continuation Sheet No: 28

Tape Counter Times ◆	Person Speaking	Text
	Code A	so it's diluted with water?
30.51	FLORIO	Yeah, yes may be only a little bit but um just sterile water.
	Code A	Right okay. Thanks for that. Now the oramorph as I understand is
		a liquid form of
	FLORIO	Yes that's, that's got morphine in it.
	Code A	of diamorphine. And the lactulose?
	FLORIO	That's er to help with bowels.
	Code A	Right. Okay. Now in all of these it seems to have a sort of a scale.
	FLORIO	Mmm.
	Code A	Diamorphine 40 to 200 milligrams. Haloperidol 5 to 10 and
		Midazolam
	FLORIO	20 to 80
	Code A	80 and they hyoscine.
	FLORIO	200 micrograms.
	Code A	Micrograms.
	FLORIO	To 800 micrograms.
	Code A	How does that work, I mean obviously there is a scale there so
		how would that be put into place if it was thought necessary to
		increase the dose.

Signature(s):

Not relevant for contemporaneous notes





Text Well if if the patient was having 40 milligrams which is the owest dose prescribed and they're obviously not controlled they're still in pain with that you would obviously have to assess over a number of hours, um, you would then consider increasing that. Okay, who set those parameters.
owest dose prescribed and they're obviously not controlled hey're still in pain with that you would obviously have to assess over a number of hours, um, you would then consider increasing hat.
hey're still in pain with that you would obviously have to assess over a number of hours, um, you would then consider increasing hat.
over a number of hours, um, you would then consider increasing
hat.
Okay, who set those parameters.
That's what Doctor BARTON would have written. I think that's
Ooctor BARTON's signature or whoever the doctor was, who
prescribed it would would, because we don't have a doctor on,
ou know, in the hospital all the time she would decide what what
m I mean you wouldn't come along and stick 200 in the syringe
river straight off
No.
You'd always start on the lower dose and then work up.
Vork up.
Depending on how effective it was.
On each time for another patient if if the need rose to increase the
uantity or the amount and it's within those parameters do you
ecessarily have to speak with a doctor before you do that or does
y

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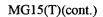


MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 30

Tape Counter Times •	Person Speaking	Text
		that give you as a
2.53	FLORIO	I think that if
	Code A	general nurse
	FLORIO	No we're um, you never do it by yourself you, there's always two
		stratwo trained nurses that check all the medications and you
		might discuss you know I don't think this patient is is comfortable
		on this amount I think we need to give her a bit more and what
ï		you think and.
	Code A	So there's but I mean you don't have to go back to Doctor
i		BARTON.
	FLORIO	No not necessarily no.
	Code A	Okay if it's within those.
	FLORIO	She's happy for us to you know if the patient is not comfortable.
÷		mean if if if, it's unlikely somebody wouldn't be okay but this is
		just an example say we wanted to give any more than that or we
		felt you know we wanted to go outside those parameters then we
		wouldn't be able to until we can talk to a doctor or got a doctor
		to come in to prescribe more.
	Code A	Okay.

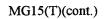




HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 31

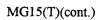
Γape Counter Γimes ◆	Person Speaking	Text
	FLORIO	Yeah. With something like diamorphine you would I mean you would never take a verbal message (inaudible) the doctor would
		actually have to come in and
	Code A	Write it up again.
	FLORIO	Write it up again.
33.50	Code A	On the amounts that have actually been administered what sort of
		what's the sort of level that has been given to Mrs RICHARDS
		there.
	FLORIO	Well she seems to, on with the syringe driver she seems to have
		coped or have been comfortable on the lowest amounts that were
		prescribed.
	Code A	Right okay. And in in the general scheme of things in terms of if
	\ <u></u>	you can sort of say there's an average patient somewhere, is that
		at the higher end or the lower end of the scale in terms of the
		amount given.
	FLORIO	Um well, that seems about what I would expect. A younger
		person you would expect them to need a higher amounts but an
		elderly person the amount of most drugs is reduced.
	Code A	Oh right. Okay.





Γape Counter Γimes ◆	Person Speaking	Text
	FLORIO	You don't you don't need that amount, not with all drugs but wit
		a great many drugs.
34.50	Code A	Why's that.
	FLORIO	Um just because they're old and I mean the liver is mainl
		responsible for um what's the word for dealing with things, we
		drugs which are not normal to the body and it's just the effect
		enhanced in elderly people, you know if you give, if you gave m
		40 milligrams of diamorph um it wouldn't be as effective for the
		pain I had in a similar pain in an elderly person.
	Code A	Right.
	FLORIO	They might need less or, depending on the severity of the pain bu
	Code A	In terms of those four drugs then are you aware of any possib
	<u> </u>	side effects with the combination or any on their own that
	FLORIO	Er.
	Code A	may have possible side effects.
	FLORIO	You're more likely to get side effects with oral diamorphine. U
		as a side effect of morphine in general is is nausea, vomitin
		constipation, in large doses respiratory depression.
	Code A	Oh right.

Signature(s): ◆ Not relevant for contemporaneous notes





Continuation Sheet No: 33

Tape Counter Times ◆	Person Speaking	Text
	FLORIO	Um but you can combat most of those with these other drugs yo
		know this has got an anti-sickness effect um and then you can tak
		you know if you're on regular mor, morphine say you're havin
		tablets, morphine tablets and you're very constipated and you wi
		be given things to cope with that other medication to alleviate
		that.
į.	Code A	Okay.
	FLORIO	But um.
6.29	Code A	Any side effects with the others that you're aware of
	FLORIO	Um.
	Code A	on their own or linked together.
	FLORIO	Well I mean if you look at the side effects in the book they list
		loads and loads of different things.
	Code A	Right.
	FLORIO	The lists are huge of diabut that's not necessarily what yo
		experience one patient might experience one thing somebod
		some, I mean certainly this lady didn't seem to have any sid
		effects from these drugs that she was given.
	Code A	Okay. And the other thing is in terms of, do they need to b



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

D 4 -	Cintamiana C. Januaria Elia	Continuation Sheet No : 34
Tape Counter Times	finterview of: Jeanette Eliz Person Speaking	Text
	FLORIO	licensed for subcutaneous use an individual drug or whatever. Um there are guidelines they're they're um if you read um, this is a controlled drug the morphine obviously.
	Code A	Yeah.
37.20	FLORIO	The other drugs, there are some drugs that you can put in a
		syringe driver and some you can't and there's a list of drugs that
		you can and can't use.
	Code A	Right, okay and is that because they're not licensed to.
	FLORIO	They're just, either they're not um they're not suitable I mean
		they're you could give some drugs which would cause irritation or
		you know either to the skin or to the blood vessels and they're just
•		not some drugs are not suitable for that um way of administering
		them.
	Code A	Okay that's great, thanks for that.
	Code A	Can I just ask a question in relation to the drugs. I asked you
		before whether the course of treatment that this particular lady
		was on was (inaudible) terminal care which you mentioned at the
		beginning of the interview and we have talked about the
		administration and the levels of drugs. Is is palliative care a set of



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 35

Record of interview of: Jeanette Elizabeth FLORIO

Tape

Counter

Person Speaking

Text

Times *

treatment which is given by a doctor where these sort type of drugs they've been reduced gradually to see how the patient's coping and hopefully to the state they'll be taken off a particular drug.

38.24

FLORIO

Um well yes I mean it depends on the type of patient you've got and whether the symptoms that they've got are ever going to go

away if you think that that symptoms have got a short term then

you might give a drug and then see how they could do without at

a later stage.

Code A

Yeah but I mean I.....

FLORIO

The underlying, the underlying cause of of you know something that's not going to disappear the illness or the condition is not going to disappear and then your main concern is just to control the symptoms and keep somebody comfortable.

Code A

In relation to the diamorphine how is anybody going to find out whether the the reason for the pain has gone for whatever whatever the cause of the pain is unless the amount of that drug is reduced to find out whether she still is in pain. Does that make sense.

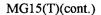
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Continuation Sheet No: 36

Tape Counter Times *	Person Speaking	Text
	FLORIO	Yeah well I mean you would try oral medication first of all and
		you would say give regular morphine orally and if that wasn't
		controlling the pain you would then consider this way of, the
		syringe driver may be.
	Code A	Syringe driver.
39.33	FLORIO	Or injections although injections give you a peak and a trough and
		it's just much better way of giving. Yes I suppose with some
		patients you would, you might think well you know this this
		problem has now gone away this medical problem, I'm not
		relating this to Gladys RICHARDS to any patient, this problem
		has now gone away shall we see if this patient can you know have
		less of this particular drug.
	Code A	I understand that you weren't responsible for the decisions or
		anything regarding Gladys RICHARDS but is it fair to say that
		looking at the drugs here that no consideration was given due to
		the fact that the drugs weren't reduced, i.e. the pain killer, to see
		whether the reason or the cause of the pain had gone away.
	FLORIO	She'd um, from what I remember reading she had actually, did she
		have a second actually or er, they decided I think on the second
Signature((s):	◆ Not relevant for contemporaneous notes





Continuation Sheet No: 37

Record of interview of: Jeanette Elizabeth FLORIO Tape Counter Person Speaking **Text** Times ◆ occasion when she was in a great deal of pain there was nothing actually there, the first time she she'd dislocated the hip didn't she, she went back to Haslar and had that relocated and I think the following week there was cause for concern that she may have hurt that hip again but I believe from what I can remember reading that there was nothing actually seen that would warrant her having to go back I mean if there had been another dislocation she would have had to go back to Haslar and have it relocated but um. She was obviously in pain and that's obviously the reason why she 41.09 Code A was put on the diamorphine. **FLORIO** Yeah. But if if, hypothetically a patient comes in and they're in severe Code A pain because of a problem with a hip who say somebody's 30 and not 91. Mmm. **FLORIO** Would the pain relief given to that patient be gradually reduced..... Code A Yeah well.... **FLORIO** Code Aas the cause of the pain.... **FLORIO**I've got tons of patients that have had um pain relief reduced. Signature(s):





Continuation Sheet No: 38

Record of interview of: Jeanette Elizabeth FLORIO

Tape

42 06

Counter Times •

Person Speaking

Text

I mean on the ward I work now we have orthopaedic patients, patients that have had hip replacements and they've come in may be on quite a high dose of medication and once they're sort of up and had some physio and seem to be doing quite well then you start reducing medication to see how but I mean this lady is different I mean she was she was, she was very poorly and very frail when she came in.

Code A

You describe her as very poorly I wonder if you could if you're able to sort of go over what sort of problems she did have.

FLORIO

Well from what I read I mean I, as I say I don't remember her a lot but I've read about her she was in a nursing home wasn't she before she went into Haslar and she was suffering from dementia, um she was in her nineties, she was a quite frail lady and she had the fall at the home so she was prone to falls as well um and to fracture your hip in your nineties is, you know, a traumatic thing to do, even though you may surgically repair it some people just don't get over something like that.

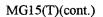
Code A

Right okay.

So it's not just the fracture itself, it's the surgery.

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LJ	121	LCLL	ш			

Not relevant for contemporaneous notes





Continuation Sheet No: 39

Record of interview of: Jeanette Elizabeth FLORIO Tape Counter Person Speaking Text Times ♦ It's the it's the everything and the fact that she was, I mean **FLORIO** dementia itself is um I mean it's an illness it's progressive and if somebody just has dementia eventually dementia will kill somebody I mean it's just an on-going thing, you can't really say how quickly but um. Code A 43.22 Were you under the impression on the two nights you were with her that she was dying. I think on those two nights, the 18th, the 19th yes I would have **FLORIO** been. Okay what would have led you to that conclusion or belief. Code A **FLORIO** As I say I can't remember whether she was actually conscious. I think having seen the deterioration over the, you know from working the 12th and the 13th of August and then how how she was on the 18th, 19th, you just, you just know, you think well this lady is not going to recover she's just, she's dying. Code A So you can put that down to experience I take it. Yes just, I think so, there are some people that do surprise you **FLORIO** and some people that do live longer than you expect them to, you know I've called relatives in who want to be with their loved ones

Signature(s):	<u>, </u>
•	• Not relevant for contemporaneous notes



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape		
Counter Times *	Person Speaking	Text
		when they die. I've called them in thinking that they may only live
•		a few hours and they go on for a lot longer so it's very difficult to
		put a time limit and you so often get asked by people well how
~.		much longer is it going to be but you just can't say.
44.40	Code A	You can't say but you're basing your experience
	FLORIO	Yeah but you can get your own, you know you can get feelings
		about and nine times out of ten you'll be right but there will be a
		patient that will surprise you sometimes.
	Code A	But basing your experience and her appearance which was
		described as
	FLORIO	Yeah I think
	Code A	poorly and frail.
	FLORIO	I think I probably knew that she was not going to recover.
45.02	Code A	Right that buzzer means that we've got about probably 30
		seconds left on the tape. So I'm going to stop the tape just to
		change over it. The time by my watch is eleven fifty seven, I'm
		turning the recorder off.
Signature	(a) ·	



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 41

Record of interview of: Jeanette Elizabeth FLORIO					
Tape Counter Times *	Person Speaking	Text	·		

Interview concluded at 1157 hours.

Signature(s):	
	• Not relevant for contemporaneous notes