			CPS001908-
MPSHIP			MG15(T)
	HAMPS	HIRE CONS	TABULARY
2JABON	REG	CORD OF INT	ERVIEW
SDN :	ROTI :	Contempora	neous Notes
Person int	terviewed ; Phillip James I	BEED	
Place of in	nterview : Fareham Polic	e station	Police exhibit no. : Number of pages : Signature of interviewing officer producing exhibit :
Date of in	nterview : 24 July 2000		
Time com	menced : 1458 Tir	me concluded : 1	541
uration	of interview :	Tape reference r	numbers 👻 :
Interview	ing Officers : DS C	ode A & DC	Code A
Other per	sons present : Mr Code	A - Solicitor (Saule	et & Co.)
Tape Counter Times [◆]	Person Speaking	Text	
0.09	DS { Code A	This is a continua	tion of our interview with Phillip BEED and the
		time by my watch	h is 1458 hours. Same persons present. I'm glad
		to announce that	we've found the missing duty roster. And the
		question was Phil	lip on the 12 th of August.
	BEED	Yeah.	
	DS Code A	Can you go throu	igh your duties and Gladys' notes.
	BEED	I was on duty fro	m seven thirty till one o'clock on Wednesday the
		12 th , Mrs RICHA	ARDS would have been reviewed along with a
		the other patient	ts that morning and at that point um Docto
·	· ·	BARTON's actu	ally written up, because we needed to give th
		analgesia through	the night she's actually written it up on a er

MG15(T)(cont.)

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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 1

ape Counter Times ◆	Person Speaking	Text
		regular er four hourly basis with 2.5 mils through the day and 5
)) **		mils at night. Although and it, but that's written up PRN so we
		don't give it unless we need to and in fact
	DS Code A	Sorry what does PRN stand for.
	BEED	Means as and when required, um, in fact we've never, we've, all
		we've done, other than the dose at six fifteen in the morning on
		the 12 th we've not actually needed to give any more out during
		that day so although it's been written up regularly, er PRN, we
		haven't given it. Um
	DS Code A	This is Oramorph?
	BEED	Yeah the Oramorph.
Ì	DS Code A	So it's safe to say that that the Oramorph has had the desired
	LI	effect and her condition perhaps has stabilised and she isn'
		presenting in pain.
	BEED	No.
	DS Code A	On the 12 th .
	BEED	Yeah.
	DS Code A	Right.
	BEED	Yeah. Um I can't remember any other specific aspects of um Mr

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 2

Tape Counter Times *	Person Speaking	Text
		RICHARDS' care um during that day, um and I probably
i i		wouldn't have been greatly involved because my um biggest
		priority on that particular day was making sure the ward was
		staffed adequately the next day because I knew it was going to be
		a very busy shift, um, so that, that would have been the major
		priority for me as Manager of the ward.
2.28	DS Code A	Ah ha, and indeed she's, she's stabilising
	BEED	Yeah.
	DS Code A	So she's
	BEED	Yeah.
	DS Code A	so she's not a problem.
	BEED	No.
	DS Code A	Okay. Do, is there anything else in the notes for the rest of the
		twelth that, that perhaps with hindsight alerts you to something
		being amiss. (fire bell starts ringing). I hope that's a test.
	BEED	No nothing in particular, everything was very fairly straight
		forward on that day.
	DS Code A	Okay and then the 13 th I understand that she has a fall.
	BEED	Yeah.



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

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Tape Counter Times [•]	Person Speaking	Text
	DS Code A	And do you know much about the circumstances of that.
,# **	BEED	I, I do but, but from coming on duty the following day when um
		staff involved sort of filled me in the background
	DS Code A	Right.
	BEED	of everything that happened.
	DS Code A	Because you weren't on duty on that certain day.
	BEED	I wasn't on duty on that day.
	DS Code A	Okay, by making reference to the drugs
	BEED	Yeah, yeah.
	DS Code A	that were used on that day, what can you tell me about, you're
		off on the 13 th
	BEED	Yeah.
	DS Code A	what drug regime.
	BEED	Um, was given er her normal regular drugs and at ten to nine i
		the evening er of the 13 th er she was given some more Oramorph
		that was after the hip had been dislocated so she didn't have any
		more Oramorph or other pain killers up until the point in which
		was discovered that she had a dislocated hip.
	DS Code A	What time would she have had that fall, do you

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times [◆]	Person Speaking	Text
4.06	BEED	The fall took place about one thirty um the nurse who examined
4 .1		her at that time didn't find anything abnormal um and a dislocated
		hip is fairly obvious so um going on the information I had the hip
		wasn't dislocated immediately after the fall, um, but once Mr
		RICHARDS was helped into bed after she'd had her supper which
		was some time around eight, um, seven thirty, eight o'clock, that
		evening, um the hip was out of position and was obviousl
		dislocated at that time.
	DS Code A	So, do you suggest that the dislocation could have occurred a
		some other time rather than the fall.
	BEED	Um, it's obviously occurred sometime during the afternoon. Un
		it may have been, I mean the fall may have weakened the, the join
		or whatever and then the act of transferring, hoisting her out of
		the chair back into bed or some other action may have actual
		made the dislocation happen.
	DS Code A	I think it would be quite unfair of me to go on about the
		because
	BEED	Yeah.
	DS Code A	you weren't there, you weren't on duty and can't therefore





HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Гаре Counter Fimes ◆	Person Speaking	Text
		be
# 0	BEED	No.
	DS Code A	responsible for that. In your experience is it unusual fo
		someone not to be given pain relief over that period.
	BEED	Um not really because we would give pain relief if someone was in
		pain and if someone wasn't in pain we wouldn't give it, um, so
		really depends and, and people's responses and, and pain doe
		vary from time to time depending on what's happening, what
		we're doing in the way of transferring them and how they a
		overall, so um, but she needed analgesia and then once she sa
		that she didn't need it doesn't, doesn't surprise, it's not an unusu
		pattern.
	DS Code A	Okay. No I except that. What's your next contact with Glady
		RICHARDS.
5.49	BEED	Er that was on the morning of the 14 th when I was on duty from
		seven thirty until four fifteen um and then I came on duty to fin
		um to be, um given all the background to the, about the fall the
		previous day and the fact that it was suspected that she had
		dislocation, um so I went and examined the patient with Docto



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times [•]	Person Speaking	Text
		BARTON who was there about that, about that time um and then
i		arranged for x-ray and talked to daughters, Mrs LACK, the
		daughter and discussed what we were going to do um to see it
		there was a dislocation and what we would then do if um we did
		find the dislocation which we were fairly certain at that time had
		occurred.
	DS Code A	What does it look like a dislocation.
	BEED	Um.
	DS Code A	Can you tell.
	BEED	Usually the leg um rotates inwards and you can see that the hi
		doesn't look correct, so if you look at one side and look at th
		other you can see a very obvious difference and deformity.
	DS Code A	Right, so it's a fairly visual diagnosis but with experience you ca
		say well (inaudible).
	BEED	Yeah, yeah.
	DS Code A	When did you know there was a dislocation.
	BEED	We knew for certain once the x-ray had been taken place becaus
		then we could see it on x-ray.
	DS Code A	Right, and that was done, during the day.
Signatur	e(s) :	Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times [•]	Person Speaking	Text
	BEED	That was done sometime around mid morning.
7 .07	DS Code A	Okay, what drug regime was she on in the morning.
	BEED	Um still the same, um, um in fact she'd been given some analgesia
		at ten to eight the previous night which she hadn't, she hadn'
		needed any that morning. As I say we gave her some um gave he
		some Oramorph at eleven fifty and that's after the dislocation ha
		been um discovered, er or x-rayed and, and confirmed.
	DS S Code A	What do the notes reflect that she's in pain then or
	BEED	Um well, reason we gave um Oramorph at that point in time
		because we knew that a dislocation does cause some degree
		pain. We were going to transfer her to Haslar which wou
		involve transfer um to an ambulance and in and out of the
		ambulance and would cause pain and also that she would nee
		pain relief and sedation for the hip to be relocated so we we
		starting the sedation process there so if they want, if they were
		a position to put the hip back in fairly quickly when she got
	$\langle \cdot \rangle$	Haslar then she would actually already have had analges, sor
		analgesia to cover that process.
	DS Code A	Right and you did say that earlier, and what dose was, was th

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times [◆]	Person Speaking	Text
		the same dose or had we increased the dose.
9	BEED	Um, we gave, no we gave 10 milligrams which is the same dose as
		she's been having throughout.
	DS Code A	Okay and then she's off to
	BEED	Transferred to Haslar er with one of my health care support
		workers escorting her and staying with her.
	DS Code A	Was there much of a problem with the family at this time.
	BEED	Um, daughter was obviously anxious and upset but probably no
		more or no less than I would expect of someone whose mother
		has come to us and then has suffered a dislocation of a recently
		operated on hip (inaudible) except that someone in that situation is
		going to have a degree of anger and upset at the situation.
	DS Code A	Okay. So she's off to Haslar and then you've no contact with her
		at all for 2, 3 days.
	BEED	I, I saw the daughter later on that afternoon when she came back
		to collect um some wash gear for her mother, because we did
		think her mother might come back the same day or might stay a
•		while at Haslar, um so her daughter had come back and collected
		some wash gear um and spoke to me at that time.



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Record of	Record of interview of: Phillip James BEED		
Tape Counter Times •	Person Speaking	Text	
9.28	DS Code A	Okay, so the next contact we have with Mrs RICHARDS is on the	
j∎ I		17 th .	
	BEED	On the, yeah.	
	DS Code A	Now, this is where the letter from Mr EDMONDSON comes in	
		isn't it. The, and we've disclosed that to you the other day. The	
		Flight Lieutenant.	
	Mr Code A	I've got it	
	BEED	Yeah.	
	Mr Code A	(inaudible).	
	BEED	No there would have been two because there would have been	
		initial transfer letter and then another one from	
	Mr Code A	Tenth August.	
	DS Code A	Of EDMONDSON and there was a statement of EDMONDSON	
.		which was put along with it.	
	Mr Code A	(inaudible).	
	DS Code A	Can I ask you to have a look at Mr EDMONDSON's statement.	
	BEED	Yeah.	
•	DS Code A	If I summarise it.	
	BEED	Yeah.	



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 9

Tape Counter Times ◆	Person Speaking	Text
9.28	DS Code A	Okay, so the next contact we have with Mrs RICHARDS is on the
1		17 th .
	BEED	On the, yeah.
	DS Code A	Now, this is where the letter from Mr EDMONDSON comes in
		isn't it. The, and we've disclosed that to you the other day. The
		Flight Lieutenant.
	Mr Code A	I've got it
	BEED	Yeah.
	Mr Code A	(inaudible).
	BEED	No there would have been two because there would have been
		initial transfer letter and then another one from
	Mr Code A	Tenth August.
	DS Code A	Of EDMONDSON and there was a statement of EDMONDSON
·		which was put along with it.
	Mr Code A	(inaudible).
	DS Code A	Can I ask you to have a look at Mr EDMONDSON's statement.
	BEED	Yeah.
	DS Code A	If I summarise it.
	BEED	Yeah.

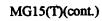


HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 10

Record of interview of: Phillip James BEED		
Tape Counter Times [◆]	Person Speaking	Text
10.16	DS Code A	Just quickly.
j in s	BEED	Yeah.
	DS Code A	It says that she came to us, she got fixed up, stabilised and then
		was able to go back.
	BEED	Yeah.
	DS Code A	And she was ready for further rehabilitation. Just take a couple
		minutes to have a read of that.
	DS Code A	Have you got that accompanying letter.
	Mr Code A	Which one.
	DS Code A	From EDMONDSON
	BEED	Yeah.
	DS Code A	It is in there is it.
	BEED	Yeah it's in here. Yeah.
	DS Code A	Yeah(inaudible).
11.53	DS Code A	Can I refer you to the letter.
	BEED	Yeah.
	DS Code A	And I guess that accompanies Mrs RICHARDS, it's dated the
•		17 th
	BEED	Yeah.





HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times [•]	Person Speaking	Text
12.03	DS { Code A	so I guess it came back with her.
, đ	BEED	Yeah. Yeah.
	DS Code A	If you have a quick read through that.
	BEED	Yeah.
	DS Code A	Right and what's particularly pertinent perhaps is the very last
		sentence which was she can however mobilise, fully weight
		bearing. What, what do you infer by that.
	BEED	Um that she, that she can um stand, we know or already knew she
		would need assistance with standing, so she would need nurses to
		help her but she can take her full weight on, that, on the effected
		leg.
	DS Code A	Right okay so her readmission to Haslar has been an unqualified
		success then.
	BEED	Well, that, that says that she can transfer um from a, from a
		medical point of view so if we wish to stand her and take weigh
		on that leg then she can, it doesn't necessarily say that she's going
		to be able to do that and you would need to assess that with the
		patient initially and they um, but it would indicate that they felt she
		was able to transfer and stand.





HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times ◆	Person Speaking	Text
13.23	DS Code A	So at worse there's a significant improvement in her overall, well
, , , , , , , , , ,		certainly in the leg.
	BEED	The hip is back in place yeah, yeah.
	DS Code A	The dementia is something with which I've got no idea but
	BEED	Yeah, yeah but that's not going to change that's going um be the
		same throughout.
	DS Code A	So although not fully fit she's perhaps improved significantly in
		the couple of days she's been away.
	BEED	Yeah.
	DS Code A	Right were you on duty on the morning of the 17 th .
	BEED	I was on duty from twelve fifteen on the 17 th .
)	DS Code A	Right and what can you tell me about the events of the 17 th .
	BEED	Er that I would have arrived a little bit before then, before twelve
		fifteen and Mrs RICHARDS had either just arrived or arrived
		little while after I got there um but the nurses actually who ha
		been on duty that morning er would have received her and take
		care of putting her into a room which had already been mad
•		ready for her. Um that she was in pain and discomfort, ver
		obvious pain and discomfort when she arrived um that actual





HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 13

Tape Counter Times *	Person Speaking	Text
		settled down when she was seen by the doctor but then re, made
i d el se		itself apparent again not long after Doctor BARTON had gone um
		in distress and discomfort and the daughters arrived and could see
		her in discomfort and they were getting very anxious and uptight,
		as well, and wanted something done.
14.54	DS Code A	Now there are some issues around that transfer which I'm not
		really fully au fait with, and I don't, something to do with the
		stretcher, a sheet
	BEED	Yeah.
	DS Code A	what is a street. Can you just explain to the, to the
		uninitiated
	BEED	Yeah.
	DS Code A	exactly what went on.
	BEED	Usual, usually if some one comes on a stretcher they'll be on what
		we call a canvas, which is a er, which literally is a length of canvas
		with holes up either side and you can slide poles into those holes
		and it then becomes a stretcher which you can lift from the
•		stretcher, one person either end
	DS Code A	Yeah.



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times [•]	Person Speaking	Text
15.26	BEED	over onto the bed so the patient comes up nice and easily, and
i de∄		over um Mrs RICHARDS came to us on a sheet instead of a
		canvas and I'm given to understand that they couldn't find a
		canvas and that they'd phoned to say sorry she's not on a canvas
		um and therefore the ambulance crew when they arrived picked
		her up on the sheet which doesn't give the same level of support
		because they're just sort of grabbing the sheet which is going to
		sag and be uncomfortable and transfer you in that way.
	DS Code A	So it's a sheet before it has the poles inside
	BEED	Yeah.
	DS Code A	and then it's a canvas.
	Mr Code A	No.
	BEED	No. No it's
	DS Code A	I still haven't got
	BEED	If it's, if it's a, when someone's on a canvas it's actually a very
		thick canvas material
	DS Code A	Right.
	BEED	length of the patient, um and it just curls back on itself either
		end.

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times ◆	Person Speaking	Text
16.14	DS Code A	Yeah.
-	BEED	And then you can slip a pole up there and it's very, and then when
		you lift it it's very firm and rigid and it makes a temporary
		stretcher.
	DS Code A	Yeah.
	BEED	But she was just on a ordinary bed sheet underneath her and that
		was just rolled up and lifted and that wouldn't have provided th
		same sort of support because it would have sagged in the middle
		and sagged (inaudible).
	DS Code A	Is that an improved way to transfer a patient.
	BEED	Um, I would always try, if I'm transferring a patient on a bed
)		would transfer them on a canvas, um if a patient arrived, now
		wasn't actually involved when the patient arrived and the transfe
		on the bed but if they arrived and they weren't on the canvas the
		I would have to decide do I now put a patient, a canvas under the
		patient's bed mind they've already been moved and that's going
		involve quite a disruption to get that under them um or do
•		transfer them as they are and I would much rather, I, real
		patients should always be transferred on a canvas.

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 16

Tape Counter Times ◆	Person Speaking	Text
7.14	DS Code A	It just seems ridiculous that for someone who's had this hip
		operation is going to be
	BEED	Yeah.
1	DS Code A	lifted up.
	BEED	I think the other difficulty is the ambulance crews are always
		always under pressure to get on and do the next job becaus
		they've got a backlog and I gather from talking to people that the
		were in rather a rush and weren't going to wait while we found
		canvas but I don't know that anyone specifically stood there an
		said you must wait um while we get a canvas to do this.
	DC Code A	If that was the case, you must wait, are they duty bound t
		remain.
	BEED	It really depends who's involved, um, if it's one of my more junio
		staff they may not be enough sort of, you know, may be more
		difficult I mean they're not there, there a set, a team in their ow
		right and if it was me as the nurse in charge I would have made
		if I'd wanted him to do that I would have made it very clear
		them that I wanted to do that but it, I wasn't there so I
	DS Code A	Yeah sure.

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 17

Tape Counter Times ◆	Person Speaking	Text
	BEED	but if they're transferring the patient it is their responsibilit
#		really up until the point when the patient is on the bed, as it is,
		they, if they're, if I'm transferring a patient it's my responsibilit
		to look after that patient up until the moment that the ambulance
		crew take over so, it's absolutely, it's still their responsibility
		that point in time.
	DS Code A	Okay thanks for that. Was Doctor BARTON called out
		readmit.
	BEED	Yeah, um (looking at some papers) I can't, what, what I can
		remember, there was so many things going on at that point in tir
		is exactly when Doctor arrived, when Doctor BARTON arriv
		but I think Doctor BARTON saw her soon after arrival er a
		clerked her in but she then became very unsettled and obviously
		pain not soon after Doctor BARTON had lift.
	DS Code A	So initially, uncomfortable.
	BEED	Yeah.
	DS Code A	Was she given pain relief because of her transfer.
	BEED	Um, I gave, I gave pain relief at one o'clock er which is when u
		the daughters came and when she really started to demonstrate t
gnature	(a)	Not relevant for contemporaneous notes

Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times •	Person Speaking	Text
		signs of being in pain.
ر 20.02	DS Code A	So Doctor BARTON had been before that.
	BEED	Yeah, yeah.
	DS Code A	Because
	BEED	Yeah.
	DS Code A	Had she written another prescription at that point.
	BEED	Um no as we still had the existing prescription so we used, that
		would have
	DS Code A	How long's a prescription valid for.
	BEED	Um it needs to be um reviewed, reviewed regularly um, I'm, what
		the time limit is I don't know but I mean that would be well within
		it. If someone's written up for Oramorph that would be, be and
		remains on the ward or goes off a few days and comes back, be
		valid for a good number of weeks but needs to be reviewed during
		that period.
	DS Code A	Ah ha. Okay she's in pain but she's able to take Oramorph.
	BEED	Yeah.
. •	DS Code A	So her swallow reflex is still there.
	BEED	Yeah.



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times [◆]	Person Speaking	Text
14 . (DS Code A	And up and running.
8 9	BEED	Yeah. She was refusing to eat lunch at that point in time um but
		she was swallowing.
, s	DS Code A	Right is that significant do you think.
	BEED	May have been because she was in pain and unsettled or it may
		have been just her general dementia and overall condition so you
		know it was just one of the things that we noted at that point in
		time that some food was prepared for her but she refused to eat it.
	DS Code A	Okay. Right. How did she progress throughout the rest of the, the
		17 th .
	BEED	Arranged an x-ray because the family was worried that the hip was
		dislocated although it didn't appear to be um and that tool
		place
	DS Code A	Didn't one of your nurses, have I read somewhere that the, the leg
		looked like it was a figure four.
	BEED	The, yeah, one of the, Staff Nurse COUCHMAN actually went in
		with the daughter and actually repositioned the leg because she
•		thought it wasn't in er a very comfortable position but it wasn't in
		a position that looked like it was dislocated, um, so she made Mr

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Record of	Record of interview of: Phillip James BEED		
Tape Counter Times [◆]	Person Speaking	Text	
		RICHARDS in a comfortable and appropriate position um and	
in the second s		with her daughter, um, and generally examined her to check,	
		because if she'd spotted an obvious dislocation at that time again	
		we would have um, it's definitely x-rayed, it definitely needs x-	
		raying.	
22.14	DS Code A	Yeah.	
	BEED	But it looked in an odd position but not in a dislocated position.	
	DS Code A	Right.	
	BEED	Er. So really (inaudible) that afternoon was to give analgesia to try	
		and make Mrs RICHARDS comfortable and to get her x-rayed to	
		try and find out if it had dislocated again, um, or if it hadn't to find	
		out if it was anything else we could do anything particular about.	
	DS Code A	Okay. So what's the drug regime for the rest of the 17 th .	
	BEED	Um we carried on, we actually um, because we thought there was	
		a sensitivity to the Oramorph we were giving a slightly lower dose	
		so we were giving 5 milligrams, we gave that at one o'clock, we	
		gave it attain at ten to seven, er sorry, gave it again, I can't read	
		my own writing, looks, I think it was about quarter past three and	
		then but that wasn't, that obviously wasn't enough, so I gave a	
Signature	e(s) :	······································	



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times *	Person Speaking	Text
		higher, a second dose of 5 milligrams at quarter to five and then
		we went back to giving the 10 milligram dose at eight thirty and
		then she had some in the early hours of the morning.
	DS Code A	Are the family happy at this point that she's in pain as opposed to
		dementia.
	BEED	Yeah, yeah, I had specific discussions with the daughter and Mrs
		LACK in particular was very concerned about how much pain um
		her mum was in and that we need to get that pain under control so
		I was working very much in conjunction with the family to um try
		and provide um what, the sort of care that they wanted for their
		mum.
	DS Code A	So at this particular moment in time on the 17 th you're all singing
		off the same hymn sheet.
	BEED	Yeah, yeah
	DS Code A	Everyone's quite happy with what's happening.
	BEED	Yeah, um and that, that's one of the reasons I gave the second
		dose and I, I distinctly remember looking very carefully at how
		much can 1 give and when and what, and looking at the option of
		the syringe driver at that time should I need to proceed to it and



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times *	Person Speaking	Text
		saying to um Mrs RICHARDS' daughter that I wanted her mum
*		to be comfortable before I went off duty that evening.
	DS Code A	Was there a consideration to the use of a syringe driver then.
	BEED	It would have been one of the options could we not control the
		pain with the Oramorph.
	DS Code A	Right, how, how high, or how far along that ladder were you
		prepared to go on Oramorph.
	BEED	Because you're giving, because you're giving quite high doses and
		it's wearing off um the difficulty is you, you can't just give
		Oramorph and then say it hasn't worked you need to give it time
		to build up and I needed to give a second dose so, I think had I,
		had I gone for that um second dose which topped the Oramorph
		up to 10 milligrams at quarter to five, had she not been
		comfortable by the time I went off at eight thirty I would have, at
		that point been looking whether the use of a syringe driver was the
		next appropriate step because obviously if I'd gone to the ful
		amount of Oramorph and that hadn't kept Mrs RICHARDS
		comfortable then the next logical step was whether a syringe
		driver would allow me to give um a more dose and a slightly



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times •	Person Speaking	Text
		stronger dose of pain killer.
25.28	DS Code A	Right and what's your objective behind that.
	BEED	In going to a syringe driver.
	DS Code A	Yeah.
	BEED	To keep Mrs RICHARDS pain free.
	DS Code A	Purely pain free and that
	BEED	Yeah, yeah. Yeah.
	DS Code A	Okay thanks for that. And then what happens next.
	BEED	Um, she was cared for over night. I came, um, I was on duty again
		the following morning, the 18 th when she's reviewed by er Doctor
		BARTON.
	DS Code A	Had anything significant happened over night.
	BEED	Um she had another dose at, of Oramorph, I gave a dose at eight
		thirty, she needed another dose at twelve thirty which is, so she's
		only going 4 hours and another dose at four thirty, so she's going
		only the 4 hours between doses of Oramorph, um, so that's, we're
		giving the maximum amount we can, um, if I find the night
		(inaudible) records that might tell us how she was over
		nighthaven't got a specific record but I would have





HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times ◆	Person Speaking	Text
		got handover from the night staff and obviously they would have
-		told me that um they needed to give the Oramorph um every 4
		hours and um that she hadn't been comfort, completely
		comfortable on that.
27.12	DS Code A	The reasons for those being omitted from, from the record sheet is
		that an oversight or is
	BEED	An over, yeah.
	DS Code A	Yeah, and nothing, nothing else.
	BEED	No.
	DS Code A	Just straight up oversight. What other drugs had she taken
	BEED	Um.
	DS Code A	at the same time.
	BEED	That's on the um on the 18 th , she actually hadn't, we've left off
		the Lactalose um, but she's had, she's having, no she did have
		Lactalose on the 17 th and she had Haloperidol.
	DS Code A	Right, what did the Haloperidol do for her.
	BEED	Haloperidol is to help with her confusion and agitation.
•	DS Code A	Right. I think you told me that once.
	DC Code A	Is that in an oral form at that time.



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Гаре Counter Fimes ◆	Person Speaking	Text
	BEED	Yes. Yeah.
*	DS Code A	Okay so up until the 17 th
	BEED	Yep.
	DS Code A	what's her condition, is she getting better, is she getting
		worse.
28.35	BEED	She's, she's really overall she's worse, her fluid and her diet intake
		is poor um she's, we're not really controlling the pain even with
		the regular dose of Oramorph um and she's quite agitated and
		uncomfortable and it's making it difficult for us to, to nurse her
		and look after her overall care.
	DS Code A	So generally the scenario is one of, it's becoming increasingly
		difficult.
	BEED	Yeah.
	DS Code A	Right, Doctor BARTON comes in.
	BEED	Yeah.
	DS Code A	Then what happens.
	BEED	Um, we'd have er reviewed her with myself, we'd have gone and
		seen the patient and looked at how she was um looked at the x-ray
		that was done the previous day and then um discussed Mr.

MG15(T)(cont.)



Record of interview of: Phillip James BEED

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 26

Tape Counter Times [•]	Person Speaking	Text
		RICHARDS care and what Doctor BARTON felt was this lady's
		overall condition was deteriorating er quite significantly, that we
		weren't controlling the pain and the only way we would control
		the pain was by a syringe driver er and that she felt the lady's
		overall condition indicated that she was in, in such poor health
		that she was actually dying um and that we ought to keep her pain
		free and make sure we were meeting all her nursing needs but that,
		that we, that rehabilitation at this point wasn't going to be
		something that we were going to achieve and that we were likely
		to be looking at a patient that was going to die fairly shortly.
	DS Code A	Right and that's a decision that, that's not taken lightly.
	BEED	No.
		I would assume.
	BEED	No.
	DS Code A	And in conjunction with the family.
	BEED	I, the family weren't present at that point in time, so what I would
		then have done is discuss things with the family when they arrived
		um and try to do that in a sensitive and tactful way um, because
		you start building up a relationship with a family sometimes it can

* Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 27

Record of	interview of: Phillip James	BEED
Tape Counter Times [•]	Person Speaking	Text
		be just done er by nursing staff, sometimes you'd have to arrange
,		for them to come back and see the doctor if you didn't think that
		their questions had been answered or you'd um answered all their
		concerns or they till had worries or whatever. Um but I met with
		them um sometime around mid morning when they came and
		discussed their mum's overall condition and um the fact that we
		needed to use a syringe driver to control her pain um and that we
		didn't' think her, or we thought her prognosis was very poor and
		that she was actually going to die, sometimes
	DS Code A	So it was cards on the table.
	BEED	Yeah, oh yes, yeah.
	DS Code A	Right, what was their reaction to that, can you recall.
	BEED	Upset, as, as you would expect, the, I, I knew from previous
		discussions with them that they had worries about use of um
		strong analgesias, I believe Mrs MCKENZIE actually had
		experience of, of someone close actually um being in a hospice
		and having strong analgesia, er so I did in that sort of discussion

which you try and make sense, tactful, allow them time to voice

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times ◆	Person Speaking	Text
		but overall my impressions was that they understood the situation
		and they agreed with, the, the kind of care which we were um
		wanted to proceed with.
	DS Code A	Did they say at any stage, no we don't agree with this.
	BEED	No, no, um if they had then I would have taken, I would, I
		wouldn't have proceeded and I would have taken advice from
		elsewhere, I would have go to a Nurse Manager or um a
		consultant to get their advice. So although I knew that was the
		care that Mrs RICHARDS needed I wouldn't have gone ahead
		with that sort, that care um if they were in direct opposition.
31.59	DS Code A	And what would have been the alternative to the syringe driver.
	BEED	Er carry on giving Oramorph, um could have given higher doses
		of Oramorph, so that would have been one alternative.
	DS Code A	Because she is still capable of taking it.
	BEED	Yeah. Yeah. Um the problem with that is it wasn't keeping her
		pain free for um the interval between the doses so it wasn't giving
		her adequate, it was giving her some level of pain control but it
•		wasn't adequate pain control.
	DS Code A	But, was there still some way to go before you reached the
	DS CODE A	But, was there still some way to go before you reached

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times [•]	Person Speaking	Text
		maximum dose of Oramorph.
j 1	BEED	Um we could have increased the dose, I think the, it's it's, it's
		more a matter of the interval inbetwen that, that Oramorph then
		wears off, um makes it difficult.
	DS Code A	Do people become immune to it, not immune to it but
	BEED	The effects of it do lessen over time yes.
	DS Code A	Do they.
	BEED	Yeah, yeah.
	DS Code A	(inaudible) with junkies you know they start off and they take
		more
	BEED	Yeah, yeah. Yeah. They, they, um the effect isn't heightened they
		get used to it.
	DS Code A	So it's likely that she becomes less resistant to, have I got that
		right.
	BEED	Yeah. She
	DS Code A	I don't think I have, it has less of an effect.
	BEED	Has a less effect yeah, yeah.
	DS Code A	And for a lesser period of time.
	BEED	Yeah, yeah.



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times •	Person Speaking	Text
	DS Code A	Right.
	BEED	And the other thing we find when we're trying to control patient's
		pain it's easier with pain if you can stay on top of it all the time, so
		if you, if you allow someone to become in pain it's then harder to
		control, get that pain back under control when if you don't allow
		someone to get in pain in the first place.
	DS Code A	Okay.
	BEED	So if you give a continuous dose that, that never lets that pain
		come through or if it does come through it just keeps it at a
		controlled level um then it's much, you don't actually need so
		much of the medication to keep it under control.
	DS Code A	Right, where's this pain coming from.
	BEED	It's obviously from the hip, there's no doubt she was getting pain
		from the hip but she also gave the impression of someone who
		was in general discomfort and agitation because anything you tried
		to do with her was causing her to get upset and distressed. And
		again that's something that's quite common with people who are
. •		very poorly and dying that, that they have specific pain somewhere
		but they've also got very generalised pain and discomfort.



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times [◆]	Person Speaking	Text
	DS Code A	Yeah okay I'm, I'm with you there. Right, so we, a team decision
.e		is referred to .
	BEED	Yeah
	DS Code A	And that team, who's in that team.
	BEED	Um, that's um Doctor BARTON reviewing the patient, myself as
		one of the nurses looking after the patient and Staff Nurse
		COUCHMAN who's the named nurse er of Mrs RICHARDS and
		was on duty um at morning, um, who, so together we reached that
		decision and, and the family of course, er so we make that
		decision and then um at
	DS Code A	That's fairly comprehensive in the, the interested parties.
	BEED	Yeah, yeah, yeah.
	DS Code A	And there's no dissent there from anyone.
	BEED	No.
	DS Code A	Okay. Who, who fixes up the syringe driver.
	BEED	That was myself and Staff Nurse COUCHMAN um and we
		started that at eleven forty-five.
	DS Code A	And what was the contents of that.
35.38	BEED	Um that was Diamorphine, 40 milligrams, Haloperidol, 5



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Record of	Record of interview of: Phillip James BEED	
Tape Counter Times [•]	Person Speaking	Text
je r 1		milligrams, and Midazolam, 20 milligrams.
	DS Code A	Right, how does 40 milligrams of Diamorphine compare to the
		idiot with 10 milligrams of
	BEED	It, it's calculated on the basis of um the amount of um Oramorph
		that's been needed in the previous 24 hours so what Doctor
		BARTON would have done would have been total up the amount,
		the total amount of Oramorph we'd given really since um one
		o'clock the previous day um and then there's a, you can look in
		the, the formulary book BNF or we've got a booklet produced by
		the local Hospice which then gives you a conversation for how
		much Diamorphine to give over 24 hours bearing in mind whether
		the Oramorph had actually kept someone comfortable or not, so if
		that Oramorph had kept Mrs RICHARDS completely comfortable
		we would have gone for a lower dose but she wasn't, she was still
		getting periods of discomfort so we wanted to go slightly higher
		to make sure that she was pain free.
	DS Code A	Right just to make absolutely sure.
•	BEED	Yeah.
36.54	DS Code A	Okay, and the other drugs, Midazolam that's a new one.



Signature(s) :

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Record of	Record of interview of: Phillip James BEED	
Tape Counter Times *	Person Speaking	Text
و. پ	BEED	Yeah, the Midazolam's um a, a hypnotic and that basically deals
		with agitation and relaxes um patient, keeps them calm, um and
		the Haloperidol she's already on and that's, that has a similar
		effect and that's kept because it's actually something Mrs
		RICHARDS is on already um and Doctor BARTON felt that if
		that was omitted from the driver we'd, it's something you can give
		through a driver um and giving it through a driver would make
		sure that she didn't get withdrawal symptoms from the
		Haloperidol.
	DS Code A	Cos that could have had a knock on detrimental effect.
	BEED	Yeah.
	DS Code A	Okay I understand that, and was there one other drug in there.
	BEED	Um not at that point, we used, we started Hyoscine, but we
		didn't' start using Hyoscine um, may be we didn't use Hyoscine at
		all, yes we did, yeah, we didn't start using Hyoscine until the 19 th
		of August which was the um the Wednesday
	DS Code A	(inaudible) and that's, Hyoscine, correct if I'm wrong is for
•		secretions.
	BEED	Yeah, yeah.



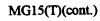
HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 34

Tape Counter Times •	Person Speaking	Text
38.05	DS Code A	(inaudible).
	BEED	Yeah, yeah.
	DS Code A	I've read somewhere there's a potential problem using Midazolam
		and Haloperidol in respiratory function. Are you aware of that.
	BEED	Er well, all, all the drugs we are using with the driver can, are
		known to cause some degree of depression of respiration, so
		that's a known side effect um and something you'd watch for,
		when someone's poorly their respiration becomes depressed as
		they start to pass away anyway so that's one of the difficulties
		knowing whether the medication you're giving is causing
		depression of respiration or whether it's the patient's overall
		condition.
	DS Code A	Right.
	BEED	So, but the key thing we're looking at is how comfortable is the
		patient and comfortable is their breathing.
	DS Code A	Okay if they do go into arrest or their respiratory function slows
		down to a stop, do you have any equipment to use to bring that
		back.
	BEED	We, the doses we're sort, we're using would depress respiration

Signature(s)

Not relevant for contemporaneous notes





HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Record of	finterview of: Phillip James	BEED
Tape Counter Times [•]	Person Speaking	Text
8 3		but I've never know it to actually to stop the respiration so in fact and you wouldn't um, so we wouldn't, shouldn't be using doses
		that actually cause that to happen and if you're, if you're giving
		Palliative care um you don't, and you help the patient, relatives
		come to terms with the fact that someone's dying you wouldn't
		want to put yourself in a position where you're suddenly having to
		take resusative measures because that would be very confusing
		and upsetting for the family.
	DS Code A	So it's a conscious decision that if, if, if it's a natural by-product
		of that, that they stop breathing then that's death and
	BEED	Yeah, yeah.
	DS Code A	that's inevitable.
	BEED	Mmm, yeah.
	DS Code A	Right, Midazolam used subcutaneously, is it.
	BEED	That's, that's very common, we usually use that in, it's the
		Haloperidol is the one that we don't usually use but we usually
		use Midazolam because the relaxes, quite a lot of patients if
•		they're in a lot of pain, they're also, and very well, there's a lot of
		fear and anxiety going on as well, so it just relaxes them and calms



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Tape Counter Times *	Person Speaking	Text
		them down, takes away some of the, some of the fear that's
		associated with their condition.
40.27	DS Code A	Right, that's not a product that's licensed for subcutaneous use.
		Were you aware of that.
	BEED	Um, I'm, um, the information we work on is produced by um the
		local hospice and they do say in that, that the doses that are used
		and the medication that are used are sometimes being used outside
		of their er normal dosage range and where they'd be used but it's
		established, well established practices in Palliative care.
	DS Code A	It's common practice
	BEED	So yeah. Yeah.
	DS Code A	so the although the fact that it isn't licensed
	BEED	That's it.
	DS Code A	for the use is not a bar to using it.
	BEED	No, no.
	DS Code A	Because experience tells you.
	BEED	Because it's being, it is being used in a lot of cancers in that way.
	DS Code A	Right, so you're, we've reached that point where we're on the
		syringe driver with the, the combination of drugs, how long does



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 37

Tape Counter Times ◆	Person Speaking	Text
n 1. ∦ 1		that continue.
41.29	BEED	Given that we're recognising that Mrs RICHARDS is in Palliative
		care we would expect that to continue up until the time she passes
		away um because if anything sensitivity to the pain killers is going
		to (inaudible) or, or the pain, level of pain may increase, so you
		may need to increase the pain killers. If you withdrew um the
		analgesia then the patient would again be in the level of pain they
		were before you started it um, so it's expected to continue but it's
		constantly under review to check the level that you're giving is
		appropriate to the patient's needs, so really every time you go into
		the patient and every time you go to change the driver, every 24
		hours, um you'll be monitoring how the patient is whether they're
		comfortable or uncomfortable and how they are over all.
	DS Code A	What, what steps are taken to insure that she remains hydrated.
	BEED	Our, our practice um with hydration is, is the patients ar
		conscious and able to take food and fluids then we encourag
		them and help them, make sure they're not thirsty, um if patient
		become unconscious and we're delivering Palliative care um w
		base our work on studies that show that giving patients b

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MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 38

Tape Counter Times *	Person Speaking	Text
		alternative means actually doesn't do anything to effect the
		outcome, um the fluids aren't likely to absorbed and they become
		uncomfortable so we don't usually hydrate patients when we're
		delivering Palliative care, um, unless there was a partic, a specific
		indication that it was the appropriate thing to do.
	DS Code A	Right. When did we stop actively treating Gladys and move on to
		Palliative care.
	BEED	Um, that was on the morning of the 17 th .
	DS Code A	Right, then on the morning of the 17 th
	BEED	Sorry, that was on the morning of the 18 th . Tuesday the 18 th .
	DS Code A	And at that point, did her death become a matter of time.
	BEED	Yes.
	DS	Right were any steps taken in the ensuing 3 days by yourself,
		Doctor BARTON or any of the nursing staff to ensure her level of
		pain hadn't decreased to enable her to come off of that drug
		regime.
	BEED	We would have monitored that when we, every time we looked
		after her so when you, when you go to wash someone, check
		there clean and so on that's when you start getting pain if you're

* Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 39

Record of	f interview of: Phillip Ja	mes BEED		
Tape Counter Times ◆	Person Speaking	Text		
		going to ge	t any so you could see that if you were,	um, cos you

have to roll and turn people to get them clean and to change their bedclothes and their night clothes and so on, so if she was showing, showing no signs of pain whatsoever then that would say right you might need slightly less, far more normal that someone shows some indication of being in pain when you start to move them and you have to judge is that a lot of pain that we're, you know we're, we're putting them through agony and we need to increase things or is it just the normal amount that you would associate with moving someone in which case level of pain killers you're giving is about right.

Right, is it recorded anywhere in the notes that those checks were undertaken on Gladys.

It's, it's not specific but it's integral with um the nursing care plan so um on the 18th um for her night care but she's comfortable and the daughter stayed. Um on the, on the hygiene that she's had, she's had bed bathes and she's had oral care. Um, on the 19th she's had a night change and wash, repositioned, apparently pain free during care.

44.36

Code A

BEED

DS



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

ape Counter Times	Person Speaking	Text
, M r 3	DS Code A	So if she's pain free during that period, is it not then a prope
		consideration to reduce
		(the tape buzzer rings)
	DS Code A	I think we've got two minutes left, but don't, don't rush you
		answer because of that.
	BEED	Right, okay. Right, okay. The difficulty was if you start the
		reducing the pain, reducing the analgesia and the pain break
		through um you're then right back to square one where you'
		not got the pain controlled um and you're having to go in wi
		high doses again, so if the patient is, recognising that the patient
		condition is deteriorating and dying anyway, if they're pain fr
		then you continue at the dose you're at.
	DS Code A	But that doesn't give them the opportunity to recover.
	BEED	But we're all, we're recognising that this lady, we didn't feel the
		lady was likely to recover anyway at this point in time.
	DS Code A	Right, but she was never given the opportunity to recover w
		she.
. •	BEED	(inaudible).
6.36	DS Code A	Had, had someone said hold on she's not in pain let's



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times ◆	Person Speaking	Text
i ng	BEED	Yeah, right.
	DS Code A	reduce this to half the dose.
	BEED	Yeah.
	DS Code A	And see what happens.
	BEED	Yeah.
	DS Code A	Because if she was in pain from a broken hip
	BEED	Yeah.
	DS Code A	that may have well subsided over the 2 or 3 days. Is there a
		straight forward answer.
	BEED	We, well, we, we didn't' expect that the pain would have resided,
_		we would have expected if we'd reduced, reduced the analgesia
		that the pain would have came back at the same level.
	DS Code A	Right and that decision is based on experience
	BEED	Yeah.
	DS Code A	in
	BEED	Yeah.
	DS Code A	Between yourself and Doctor BARTON.
•	BEED	Yeah, yeah.
	DS Code A	Right. With hindsight, was it not considered, was it not



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 42

Tape Counter Times [◆]	Person Speaking	Text		
و لور		appropriate that	•	
	BEED	No wouldn't have		

Tape ends as BEED is talking, at 1541 hours.