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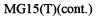
HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN:	ROTI:	Contemporan	eous Notes
Person int	erviewed : Sylvia Roberta	GIFFIN [
Place of in	nterview : Park Gate Police	e Station	Police exhibit no.: Number of pages: Signature of interviewing officer producing exhibit:
Date of in	terview : 19 June 2000		
Time com	menced: 11.17 Time	e concluded : 12.	01
Duration (of interview: 44 minutes	Tape reference nu	mbers • : 44/00/029041
Interviewi	ng Officers : DC 1484 CO	LVIN, DC 92 Paul	MCNALLY
Other pers	sons present: Mr GRAHAN	1 - Saulet & Co Soli	citors, Portsmouth
Tape Counter Times	Person Speaking	Text	
	DC COLVIN	This interview is be	eing tape recorded, I am DC 1484 COLVIN,
		the other Police Off	ficer present is
.*	DC McNALLY	DC 92 Paul McNAl	LLY.
J.21	DC COLVIN	The time is 11.17 o	on the 19 th of June, this interview is being tape
		recorded at Park Ga	ate Police Station. Also present is, if you could
		just introduce your	self, who I'm interviewing, just give your full
		name and date of bi	irth
	GIFFIN	Sylvia Roberta GIF	FIN, 8/2/39
	DC COLVIN	Okay and	
	SOLICITOR	Mr GRAHAM, Sau	alet & Co Solicitors, Portsmouth, legal advisor.
	DC COLVIN	Thank you. You	are entitled to legal advice throughout the

Signature(s):

[◆] Not relevant for contemporaneous notes





Continuation Sheet No: 1

Record of interview of: Sylvia Roberta GIFFIN

Tape

Counter Person Speaking

Times •

Text

interview, okay, and you can delay the interview at any time should you want to, okay. Basically the reason you're here is we've undertaken an investigation into the 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 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 her 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 must 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 of staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should

Signature(s):



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 2

Record of interview of: Sylvia Roberta GIFFIN

Tape

Times *

Counter

Person Speaking

Text

proceed and just to further explain that, it's not going to be a decision solely made by Police Officers who have no experience of how a medical profession works and how a ward like that would work, you know it would be made by someone who is considered an expert in that field, okay. Your solicitor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and you're free to leave at any time okay, your right to free legal advice in private extends throughout the period that you're at the police station as I've said before, if at any time you want to stop the interview to speak to Mr GRAHAM then you only have to say and we'll do so. The next bit I'm going to say is the caution, you do not have to say anything but it may harm your defence if you don't mention when questioned something which you later rely on in court, anything you do say may be given in evidence, okay. Do you understand that, you do?

GIFFIN

Yes

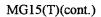
DC COLVIN

Okav.

3.14 DC McNALLY All sounds a bit heavy but I think it's got to be pointed out that

Signature(s):

DC 1484 COLVIN





Continuation Sheet No: 3

Record of interview of: Sylvia Roberta GIFFIN

Tape

Counter

Person Speaking

Text

Times ◆

me and Lee, have been appointed to interview all the nurses and as Lee said we don't understand what all this, the medical side of things what is right and what is wrong and we're not here to judge or point fingers or anything like that, we're just here to establish what individuals did, what their roles were, who they took their responsibilities from and then we hand all that over to somebody else and they look at it and decide whether there's anything to answer at all, okay. So we're basically a tool to gather the facts about Gladys' stay at the hospital and that's all we're here for.

DC COLVIN

Okay, right obviously you made a statement to us on the 1st of

June...

GIFFIN

... Was it then, the 1st of June

DC COLVIN

...at home and I think what we'll do first is perhaps go through the

statement...

GIFFIN

...Okav

DC COLVIN

...just to cover the points there. It says you are basically employed

as a Staff Nurse at the Gosport War Memorial since, well since

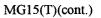
1972 you've been at that hospital, is that correct?

GIFFIN

It is.

Signature(s):

DC 1484 COLVIN





RECORD OF INTERVIEW

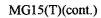
Continuation Sheet No: 4

Record of int	erview of:	Sylvia	Roberta	GIFFIN
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Tape Counter Times •	Person Speaking	Text
4.27	DC COLVIN	Okay, now what I'll do is, I'll just ask, you've obviously read this
		statement
	GIFFIN	Yeah.
	DC COLVIN	today. Is there anything there you want to clear up, anything
		that's, that I've put down that you've subsequently looked at and
		thought well he's not got that quite right, he's not explained that.
	GIFFIN	Well most of it's alright it's just the, that business about Anita
		TAPPETT, she wasn't actually based on the ward, she was
		visiting at various times during the night
	DC COLVIN	Right
	GIFFIN	she doesn't actually stay on the ward
•	DC COLVIN	Right, okay.
	GIFFIN	she's got other things to do
	DC COLVIN	She's the Senior
	GIFFIN	I mean she's based on Dryad not, not Daedalus.
	DC COLVIN	Right, okay.
	GIFFIN	But if I need her I can get her.
	DC COLVIN	Right, so that's the 20th of August, that would be the Thursday
		going into the Friday of the 21st that night shift?

Signature(s):

DC 1484 COLVIN





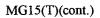
Continuation Sheet No: 5

Record of interview of:	Sylvia Roberta	GIFFIN
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Tape Counter Times •	Person Speaking	Text
	GIFFIN	Yeah.
5.19	DC COLVIN	So she was in overall charge of the hospital overnight?
•	GIFFIN	Yeah.
•	DC COLVIN	Okay, so she would have, would she have popped in from time to
		time just to make sure everything was okay?
	GIFFIN	Yes, she would come, she would come over, ERM well if I called
		her and while she went to her break I would have been in charge
		of the hospital.
	DC COLVIN	Okay. Can you just explain that again and I appreciate you've
		told us this already but this is purely for the tape because this is a
		new, just a new way of us gathering information in relation to
. ,		Daedalus ward and the hospital, what that wards main
		responsibilities are and what sort of patients they'll get in.
	GIFFIN	Mmm, well it is elderly care, all we have are eight beds that are
		allocated for stroke patients that are for rehabilitation if we can
		manage it and the others are all for long stay, ones that are not
		expected to recover to any great degree and possibly might go on
		to a nursing home or rest home when we've got them as good as
		we can with physio and

Signature(s):

DC 1484 COLVIN





Continuation Sheet No: 6

Tape Counter Times •	Person Speaking	Text
6.38	DC COLVIN	Right, okay. So I mean this word keeps sort of cropping up like
		palliative care, can you describe for me what that, what that means
		or what your?
· · · · · · · · · · · · · · · · · · ·	GIFFIN	Palliative care
	DC COLVIN	yeah, what your interpretation of it IS?
	GIFFIN	The object is to keep the patient as pain free and as comfortable as
		possible and trying to avoid that they should injure themselves in
		any way.
	DC COLVIN	Right, okay and that would be the treatment for that, I know
		would differ from patient to patient
	GIFFIN	It would
	DC COLVIN	but would that be mainly drugs being prescribed in order
		towould there be other ways of ensuring that, that they didn't
		injure themselves?
	GIFFIN	Well most people that we have are to some degree or another erm
		demented and er well our drugs are helped to control that but
		everybody doesn't have them it depends, by finding out what they
		want to do and when they want to do it, as far as possible letting
		them do their own thing but you've got to understand if they

Signature(s):

[◆] Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

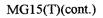
RECORD OF INTERVIEW

Continuation Sheet No: 7

Tape Counter Times *	Person Speaking	Text
		believe that they can stand and walk and we know they can't, then
		you'd be constantly trying to stop them doing that
8.12	DC COLVIN	Yeah
\	GIFFIN	because eventually they are going to fall and erm that causes
		them some distress and that's what we're trying to avoid.
	DC COLVIN	Yeah, okay. You've already stated that you obviously are a Staff
		nurse, have you got any specific qualifications in treating elderly
		and patients such as that on the ward or is that part of your?
	GIFFIN	Qualifications as such, no well only in as much that I've been
		doing it for what thirty seven (37) years.
	DC COLVIN	Yeah, treating the elderly for that amount of time?
\ .	GIFFIN	Yeah.
	DC COLVIN	Okay, right now going over to the Daedalus ward, basically who
		manages the patients in terms of treatment and plans for
		treatment. Who would oversee that and actually make decisions
		based on?
	GIFFIN	When, Doctor LORD is the consultant in charge and on a daily
		basis except at weekends when she's off duty Doctor BARTON
		visits the ward every morning, we check if the nursing staff have

Signature(s):

[•] Not relevant for contemporaneous notes





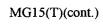
RECORD OF INTERVIEW

Continuation Sheet No: 8

Tape Counter Times ◆	Person Speaking	Text
		any concerns about anyone and she would deal with what comes
		up then, on a daily basis.
9.36	DC COLVIN	Yeah.
`	GIFFIN	And she's been doing that a long time as well.
	DC COLVIN	How long has she been down on the wards?
	GIFFIN	Oh I don't know but erm (inaudible) about 10 years or something
		like that because she was, before we were at Gosport War
		Memorial we were down at (inaudible) which is in the avenue and
		she was doing the same job then.
	DC COLVIN	Oh right, okay. So she would come in every morning on a week
		day?
	GIFFIN	Yeah before surgery she would come in round about eight (8.00)
		o'clock.
	DC COLVIN	And she would be responsible for all patients on that ward
		including
	GIFFIN	All patients that were Doctor LORD's and we didn't have very
		often anyone that belonged to anyone else.
	DC COLVIN	No, okay and that would include the stroke patients so that would
		be the whole ward?

Signature(s):

DC 1484 COLVIN





RECORD OF INTERVIEW

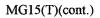
Continuation Sheet No: 9

Record	ofinte	rview i	of.	Sylvia	Roberta	CIFFIN
Record	or mre	i view i	OI.	SVIVIA	Koberta	TIPPLY

Tape Counter Times	Person Speaking	Text
	GIFFIN	Yeah, yeah
10.27	DC COLVIN	depending on numbers or whatever?
	GIFFIN	Yeah.
	DC COLVIN	Okay and would she actually visit every patient daily or would it
		be more of speaking to the staff?
	GIFFIN	No, she would have gone into the office and speak to whoever
		was in charge at the time and depending what she, what messages
·		were passed on, she would go and see the patients they wanted
		her to.
	DC COLVIN	Right so if there was a specific problem with a patient she would
		visit but if there was no change to a patient, there was no concerns
<u>.</u>	· ·	then she wouldn't necessarily do so?
	GIFFIN	It would take her a long time.
	DC COLVIN	Yeah, okay. In terms of your role on the ward as a Staff nurse
		now there have been times when you sort of in charge of the
		ward, is that right? What circumstances would that, would
		suggest, sorry what circumstances would occur for you to be in
		overall charge of the ward?
	GIFFIN	Well I'm in charge of the ward on nights.

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 10

Record of interview of: Sy	dvia Roberta GIFFIN
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Tape Counter Times *	Person Speaking	Text
11.31	DC COLVIN	Yeah.
	GIFFIN	The e, because there isn't I mean apart from the person that's in
		charge of the hospital there isn't anyone senior to me on duty and
•		er I have a responsibility to the ward while I'm there.
	DC COLVIN	So, on nights or out of hours you'd have a senior staff nurse
		overseeing the whole
	GIFFIN	The whole hospital
	DC COLVIN	hospital and then each specific ward has its own?
	GIFFIN	Yeah has its own trained staff.
	DC COLVIN	Yeah, okay. So if there was anything that occurred which was
		unusual overnight or a particular problem with a patient or, where
-		would you refer it to?
	GIFFIN	I would tell who was in charge of the hospital erm and then I
		would phone a Doctor.
	DC COLVIN	Yeah.
	GIFFIN	Health call after ten (10) o'clock at night.
	DC COLVIN	Yeah, which is sort of like a call out?
	GIFFIN	Yeah
	DC COLVIN	System I understand, okay. We're obviously going over the

Signature(s):

[◆] Not relevant for contemporaneous notes





Continuation Sheet No: 11

Tape Counter

Person Speaking

Text

Times *

treatment process and the, Doctor BARTON would make decisions obviously on what treatment to provide, would you or any other nurses have any input into that in terms of well you know I....would make suggestions or if you didn't agree with it you would bring it to the doctors attention?

13.02

GIFFIN

We are entitled to erm query anything we're, we're not happy

with.

DC COLVIN

Right.

GIFFIN

Erm and quite often I think Doctor BARTON would erm consult with whoever was telling them about a problem as to which drug would be most suitable given the fact that the nurse knows the person personally rather than just as I mean, Doctor BARTON couldn't possibly know everybody as well as the nursing staff did.

DC COLVIN

Yeah.

GIFFIN

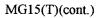
So you know and also if that particular drug doesn't seem to be as effective as it might be, you could ask her to change it to a different one because different people react differently to what you would think were the same drug, it's not you know...

DC COLVIN

...Yeah.

Signature(s):

DC 1484 COLVIN





RECORD OF INTERVIEW

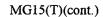
Continuation Sheet No: 12

Record of interview of: Sylvia Roberta GIFFIN

Tape Counter Times •	Person Speaking	Text
	GIFFIN	it's a chemical thing I'm sure.
14.04	DC COLVIN	Yeah it would vary on person to person so, for example when
		Doctor BARTON would come on her rounds the next day if there
•		was a problem
	GIFFIN	Or if you felt that it needed doing but you could always ring her
		up and she would come in then
	DC COLVIN	Right
	GIFFIN	and she would change it on the treatment card if necessary.
	DC COLVIN	Okay, right. Has there ever been times in your career particular at
		Gosport where a treatment program is one that you don't approve
		of or you think this isn't right and you've suggested something
•		and you know that's not been taken on, if that was the case is
		there a process where you would be able to speak to somebody
		else and say look I'm not happy with this or are you aware of any
		procedure in the hospital that you could do that?
	GIFFIN	Erm, there are supposed to be procedures in place but how
		effective they are.
	DC COLVIN	Okay and what are those procedures? What would you be
		expected to do?

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

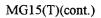
Continuation Sheet No: 13

Record of interview of: Sylvia Roberta GIFFIN	R	ecord	of in	terview	of:	Svlvi	ia Rober	ta GIFFIN
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Tape Counter Times *	Person Speaking	Text
	GIFFIN	Well initially you would have to see the clinical manager of the
		ward which would be Philip BEED.
15.20	DC COLVIN	Right, okay, so you'd make representations to him and then what
•		would he do, are you aware what he would do?
	GIFFIN	Well presumably he would have to investigate it himself.
	DC COLVIN	Okay. Have you ever had any cause to do that, to speak to the
		clinical manager?
	GIFFIN	Not on Daedalus.
	DC COLVIN	Not on Daedalus. At the hospital? All I'm after is, all I'm trying
		to ask is, I'm just trying to get the systems sorted out and the
		policies at the hospital.
•	GIFFIN	No.
	DC COLVIN	I mean did it involve anybody who is involved in this case?
	GIFFIN	No.
	DC COLVIN	No, okay and were you satisfied with the outcome of your
		representation? Did you receive a satisfactory result or an answer
		about it?
	GIFFIN	It was a long time ago, no.
	DC COLVIN	No, okay. How long ago was it?

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

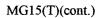
Continuation Sheet No: 14

Record o	of interview	w of	Sylvia	Roberta	CIFFIN
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Tape Counter Times *	Person Speaking	Text
	GIFFIN	Twelve (12), thirteen (13) years.
16.43	DC COLVIN	Okay and in terms of the patient what happened there?
	DC McNALLY	I think what we're trying to get at here is the fact that if for you to
.		tell us that if you were unhappy about something, and you thought
		that maybe the treatment that this person was getting, I don't
		think its the right sort of treatment
	GIFFIN	You'd think now that it would be a test.
	DC McNALLY	then you would go and complain, yeah, you would go and make
		representations they've made this decision, I don't agree with it, I
		need somebody else to address it and look?
	GIFFIN	Yeah.
	DC McNALLY	Yeah.
	GIFFIN	Now it would be addressed and it erm would be erm dealt with
		properly.
	DC COLVIN	Okay but that time twelve (12), thirteen (13) years ago it was a
		different issue and you weren't obviously happy about it?
	GIFFIN	No.
	DC COLVIN	Okay, okay. Obviously what we're talking about is Gladys
		RICHARDS and although she came in twice into the hospital, the

Signature(s):

[◆] Not relevant for contemporaneous notes





Continuation Sheet No: 15

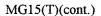
Tape Counter Times •	Person Speaking	Text
		dates we're sort of concentrating on are between the 17th of
		August and the 21st. Now in relation to your statement you were
		on nights, on certain days weren't you over that period of time,
		can you remember what you were working?
18.24	GIFFIN	No, well I worked Thursday, Friday, Saturday.
	DC COLVIN	Okay. I think on your statement you say you started on Thursday,
		that would be the 20 th , what hours do you do on nights?
	GIFFIN	It's eight fifteen (8.15) to seven forty five (7.45).
	DC COLVIN	Okay. Perhaps you could just go over
	GIFFIN	You get an hour and a half off in the middle.
	DC COLVIN	perhaps you could just go over your duties on nights, you know
		a normal night duty you know what you're expected to do? I
		know probably each night is different but
	GIFFIN	Basically er well a hand over takes around about quarter of an
		hour to half an hour depending how much information you've got
•		to pass on and then erm because it's coming up for bedtime, some
,		patients will already be in bed and some will be waiting to go.
		Basically we go round, help people into bed, make sure they're

Signature(s):

DC 1484 COLVIN

comfortable, get their teeth out ecetera.

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 16

Record of interview of: Sylvia Roberta GIFFIN

Tape Counter

Person Speaking

Text

Times *

DC COLVIN

Yeah.

19.30

GIFFIN

And erm about something like half past nine (9.30) I would break off from that and leave the health care (inaudible) to do it and I've got ten (10.00) o'clock drug round to do. I come round give everyone their ten (10.00) o'clock drugs and then by the time I've finished going round doing that they've usually finished the rest of the patients, putting them to bed and then its lights out, tidy up

and have a cup of tea because we need it by then.

Yeah.

DC COLVIN

GIFFIN

Erm then I would, we would call it the silent hours, its a case of checking on the patients roughly half hourly but because there's three of us it doesn't always go that long sometimes its twenty minutes erm of course if theres a noise you have to investigate that erm anybody rings the bell we have to go and do that erm and that goes through until should be six (6.00) o'clock in the morning and then its go round wake everybody up, lets see what nursing care they need, sit them up erm give them a cup of tea, there are some six (6.00) o'clock drugs though not very many because er only the ones that are really essential get given at six because they're too

Signature(s):

DC 1484 COLVIN



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 17

Record of interview of: Sylvia Roberta GIFFIN

Tape

Counter

Person Speaking

Text

Times ◆

sometimes difficult to rouse enough to take medicine so a lot of them are given at eight (8) rather than six (6). Erm so we go round and sort everyone out and then half past seven (7.30) is handover time for the day staff.

21.41

DC COLVIN

Okay, just talk me through the hand over then, what sort of things

would be discussed at that hand over?

GIFFIN

Erm which one?

DC COLVIN

Well both, go for both.

GIFFIN

In the evening I would be told erm what sort of day the persons had had, if their medication had been changed erm what sort of investigations were in progress and erm if there were any particular concerns that I need to take notice of erm and what, when its like a Friday night for instance and that's my first night on for five nights, I would be given a sort of rough summary having been off a week since I saw them last.

DC COLVIN

Right.

GIFFIN

Erm in the morning erm it depends who was on duty, if the person, people who are on duty were on duty the night before I just need to tell them any of the occurrences overnight.

Signature(s):

DC 1484 COLVIN



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 18

Tape Counter Times •	Person Speaking	Text
	DC COLVIN	Yeah.
23.02	GIFFIN	But if there's some that have been days off or on leave or
		something I have to give them a more extended.
	DC COLVIN	Yeah, okay. Okay, right as I say we're talking about Mrs
		RICHARDS, what's your recollection of Mrs RICHARDS doing
		those period of time?
	GIFFIN	It's erm I can't honestly remember her, I can remember a figure in
		the bed but to say I can remember her face or anything specific
		about her I can't.
	DC COLVIN	Okay, now as I understand it the only night you saw her was the
		Thrusday the 20 th going into Friday the 21 st .
	GIFFIN	First thing on the Friday 21st, she died just after, according to the
		notes, the statements and my notes on the nursing notes, I
		honestly thought she'd died early morning but I have signed it to
		say it was early evenearly in my second shift which would have
		been the Friday night
	DC COLVIN	Right, okay. So it's basically a figure in a bed that you recall?
	GIFFIN	Mmm.
	DC COLVIN	Do you remember her daughters there, do you remember?

Signature(s):

DC 1484 COLVIN



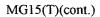
HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 19

Tape Counter Times *	Person Speaking	Text
	GIFFIN	I do remember I can't remember her name, the daughter that live,
		that lives locally, I do remember her being there all the time I had
		several conversations with her every time I went into check how
		Mrs RICHARDS was and she would have a little chat.
24.56	DC COLVIN	Okay. In relation to your statement as I understand it you weren't
		involved in administrative, administering any drugs to?
	GIFFIN	No the syringe driver was already in place.
	DC COLVIN	Okay.
	GIFFIN	And I just made sure that it was working properly (inaudible) or
		duty.
	DC COLVIN	Okay, perhaps you could talk me through the syringe driver, how
		it operates and who's in charge of it and just a general sort of
		overview?
	GIFFIN	How it operates?
	DC COLVIN	Yeah.
	GIFFIN	Er it hasn't got a battery in it, it has a (sighs) adjust the rate that it
		goes through, pumps it in usually around about 60 to get a 24
		hour period, uses a 10 mil syringe, can use a large one but you
		have to work out a different rate for it then

Signature(s):

DC 1484 COLVIN





Continuation Sheet No: 20

Record of interview of:	Sylvia Roberta	GIFFIN
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Tape Counter Times	Person Speaking	Text
	DC COLVIN	Right.
26.01	GIFFIN	and I've never used it with a 20 mil syringe because its a bit big
		for the actual driver itself, 10 mils sits in it just right and er the
		drugs are mixed in the syringe and erm the patient has a needle
		just subcutaneously just under the skin and er, long piece of tubing
		that's attached to the end of the syringe.
	DC COLVIN	Okay so its loaded at a particular time of the day?
	GIFFIN	Yeah, well erm just whenever its decided that its necessary to use
		it, it could be night time, it could be any time just when erm its
		written up on the chart that there's a possibility that might be
		necessary and its up to whoevers on duty at the time to make that
		decision or not as the case may be.
	DC COLVIN	So what are the advantages of using a syringe driver over giving
		drugs by mouth?
	GIFFIN	It delivers a continous low dose of whatever drugs being used and
		avoids given injections every 4 or 6 hours erm which have a level
		of effectiveness and then it tails off so you get peaks and troughs
		with injections which you don't get with a syringe driver its just a

Signature(s):

DC 1484 COLVIN

steady, steady flow, its much more effective at controlling pain,

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

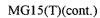
Continuation Sheet No: 21

Record of interview of:	Sylvia Roberta	GIFFIN
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Record of interview of: Sylvia Roberta GIFFIN		
Tape Counter Times •	Person Speaking	Text
		discomfort.
27.57	DC COLVIN	How common is the use of the driver on the ward?
	GIFFIN	Its erm, its used quite consistently these days, not everyone has it.
	DC COLVIN	Okay, no. What would, I know you've mentioned the pain side of
		it but what would be the reasons for putting someone on syringe
		driver, we've obviously covered the pain aspect is there any other
		reasons why someone would be?
	GIFFIN	Some people get extremely agitated (inaudible) can't really always
		know why and they would be turning themselves round in bed,
		potentially injuring themselves so you produce something like
		midazolam that's what's used you know to quiet them down a bit,
		save them from hurting themselves.
	DC COLVIN	Okay.
	GIFFIN	Also you can use erm hyoscine was used here as well, that dries
		up the secretions on the chest so they don't get that horrible,
		noisy, bubbly sound.
	DC COLVIN	Right.
	GIFFIN	Without it we'd have to use a sucker which is horrible to use,
		patients don't like it and er but you're left with having to do that

Signature(s):

DC 1484 COLVIN





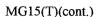
RECORD OF INTERVIEW

Continuation Sheet No: 22

Tape Counter Times *	Person Speaking	Text
		otherwise the patient would drown in their own secretions.
29.29	DC COLVIN	Right is that because they're laying down all the time when its
		building up, when the fluid builds up?
-	GIFFIN	Yes it does. They don't cough when they're under sedation so
		they can't clear it themselves so it just pulls them eventually.
	DC COLVIN	Eventually, yeah.
	GIFFIN	You've got to do something about it so hyoscine sorts that.
	DC COLVIN	Okay, perhaps we'll have a look at the drugs. What I've got here
		is the file for Gladys RICHARDS which you may have seen parts
		of it before. This part is the, basically the prescribed drugs for
		Gladys RICHARDS, just show you that. Now I believe, if you're
λ.		aware she was on four drugs, like which were on the syringe
		driver.
	GIFFIN	(inaudible) this one and these, no, not that one, diamorphine
		where's the diamorpthat one.
	DC COLVIN	That's it, it would be diamorphine.
	GIFFIN	Haloperidol. Haloperidol has quite similar to midazolam but the
		problem is as I said 10 mil syringe you've got to put the
		diamorphine in which comes in a powder formula, a vial and you

Signature(s):

[◆] Not relevant for contemporaneous notes





Continuation Sheet No: 23

Record of interview of: Sylvia Roberta GIFFIN

Tape

Counter

Person Speaking

Text

Times *

have to erm dilute it with something, midazolam, that comes in a 2 mil, it depends on how many of those you have to give, you're filling your syringe up all the time but haloperidol comes in 1 mil, so quite often you would because your syringe was getting too full up you would use haloperidol in place of something like midazolam because it would fit in the syringe, there's nothing sinister about using the two, it's just you know you've got 10 mil, you can't go above that.

31.45 DC COLVIN

Okay can you just talk us through the four drugs and just sort of describe what they're for and what the effects are?

GIFFIN

Diamorphine erm is erm pain relief principally although it can be used when somebody is er sometimes they, people who are demented do scream and you're never sure whether it is pain or, or just an agitation of mind and diamorphine does help to address both things at once. (inaudible)

DC COLVIN

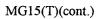
Yeah, sorry if we go onto the halo...

GIFFIN

...Haloperidol as I said its used for extreme agitation usually, do you know what the only thing that I would say about haloperidol, it does have a build up over time.

Signature(s):

[•] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 24

Record of interview of: Sylvia Roberta GIFFIN		
Tape Counter Times •	Person Speaking	Text
	DC McNALLY	Does have a?
32.45	GIFFIN	A build up over time, it stays in the system longer than midazolam
		so that you know if you're giving somebody haloperidol over
		several weeks it erm it does leave a slight residue each time so that
		if you would have to cut back on
	DC McNALLY	Monitor (inaudible)
	GIFFIN	at some point, whereas midazolam doesn't, well as far as I'm
		aware do that and hyoscine like I say erm dries up the secretions.
	DC COLVIN	Right, yeah, okay. So midazolam and haloperidol do sort of
		target
	GIFFIN	(inaudible) yeah.
).	DC COLVIN	What is the reason for giving both, is it?
	GIFFIN	Well as I've just explained sometimes you're coming, I must say
		it's unusual, usually we use either, or but erm though I couldn't
•		tell you why the decision was made to use both at the same time
		but it could possibly be due to the capacity of the syringe.
	DC COLVIN	Right to ensure that she gets
	GIFFIN	Yeah, yeah.
	DC COLVIN	the level she needs.

Signature(s):

[◆] Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 25

Record of interview of: Sylvia Roberta GIFFIN

Tape

Counter Times •

Person Speaking

Text

GIFFIN

Because the higher, the higher the dose of midazolam that's used, I can't remember what each vial of midazolam, what it's strength is but it's 2 mils so as you go on you're going to get to your 10 mils before you, you've giving her anything else so if you give, if you sort of use a combination. If you're using a syringe capacity...

DC COLVIN

...Yeah, yeah.

GIFFIN

...got room for hyoscine comes in 1 mil ones, diamorphine as I say what we usually do is dilute the erm diamorphine with some midazolam to save space, other than that you would have to use sterile water which would increase the amount you're trying to get into one syringe.

DC COLVIN

Are you able to comment on the doses and how much they are?

GIFFIN

(inaudible) still at 40.

DC COLVIN

Yeah.

GIFFIN

Erm as far as I'm concerned that is a, a low dose given the fact

that this woman was given over a 24 hour period.

DC COLVIN

That's the diamorphine and ...

GIFFIN

...Diamorphine and (inaudible), it's not very dramatic at all.

Signature(s):

DC 1484 COLVIN





RECORD OF INTERVIEW

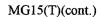
Continuation Sheet No: 26

Record of interview of:	Sylvia Roberta GIFFIN
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Tape Counter Times •	Person Speaking	Text
	DC COLVIN	Okay.
	GIFFIN	Er I was on duty and she didn't show any signs of pain at the time
		when I was on duty so I would have thought that's probably the
•		best level. Er (inaudible) hyoscine that is about average what
		most people have and 20 milligrams of midazolam is what I would
		expect, given that you've got haloperidol as well.
35.52	DC COLVIN	So there all fairly
	GIFFIN	Yeah, no there's nothing that I would say "Oh crumbs this is too
		much".
	DC COLVIN	Okay, right so this is obviously the prescription record, now as I
e e		understand it on the statement you made, you had no input into
L		loading the
	GIFFIN	No I didn't
	DC COLVIN	Mrs RICHARDS syringe driver and I, also you had no sort of
		input into discussing her treatment
	GIFFIN	No
	DC COLVIN	with Doctor BARTON?
	GIFFIN	No, no.
	DC COLVIN	Okay in relation to the hand overs, was there any, anything

Signature(s):

DC 1484 COLVIN





RECORD OF INTERVIEW

Tape Counter Times •	Person Speaking	Text
		discussed specifically about Mrs RICHARDS? Do you recall
		anything you know about her condition or anything to be aware of
		with her or anything of that nature?
36.43	GIFFIN	I can't remember anything specific I mean obviously I would have
		been told that she was on the syringe driver and what was in it erm
		and I would have been told that her daughter was present erm but
		from then on its really TLC.
	DC COLVIN	Okay. When you came in I know you, you've obviously seen
		some documents now that would refresh your memory but can
		you recall when you came in on the Thursday and obviously Mrs
		RICHARDS is there, what was your understanding of the
		treatment she was on? What was your perception of it in relation
		to her health?
G	GIFFIN	What am I supposed to say.
	DC COLVIN	Was there anything made to you to feel that she was dying?
	GIFFIN	I don't think anybody would have said to me erm she is dying they
		would probably have said that she's not very well and they would
		have told me when the syringe driver was first put out and erm it's
		just continuing care really.

Signature(s):

[◆] Not relevant for contemporaneous notes



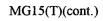
HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 28

Tape Counter Times *	Person Speaking	Text
	DC COLVIN	Yeah. I mean obviously do you recall seeing the drugs prescribed
		on the driver? Would that have indicated to you that she was, she
	•	wasn't much, obviously she wasn't well but there was a chance
		that she would perhaps recover to some extent?
38.52	GIFFIN	No I wouldn't have thought, I would have thought she would
		recover. I thought she would probably deteriorate slowly but I
		don't have a crystal ball I don't know
	DC COLVIN	I appreciate that
	GIFFIN	how long that sort of thing could go on for.
	DC COLVIN	Yeah, okay.
	DC McNALLY	Is it fair to say that the for use of a better word cocktail of
		medicines that she was given, that that cocktail is forthey've
		prescribed that for somebody in her condition who they believe is
		going to die and it's just a way of making them comfortable and
		pain free
	GIFFIN	Yes
	DC McNALLY	is that what those cocktail of drugs are for?
	GIFFIN	Basically yes.
	DC McNALLY	If you were like if you went onto a strange ward and you saw

Signature(s):

DC 1484 COLVIN





RECORD OF INTERVIEW

Continuation Sheet No: 29

Record of interview of: Sylvia Roberta GIFFIN Tape Counter Person Speaking Text Times * these drugs administered to a woman that you didn't know, would it be a fair assumption that there's nothing else we can do for this lady... **GIFFIN** ...Yeah. ...and she's on her way? DC McNALLY 39.42 **GIFFIN** Yeah. Yeah. DC McNALLY DC COLVIN Okay, you didn't see Mrs RICHARDS prior to these drugs being prescribed did you? **GIFFIN** No. DC COLVIN No, okay. **GIFFIN** I just, I just missed her, the week before she came and went before Ι... DC COLVIN ...Right **GIFFIN**

... I was on duty and then she was back when I came on the next

week so I didn't actually see her prior these (inaudible).

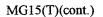
DC COLVIN

Okay. Now on nights are you, you've obviously gone over your

sort of basic stuff that you do and obviously things that happen

will come on top of that but are you involved in at any time in

Signature(s):





RECORD OF INTERVIEW

Continuation Sheet No: 30

Record of interview of: Sylvia Roberta GIFFIN

Tape

Counter

Person Speaking

Text

Times ◆

feeding patients or giving them water or drinks or?

GIFFIN

...Oh yeah, if there awake and they want a drink we give them a drink and also some people like we need to push fluids and we do that but in Mrs RICHARDS case she wasn't conscious enough to drink without possibly choking and I don't want to be responsible

40.56

DC COLVIN

Was there any attempts made whilst you were on the ward to give

her water either by mouth or by...?

GIFFIN

... No, definitely not by subcutaneous.

DC COLVIN

Okay.

for that.

GIFFIN

No, nobody, they, the health care support workers would only do

that if I said that it was alright, 9 times out of 10 somebody in this

condition it would have to be done by trained staff anyway.

DC COLVIN

Right, being yourself or a staff nurse?

GIFFIN

Mmm.

DC COLVIN

Right, okay. Was there any reason you can recall why she wasn't

given a....

GIFFIN

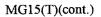
... I just said she wasn't conscious enough...

DC COLVIN

...no, I mean through a needle?

Signature(s):

DC 1484 COLVIN





RECORD OF INTERVIEW

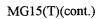
Continuation Sheet No: 31

Record of interview of:	Sylvia Roberta GIFFIN
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make a choice to keep somebody hydrated who you're these particular drugs through a syringe driver and the to a stage where they don't absorb however hard are what drugs keep account at that point. 42.22 DC COLVIN Right, okay. So just recapping that then, as we combination of drugs in her condition would lead you to she was passing on, dying and these drugs are helping that pain free? GIFFIN Yes. DC COLVIN Okay. Was it ever mentioned to you what she was act of? GIFFIN No, I mean I was, I was told about what had happened fall ecetera but not in any great detail, no wasn't, I do was told why this course of treatment was started early week not specifically.	Record of interview of: Sylvia Roberta GIFFIN				
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to a stage where they don't absorb however hard are what drugs keep account at that point. 42.22 DC COLVIN Right, okay. So just recapping that then, as we combination of drugs in her condition would lead you to she was passing on, dying and these drugs are helping that pain free? GIFFIN Yes. DC COLVIN Okay. Was it ever mentioned to you what she was act of? GIFFIN No, I mean I was, I was told about what had happened fall ecetera but not in any great detail, no wasn't, I do was told why this course of treatment was started ear week not specifically.			make a choice to keep somebody hydrated who you're also giving		
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A2.22 DC COLVIN Right, okay. So just recapping that then, as we combination of drugs in her condition would lead you to she was passing on, dying and these drugs are helping that pain free? GIFFIN Yes. DC COLVIN Okay. Was it ever mentioned to you what she was act of? GIFFIN No, I mean I was, I was told about what had happened fall ecetera but not in any great detail, no wasn't, I do was told why this course of treatment was started easy week not specifically.			to a stage where they don't absorb however hard and most of		
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that pain free? Yes. DC COLVIN Okay. Was it ever mentioned to you what she was act of? GIFFIN No, I mean I was, I was told about what had happened fall ecetera but not in any great detail, no wasn't, I do was told why this course of treatment was started easy week not specifically.			combination of drugs in her condition would lead you to think that		
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DC COLVIN Okay. Was it ever mentioned to you what she was act of? No, I mean I was, I was told about what had happened fall ecetera but not in any great detail, no wasn't, I do was told why this course of treatment was started easy week not specifically.			that pain free?		
GIFFIN No, I mean I was, I was told about what had happened fall ecetera but not in any great detail, no wasn't, I do was told why this course of treatment was started earlier week not specifically.		GIFFIN	Yes.		
GIFFIN No, I mean I was, I was told about what had happened fall ecetera but not in any great detail, no wasn't, I do was told why this course of treatment was started earlier week not specifically.		DC COLVIN	Okay. Was it ever mentioned to you what she was actually dying		
fall ecetera but not in any great detail, no wasn't, I do was told why this course of treatment was started ear week not specifically.	•		of?		
was told why this course of treatment was started ear		GIFFIN	No, I mean I was, I was told about what had happened with her		
week not specifically.			fall ecetera but not in any great detail, no wasn't, I don't think I		
			was told why this course of treatment was started earlier in the		
DC McNALLY (inaudible) up to day three I think when the treat			week not specifically.		
		DC McNALLY	(inaudible) up to day three I think when the treatment was		
already			already		
GIFFINYes.		GIFFIN	Yes.		

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 32

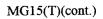
Record o	Record of interview of: Sylvia Roberta GIFFIN				
Tape Counter Times	Person Speaking	Text			
	DC McNALLY	in progress so but nobody ever mentioned that she was dying of			
		anything specific?			
43.38	GIFFIN	No, no.			
	DC McNALLY	No.			
	GIFFIN	Well I think it's one of those unspoken things that we all, we all			
		accept really you know just (inaudible).			
	DC McNALLY	Mmm. When you say the unspoken thing is it's a case of there is			
		nothing we can do for her?			
	GIFFIN	Yeah.			
	DC McNALLY	Yeah.			
	GIFFIN	That's			
	DC McNALLY	And I take it that decision (buzzer sounds) that there is nothing			
		we can do for her would be made by who?			
	GIFFIN	Er well Doctor (inaudible) I presume.			
	DC McNALLY	Doctor			
	GIFFIN	Doctor BARTON			
	DC McNALLY	Doctor BARTON.			
	GIFFIN	Well she being the one that's there every day.			
•					

Signature(s):

DC 1484 COLVIN

DC McNALLY

Yeah.





RECORD OF INTERVIEW

Continuation Sheet No: 33

Record of interview of:	Sylvia Roberta	GIFFIN

Tape Counter Times •	Person Speaking	Text
Times		
	GIFFIN	And er if she queried that she would have gone to Doctor LORD
		and spoken to her but I don't know.
	DC McNALLY	Right.
	DC COLVIN	Okay, we'll leave it there that buzzing noise means we're running
		out of tape.
	GIFFIN	Oh right okay then.
	DC COLVIN	So we'll take a break. The time by my watch is 12.01. Turn the
		recorder off.
		END OF TAPE