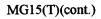


RECORD OF INTERVIEW

SDN:		ROTI:	×	Contemporaneous Notes
Person int	erviewed :	Christine	JOICE	Police exhibit no. :
Place of in	nterview :	Park Gate	Police	Number of pages : Signature of interviewing officer producing exhibit :
Date of in	terview :	15 June 20	000	
Time com	menced: 1	2.00	Time	concluded: 12.42
Duration (of interview	: 42 minu	ıtes	Tape reference numbers ♦ : 44/00/28438
Interviewi	ing Officers	: DC	Code	A , DC Code A
Other per	sons present	: Mr C	ode A	- Saulet & Co Solicitors, PORTSMOUTH
Tape Counter Times	Person Spe	aking		Text
0.09	DC Code	Α		This interview is being tape recorded, I am DC Code A the
		* f		other police officer present is?
	DC Cod	e A		DC Code A
	DC Code	e A		Okay, I'm interviewing Christine JOICE. Please can you give
				your full name and date of birth?
	JOICE			Christine JOICE, seventeen, twelve, fifty (17/12/50).
	DC Code	A		Okay and also present is
	SOLICITO	R		Mr Code A from Saulet & Co Solicitors, Portsmouth, legal
				advisor.
	DC Cod	le A	•	Okay, this interview is being tape recorded at Park Gate Police
ı	<u> </u>			Station. At the conclusion of the interview I'll give you a notice

Signature(s):

DC Code A





HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 1

Record of	Record of interview of: Christine JOICE				
Tape Counter Times •	Person Speaking	Text			

explaining what will happen to the tapes, okay. May I remind you that throughout the interview you are entitled to the legal advice offered by Mr Code A and the interview can be delayed at any time for that.

JOICE

Mmm, mmm

DC Code A

Okay, just read something out now to explain exactly why we're here and what we're going to do. Basically 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 hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided 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, this is a search for the truth and for basically the facts

Signature(s):

[•] Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 2

Record of interview of: Christine JOICE

Tape

Counter Times •

Person Speaking

Text

to come out and your account and answers will be carefully assessed in the light of information arising from the other interviews with staff and general correspondence that we have obtained. 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 proceed. Obviously we've spoken to Mr Code A earlier and provided the relevant material prior to the interview which I understand you've been shown.

2.15 JOICE

DC Code A

Yes

any time. Your right to free legal advice in private extends throughout the period you're at the police station. I'll also say that we're not here to make any judgements because we're not in

I must emphasise you're not under arrest and are free to leave at

a position to do so, all the decisions that we take will be sort of

handled by a professional body who knows the medical side of

things, we are basically laying on...you know there's a lot of things

we wouldn't understand on the medical side of it so no decision is

going to be taken by people who don't understand the set up of

Signature(s):

DC

Code A



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 3

Tape Counter Times •	Person Speaking	Text
		hospitals or the way things work. Now the next part here is the
		caution, You do not have to say anything but it may harm your
		defence if you do not mention when questioned something which
)		you later rely on in court anything you do say may be given in
		evidence, okay. Do you understand the caution?
3.13	JOICE	Yes
	DC Code A	You do, okay.
	DC Code A	It is funnily worded the stuff we've read out but at the end of the
,		day because Lee's explained, we're not here to judge people or
		anything, we've been asked by other people to accumulate and
		gather facts about what people know, what there responsibilities
•		were, what there contact was with Mrs RICHARDS and that's
		what me and Lee are doing, we're here to gather facts, we're not
		here to point the finger at any people or anything like that, we're
		just here as like an agency so to speak to gather the information
		that the other bodies require to have a look at, okay.
	JOICE	Yes, yes.
	DC Code A	Right, okay
	DC Code A	The date is the fifteenth (15 th) of June 2000 and the time is for

Signature(s):

DC Code A





Signature(s):

DC

Code A

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 4

Tape Counter Times	Person Speaking	Text
		the tape
4.00	DC Code A	Okay it's twelve (12.00) o'clock.
	DC Code A	Twelve (12.00) o'clock.
	DC Code A	Time commenced. Okay, right as I say that's the issue we're
		going to talk about and what I'd like to do initially is just to get a
		bit of background about yourself and your qualifications and your
		role at the time and your experience, you know in the hospital is
		you could just tell me a bit about that.
	JOICE	Yeah. I'm a registered general nurse, I qualified in 1989 er I've
		worked solely almost solely with the elderly since that time, mos
		of it at Gosport War Memorial, some short time at St Mary's
		Hospital on the acute ward erm worked on Daedalus Ward since i
		was first opened and I'm not sure what date that was erm my role
		at the time when Mrs RICHARDS was a patient was er the stroke
		team leader. We had athe ward was basically um running teams
		we worked in teams and the team I was working with was the
		stroke patients for the rehabilitation team. We have so many bed
		for rehabilitation and so many beds for continuing care.
5.20	DC Code A	Right, okay and is that the set up now at?



HAMPSHIRE CONSTABULARY

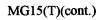
RECORD OF INTERVIEW

Continuation Sheet No: 5

ape ounter imes •	Person Speaking	Text
	JOICE	I'm afraid I don't know now because I left there in October
	DC Code A	Oh okay, right.
	JOICE	last year and I now work in the community.
	DC Code A	Okay. In terms of you say you're experienced with the elderly,
		have you been involved in the palliative care side of it? Can you
		explain what that is and what your experience is of that?
	JOICE	Mmm,mm. I've been involved in a lot of palliative care of elderly
		people erm all these people are very ill, erm and er just to say that
		the nursing care, well I've always tried to give the best nursing
		care obviously we can and also of my colleagues that I've worked
		with on the ward all those years. We did, we do use the syringe
		driver erm to administer morphine in a lot of cases and with
		patients that are very ill er because we find this is the best option
		for relieving pain and making people comfortable when they come
		to the end of their days.
	DC Code A	Right, okay. So we've gone onto the syringe driver there so what
	,	are the advantages of using a syring driver, I mean you've covered
		some of that but as opposed to sort of oral, oral drugs.
	JOICE	Erm well a syringe driver would be used when oral drug

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 6

<u>T</u>	Record of interview of: Christine JOICE		
Tape Counter Times	Person Speaking	Text	
		administration was no longer possible.	
6.59	DC Code A	Okay and what reasons would it not be possible, what would be	
		some of the things that?	
)	JOICE	People unable to swallow, they may have had a stroke, they may	
		be unconscious but still showing signs of pain erm and other	
		routes that er perhaps not possible not to give by so it's erm more	
		comfortable for the patient.	
	DC Code A	Yeah, okay.	
	DC Code A	On your experinece of the syring driver again, what's the	
		advantages or disadvantages for administering it through a	
		subcutaneous route or	
•	JOICE	That is it subcutaneous.	
	DC Code A	you don't do a syringe driver straight through a vein or	
		anything?	
	JOICE	No, no.	
	DC Code A	No, it's always done subcutaneously is it?	
	JOICE	Absolutely	
	DC Code A	Oh right, I did not know.	
	JOICE	Yeah, it just goes straight under the skin, a small needle under the	

♦ Not relevant for contemporaneous notes

Code A

DC

Signature(s):



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 7

Tape Counter Times ◆	Person Speaking	Text
		skin and you get the erm dose of medication throughout 24 hours
		so you get no breakthrough pain which you would experience
		sometimes if you were on oral medication.
	DC Code A	Yeah, so basically thethat sort of method is a constant pain relief
		for the patient and no doubt it makes it easier for the nursing staff
		which are no doubt a bit depleted.
	JOICE	Not necessarily.
	DC Code A	No
•	JOICE	No because I mean you still need two nurses to do everything, it
		doesn't make it easier for the nursing staff.
8.15	DC Code A	No.
	JOICE	It's what er benefits the patient not what benefits the nursing staff.
	DC Code A	Right
	DC Code A	So as I understand it the syring driver is sort of like, it's like
		programmed in as to how often it kicks in with the medication.
	JOICE	Yeah
	DC Code A	Is that right.
	JOICE	Mmm
	DC (Code A	What training do the medical staff have in order to operate the

Signature(s):

DC Code A



Signature(s):

Code A

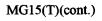
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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 8

Tape Counter Times	Person Speaking	Text
		syring driver?
	JOICE	We have yearly syringe driver updates erm which we receive a
		certificate to say we've attended erm we get taught how to use
		them originally and that doesn't change over time really. There
		are two different types of syringe drivers but we mainly use the
		one, one type all the time.
9.04	DC Code A	Right
	JOICE	So once you were trained to know how much to draw up, an
		how to set it that would remain the same for everybody thaton
		the dosage might change.
	DC Code A	So is that like an actual sort of course you go on?
	JOICE	It's like erm like a study period if you like, somebody would com
		to the hospital and go through the syringe driver, what sort of
		drugs we'd be using and benefits for the patient, benefits of
		different drugs.
	DC Code A	Okay. Can you just give me a bit of background as to Daedulus
		the time, this is July '98 set up, just on staff and patients and ho
		many patients you normally have?
	JOICE	I've no idea.





RECORD OF INTERVIEW

Continuation Sheet No: 9

Tape Counter Times	Person Speaking	Text
	DC Code A	No, okay.
	JOICE	Unfortunately I can't remember how many patients we had at that
		time.
9.58	DC Code A	What was Deadulus' main responsibility? What was their ward's
		What was their type of patients they treated?
	JOICE	Rehabilitation of slow stream, stroke patients and continuing care
		which actually covers a huge area. This might be people that were
		too ill to go into a nursing home or too dependant to go into
		nursing home erm they may have like Mrs RICHARDS fracture
		the hip and come to us for a period of slow rehabilitation becaus
		of the nature.
	DC Code A	So
	JOICE	All sorts of things really, you know you name it we looked after
		it all sorts of conditions.
	DC Code A	so because of that there would be a number of different result
		with patients, some would be able to move on to either go hom
		or nursing homes or whatever.
	JQICE	Yeah we had a quite a lot of people very, very dependant and ver
		ill.

Signature(s):

[◆] Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 10

Record of	Record of interview of: Christine JOICE		
Tape Counter Times *	Person Speaking	Text	
	DC Code A	Okay and what they would remain there until such time as another	
		hospital, another establishment could or were able to take them?	
	JOICE	Yes they may be able to go to a nursing home erm or stay with us	
		or whatever happened or go home.	
11.32	DC Code A	Okay. During that time we're talking about on a sort of day to	
		day basis who would be responsible for making decisions as to	
		their you know individual patients care and well being and	
		treatment?	
	JOICE	Regarding nursing or?	
	DC Code A	Well regarding sort of medication or types of treatment and who	
		would actually make those decisions?	
	JOICE	Erm Doctor BARTON well Doctor BARTON would prescribe	
		the medication, erm she would decide what medication was	
		appropriate for that patient but then again after that we would also	
		use our knowledge and perhaps erm see how the patient was	
		depending on if we couldn't give the drugs obviously we'd go	
		back to the doctor and say sorry she can't take this, you'll have to	
		change it to another so we did have an input but we can't	
		obviously can't prescribe drugs as nurses.	

Signature(s):

[♦] Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 11

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Right, okay.
	JOICE	But we do have an input in like assessing if you like the patient.
12.39	DC Code A	So the drugs had been prescribed bywas it purely Doctor
		BARTON, was she the GP for the ward or was there other
		doctors who would come in?
	JOICE	Yeah erm Doctor BARTON is the clinical was or still is I presume
		the clinical assistant to Doctor LORD who's the consultant. Dr
		LORD also used to prescribe medication erm on her ward round,
		also if Doctor BARTON wasn't on duty one of her partners
		would also come in and prescribe medication.
• .	DC Code A	Do you know who they would be? Do you the names of
	JOICE	Yeah, what all of them?
	DC Code A	Yeah how many doctors
	JOICE	Laughs. Erm her partners are Doctor PETERS, erm just give me
		a minute Doctor BEASLEY erm Doctor BRIGG and the other
		one escapes me, I can't remember because I've been left a while
		now so I can't rememthere's another GP, a lady I can't
		remember her name it will probably come to me in a minute.
	DC Code A	Yeah, it's okay, okay. So in terms of the care then, in terms of the

Signature(s):

DC Code A





RECORD OF INTERVIEW

Continuation Sheet No: 12

Γape Counter Γimes ◆	Person Speaking	Text
		actual
	JOICE	Doctor BROOKS.
13.56	DC Code A	Doctor BROOKS, okay. So in terms of the actual prescription
		of drugs that would fall down to the Doctor BARTON or
2	JOICE	Yeah.
	DC Code A	Doctor LORD or someone acting on behalf of Doctor
		BARTON
	JOICE	Yes
	DC Code A	someone else from her practice?
r	JOICE	Yes. Occasionally other consultants would come to see patients,
		they may be Psychlogeriatricians and they may also prescribe
		drugs.
	DC Code A	Phsyclogeriatricians.
	JOICE	There the psychiatric side of erm dealing with dementia or
		alzheimers disease or
	DC Code A	Okay
	JOICE	behavioural problems that sort of thing.
	DC Code A	Yeah so I mean are you able to summarise what your
		responsibilities were on the ward, what you saw your role as?

Signature(s):

DC Code A



HAMPSHIRE CONSTABULARY

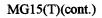
RECORD OF INTERVIEW

Continuation Sheet No: 13

Tape Counter Times	Person Speaking	Text
	JOICE	My particular role was as erm stroke team leader but that also erm
		if I was on duty at that time, er er obviously during my duty I
		would be caring in a more, a less direct way for everybody but my
		main role would be looking after the patients in the stroke team.
15.11	DC Code A	In the stroke team, okay. Can you recall how many (laughs) yeah
		okay?
	JOICE	It's always a very, very busy ward
	DC Code A	Yeah.
	JOICE	that I can say it's always very hectic because as I've said to you
		before all the patients are very, very dependant.
	DC Code A	What's the sort of turnover, people passing through, would you
		be able to estimate the numbers?
	JOICE	Erm no not really, I mean there again it depends on how quickly
		they get better or don't or otherwise.
	DC Code A	How many beds did you have in the ward?
	JOICE	24.
	DC Code A	24 beds okay, and how often were they sort of occupied, how
		often did you have a full ward, what sort of numbers did you tend
		to operate at?

Signature(s):

DC Code A





RECORD OF INTERVIEW

Continuation Sheet No: 14

Tape Counter Times •	Person Speaking	Text
	JOICE	Numbers well erm nineteen, twenty would probably be the
		average.
	DC Code A	Okay
,	JOICE	Very rarely, we used to get full at times but erm round about
		twenty I would say.
	DC Code A	Right obviously this relates to there's a bit of background there
		but this obviously relates to the care of Mrs RICHARDS between
		the 17th and the 21st of August '98.
	JOICE	Yeah
	DC Code A	Do youfirst of all do you recall Mrs RICHARDS or do you
		remember anything about her or her family being present in the
		ward?
	JOICE	Yes.
	DC Code A	Okay perhaps it's best now just to perhaps if you could go over
		your recollections of what happened in those four days you know
		any dealings you had, any conversations?
	JOICE	Mmm,mm, erm as far as I can obviously you understand
	DC Code A	Yeah I can appreciate that.
	JOICE	seen hundreds of people between times erm Mrs RICHARDS

Signature(s):

DC Code A





RECORD OF INTERVIEW

Continuation Sheet No: 15

Record of interview of: Christine JOICE

Tape

Counter Times •

Person Speaking

Text

erm firstly was a very erm poorly lady really when she was admitted, she had dementia, she used to cry out a lot, call out a lot erm and it was difficult whether to assess whether she was in pain or maybe it was her dementia that was making her agitated. Erm she came to us from Haslar having had a fall previously not with us at the nursing home I think and er she had a hip replacement at Haslar, came to us afterwards. Umm I don't really remember very much about her nursing care because I didn't really get involved very much with her day to day nursing care because she wasn't one of "my patients if you like" in inverted commas.

DC Code A

Right

JOICE

Erm I did have contact with her during medicine rounds, things like that, I also spoke to the daughter on a few occasions but I can't really remember the nature of what the conversations were about now. I knew the daughter wasn't happy with the treatment her mother was receiving erm I knew that she'd fallen whilst she was with us, well slipped out of her chair or was found on the floor so we don't really know how she got there but she was found on the floor. I wasn't actually involved in any of that

Signature(s):

DC Code A





RECORD OF INTERVIEW

Continuation Sheet No: 16

Tape Counter Times ◆	Person Speaking	Text
		although I was on duty at the time. Subsequently I went off duty
		at three thirty (3.30) erm having handed over the work, the
		workload to another staff nurse and she dealt with the subsequent
		erm transfer or calling the doctor and working, finding out
		whether to have x-rays etcetera
19.14	DC Code A	Right
	JOICE	so I wasn't there then erm I can't remember but I think I was
		erm was it the seventeenth (17 th) she fell or was?
	DC Code A	She returned to the hospital on the seventeenth (17 th).
	JOICE	Oh right, I don't know whether I was on duty the next day afte
		the fall, I don't think I was, I'm not sure.
	DC Code A	Right
	DC Code A	I think you'll find she fell on the fourteenth (14th) and was re
		admitted back to Haslar, she had a dislocation and that wa
		replaced and then she came back to the Gosport War Memorial or
		the morning of the seventeenth (17th) or lunchtime of the
,		seventeenth (17 th).
	JOICE	Yeah
	DC Code A	So she disappeared for a couple of days for

Signature(s):

[◆] Not relevant for contemporaneous notes





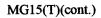
RECORD OF INTERVIEW

Continuation Sheet No: 17

Tape Counter Times	Person Speaking	Text
	JOICE	Right sorry I've lost my drift now, what am I supposed to be
		saying, what am I supposed to be talking about? What happened?
20.11	DC Code A	What can you remember about
	JOICE	What I can remember about
	DC Code A	What you recall, yeah.
	JOICE	Erm then the next thing really I can recall is Mrs RICHARDS
		beingcoming back from Haslar hospital erm her crying and
		screaming er as soon as she came through the doors at the bottom
		of the ward.
	DC Code A	Right.
	JOICE	Erm once again I don't know whether she was in pain or not, i
		would appear that she was in pain.
	DC Code A	Right.
	JOICE	I was actually I think on the telephone or something, doing
		something else at the time. She wentthe ambulance people took
		her into the room and the door was shut and I don't know wha
		happened after that.
	DC Code A	Right
	JOICE	Erm this was just before lunchtime and before the handover and en

Signature(s):

DC Code A





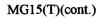
RECORD OF INTERVIEW

Continuation Sheet No: 18

Tape Counter Times	Person Speaking	Text
		Philip BEED then came on duty at quarter past twelve (12.15) or
		almost just after Mrs RICHARDS came back from Haslar and
		can't remember what happened after that really.
21.23	DC Code A	Okay. Who was actually sort of because I know you're saying
		your responsibility lay with the stroke patients that you had, so
		was there anybody whose like assigned to sort of look after Mrs
		RICHARDS or is there anybody who has a specific responsibility
		for you know 2 or 3 patients or more than that. Can you recal
		who was looking after Mrs RICHARDS?
	JOICE	No.
	DC COLVIN	Okay
	JOICE	Erm the teams would have been designyou know would actually
		have been written down who was in each team but we didn'
		necessarily work on our own teams all the time.
	DC Code A	Right so it was a case of just where the need was.
	JOICE	Yeah if there wasn't somebody say on my team to work with me
		then one of the other girls from the other teams would cover.
	DC Code A	So there was a lot of chopping and changing to ensure things were
	<u> </u>	covered.

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 19

	Record of interview of: Christine JOICE		
Tape Counter Times •	Person Speaking	Text	
	JOICE	Sometimes yeah.	
22.19	DC Code A	Okay lets just go back to when she came in then, when she's	
		screaming. Can you remember how she was being transported	
) *		into her ward?	
	JOICE	On a stretcher.	
	DC Code A	On a stretcher.	
	JOICE	Erm portable on wheels with the ambulance men.	
	DC Code A	Right, okay.	
	JOICE	I think.	
	DC Code A	Okay	
	JOICE	Yeah I'm almost certain.	
)	DC Code A	Is that a stretcher thats supported, is it got like a?	
	JOICE	Yeah, yeah its a mattress.	
	DC Code A	Mattress on a framework.	
	JOICE	That's it. Shaped like shaped sides so it holds	
	DC Code A	Okay.	
	JOICE	the person in position with straps round as well because	
		obviously they're (inaudible) around in the ambulance.	
	DC Code A	Do you recall ever being involved or present at any discussions	

Signature(s):

DC Code A



HAMPSHIRE CONSTABULARY

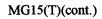
RECORD OF INTERVIEW

Continuation Sheet No: 20

Tape Counter	Person Speaking	Text
Times •		
		over Mrs RICHARDS either with Doctor BARTON or another
		doctor as to what treatment would be best for her or?
23.19	JOICE	No
l	DC Code A	What would you refer to in order to carry out say the doctors
		made a specific instruction or specific treatment or prescription,
		what do you refer to in order to carry out those instructions, or is
		there anything or is is just?
	JOICE	As far as medication goes?
	DC Code A	Yeah, medication or you know if
	JOICE	Or changing
	DC Code A	yeah
)	JOICE	she wants something done differently erm that would be
		recorded in the nursing notes
,	DC Code A	Right
	JOICE	and handed over between shifts by whoever was in attendance at
		the time, say er not in this instance so much but say erm Doctor
		BARTON said er this patient needs a blood test tommorrow erm
		then she would write the form out, give it to the staff nurse,
		whoever was with her at the time and then obviously that sort of

Signature(s):

DC Code A





RECORD OF INTERVIEW

Continuation Sheet No: 21

Tape Counter Times	Person Speaking	Text
		gets handed on to the next person because the shifts change
	DC Code A	Yeah
	JOICE	and then you just hand over the information as you go.
24.30	DC Code A	Okay, so its just a sort of I mean a
	JOICE	Its written down as well, should be.
	DC Code A	right and then would there generally be discussions if required
		over particular patients if there was a specific need?
	JOICE	Yes.
	DC Code A	Okay and do you recall any conversations about Mrs RICHARDS
	•	anything that was said to you or you felt a need to mention to
		anybody else?
	JOICE	Erm
	DC Code A	I appreciate its two years ago.
	JOICE	No, not really, I can't remember anything specific, no.
	DC Code A	Okay. What were the issues that the daughters weren't happy
		with?
	JOICE	Erm I don't really know erm they were given, I mean they were
		there quite a lot of the time erm they seemed tothey didn't seem
		to want us to give her analgesia or anything you know that would

Signature(s):

[◆] Not relevant for contemporaneous notes





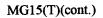
RECORD OF INTERVIEW

Continuation Sheet No: 22

Tape Counter Times ◆	Person Speaking	Text
		sort of relieve her pain.
25.37	DC Code A	Right
	JOICE	Erm and I think that they had a different view of what their
		mother was like to what wefrom our experience found she was
		like because she was quite you know
	DC Code A	In what way, what was their view on their mother?
	JOICE	Erm well I think they thought she could do a lot more than she
		actually could, it wasn't that we didn't try to do anything with he
	,	erm we just found everything very difficult with her, she wouldn'
		eat for us, she wouldn't drink for us, she you know she could
		hardly stand up despite what it says in there, that Haslar say tha
		she could walk and transfer, we found that not to be so.
	DC Code A	Right, so was she able to walk at all even with assistance, was she
		able to walk with assistance?
	JOICE	Erm no not really, she may have been able to stand and transfe
		but I don't think she would be able to walk.
	DC Code A	Sorry transfer, what
. 1	JOICE	From just say I stood up with two people here and then sa
	•	down straight away on something like a commode or something.

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 23

Tape Counter Times	Person Speaking	Text
26.50	DC Code A	Right, so she's able to do that but she wasn't able to
	JOICE	No she was a very ill lady.
	DC Code A	Okay, was that apparent or when was that apparent that she was
		unable to do that, at what stage?
	JOICE	Early, right from the first admission.
	DC Code A	Okay, if we can just go back to the prescription process, you say
		there's a sort of continual assessment and you're able to sort o
		assess that whether therewhether they're unable to take the
		drugs or whatever. In relation to the doctors who prescribe th
		treatment, is there a regular visiting process for them to assess, de
		they regularly assess on a?
	JOICE	Daily
	DC Code A	It's a daily basis is it?
	JOICE	Apart from weekends.
	DC Code A	Right.
	JOICE	Doctor BARTON was erm linked to a GP practice
	DC Code A	Yeah
	JOICE	so she was basically Monday to Friday she'd come in every da
		erm but the weekends we only asked for a doctor if we neede

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

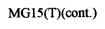
Continuation Sheet No: 24

Tape Counter Times	Person Speaking	Text
		one.
28.04	DC Code A	Right so if there was a specific problem at the weekend it would
		be a
	JOICE	Yeah in that case somebody would have came out erm
		deteriorated over the weekend if something happened then we'd
		ask somabody to come in, it probably wouldn't be Doctor
		BARTON at that point, it would probably be one of her partners.
	DC Code A	Okay so it would be the a doctor would visit daily and I suppose
		reassess the treatment they'd prescribed.
	JOICE	We'd discuss every morning, we'd go through the all the patient
		with the doctor erm highlight any problems that we had, that we
		felt needed dealing with because we're on the premises all the time
		obviously and we see the people all the time, we're assessing then
		all the time.
	DC Code A	Yeah.
	JOICE	Erm and er hand that onto the doctor for anything that needed
		doing on a daily basis.
29.01	DC Code A	Right, do you recall any conversations with Doctor BARTON o
		any other doctor in relation to Mrs RICHARDS?

Signature(s):

DC	Code A
	Ĺ

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

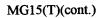
Continuation Sheet No: 25

Tape Counter Times	Person Speaking	Text
	JOICE	No, not really no, don't recall any specific apart from the fact that
		I would have gone through everybody.
	DC Code A	Right
	JOICE	Not her in particular.
	DC Code A	Yeah, it would be similar to a handover then, this is what's
		happened.
	JOICE	Yeah.
	DC Code A	Sort of out of hours then, out of office hours, evenings and
		overnight, what's the system there for, if there is aI take it again
		if there's a specific problem
	JOICE	As far as I can remember erm after erm well it depended or
		what Doctor BARTON was working really erm
	DC Code A	Right
	JOICE	if she waswe'd ring the surgery where she was based if there
		was a problem, if she was on duty she would come out, if she
		wasn't on duty the duty doctor would come out and after I think i
		was either eight (8) or half past eight (8.30) at night you'd get a
		deputising service who would be a deputising doctor could come

from anywhere.

Signature(s):

DC Code A





RECORD OF INTERVIEW

Continuation Sheet No: 26

Tape Counter Times	Person Speaking	Text
30.15	DC Code A	Right, okay and it would just be a
	JOICE	It would just be like if you rung in the middle of the night
		yourself, you probably wouldn't get your doctor you'd get a
	DC Code A	call out, some sort of call out scheme.
	JOICE	deputy, yeah.
	DC Code A	Okay.
	JOICE	That's the same system as we ran on.
	DC Code A	Okay, so going onto Mrs RICHARDS, she's are you aware of
•		the drugs she was prescribed from the seventeenth (17th), the
		treatment she was prescribed?
	JOICE	Erm not with well only from reading the statements there. I'd
		have to look at the drug charts to
	DC Code A	Right, okay. I'll show you a copy of LH1/C/24 which is a
	<u> </u>	prescription record of Gladys RICHARDS. I think that one might
		be
	DC Code A	Haslar
	DC Code A	earlier. Is it Haslar? No it's not
	JOICE	No these are ours
	DC Code A	That's alright. Perhaps you could talk me through this form

Signature(s):

DC Code A



HAMPSHIRE CONSTABULARY

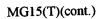
RECORD OF INTERVIEW

Continuation Sheet No: 27

	JOICE	anyway. Mmm,mm this is a prescription sheet where drugs have been prescribed on by the doctor erm we'll go to this one first. This is the as required prescription or PRN um now there's these, one, two three four drugs here and these two here actually should go
	JOICE	prescribed on by the doctor erm we'll go to this one first. This is the as required prescription or PRN um now there's these, one,
		the as required prescription or PRN um now there's these, one,
		two, three, four drugs here and these two here actually should go
		there but there's no space if you see what I mean which is why
		she's written PRN, PRN beside it.
32.18	DC Code A	What does PRN stand for?
	JOICE	As required.
	DC Code A	Oh right.
	JOICE	So say um somebody felt sick erm you wouldn't want perhaps
		they just suddenly felt sick and they were sick erm you wouldn't
		necessarily want to give them drugs all the time for that it might
		just be a one off thing so this is the sort of thing you would use
	•	erm more on aalso as a back up to what you've got on your
		regular prescription.
	DC Code A	Right okay.
	JOICE	Okay. These are regular, regularly prescribed drugs these and
		that, no she's got PRN there beg your pardon so that's PRN as

Signature(s):

DC Code A





RECORD OF INTERVIEW

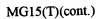
Continuation Sheet No: 28

Tape Counter Times •	Person Speaking	Text
		well so that goes with that, sounds complicated but it's not.
	DC Code A	Take it from me it is.
	JOICE	Yeah alright then.
33.16	DC Code A	Can you just talk us through the drugs and what your expectation
		is of what effects they have or what are benefits and
	JOICE	Right. I'll start from here it's easier isn't it.
	DC Code A	what they do basically?
	JOICE	Yeah. Oromorph is a liquid morphine erm which would be use
		for pain relief. Diamorphine erm that would be subcutaneously of
		intramuscularly there the same so it's a morphine
	DC Code A	I take it intromuscularly is in the muscle.
, .	JOICE	injection, yeah. Injection
	DC Code A	On that Diamorphine one just to point out for the benefit of the
		tape was that ever administered, I don't think itno?
	JOICE	Not from that chart, no.
	DC Code A	So that's an instruction from Doctor BARTON that if you felt
		was required as pain relief then she'd authorise you to administ
		diamorphine as required is it?
	JOICE	Yes.

Signature(s):

DC Code A N

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 29

Tape Counter Times •	Person Speaking	Text
	DC Code A	Yeah, right, okay.
	JOICE	She's actually not written it up beg yougoing back that isn't a
		subcutaneous so that would only be a syringe driver used not
· •		intromuscwe couldn't have given injection with that one.
34.27	DC Code A	Right.
	JOICE	Hyoscine is erm is a drug we use in the syringe driver mostly, you
		can get it in a patch form as well erm but this is subcutaneous that
		would have been in the syringe driver as well, used in the syringe
		driver mostly.
	DC Code A	Right.
	JOICE	Erm and that dries the secretions, stops people getting bubbly and
)		···
	DC Code A	Oh right is that the
	JOICE	sounding just
	DC Code A	chest rattle that
	JOICE	Mmm, yeah that reduces that to try and well make it sound les
	:	distressing really for people who are really poorly.
	DC Code A	Because as I understand if you're lying down for a parrticula
		length of time then the fluids build up on the chest, is that right?

Signature(s):

DC Code A





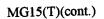
RECORD OF INTERVIEW

Continuation Sheet No: 30

Tape Counter Times	Person Speaking	Text
	JOICE	Erm
	DC Code A	Obviously not.
	JOICE	Yeah sometimes but you can't say I mean no, you can't say 100%
		people are all the same.
	DC Code A	Right.
	JOICE	Some people yes would become bubbly, some people may not but
		you would err on the side of caution in saying that you would give
		it because it's less distressing for the patient and that's what
		you're doing, you're looking after the patient
	DC Code A	Yes
	JOICE	that's the most important thing. So instead of waiting and
		saying oh well you know she might be alright we won't give it, we
		give it
	DC Code A	Yeah, oh so you
	JOICE	because it's not going to make any difference otherwise all it's
		going to do is stop this from happening. This is Midazolam which
		is a sedative erm and that's also a subcutaneously which should be
		in the syringe driver and that's erm really for people that are
		distressed.

Signature(s):

DC Code A





RECORD OF INTERVIEW

Continuation Sheet No: 31

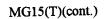
Tape Counter Times •	Person Speaking	Text
	DC Code A	Right, okay.
	JOICE	Erm Matcholose is a perin er which would it quite often goes
		hand in hand with the morphine because that makes you very
		constipated.
36.33	DC Code A	So that's like a laxative?
	JOICE	Yeah, laxative, yeah. Haloperidol is something that's used mainly
		with people with erm psychiatric problems or very restless or en
		disturbed.
	DC Code A	Right.
	DC Code A	Could that be given for her dementia?
•	JOICE	Yeah
	DC Code A	side of things?
	JOICE	Yeah, yeah erm more like a calming drug if you like that's err
		that one again we've got oromorph over here which is ora
	·	different, different dose erm and again a different dose there, o
		hang on this is, this is for the what she's done, I don't know
		what she's done there.
	DC Code A	I think you'll find those dates are different, it's they relate to the
	<u> </u>	times she spent at Haslar, at the Gosport War Memorial prior

◆ Not relevant for contemporaneous notes

Code A

DC

Signature(s):





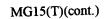
RECORD OF INTERVIEW

Continuation Sheet No: 32

Tape Counter Times	Person Speaking	Text
		her fall after the operation
	JOICE	Oh right
	DC Code A	and these one's relate to her second visit to the War Memorial
		so to speak.
	JOICE	No, erm well that's got the eleventh (11th) prescribed on the
		eleventh (11 th) and these are prescribed on the twelth (12 th).
	DC Code A	I think the three, I think there's four, I think the three we're
		interested in is that one which is prescribed on the eighteenth
		(18 th) is it the eighteenth (18 th) or the nineteenth (19 th)?
	JOICE	No the eleventh (11 th).
	DC Code A	But it was actually administered on theby the syringe driver on
		the
	JOICE	Not until the seventeenth (17 th).
	DC Code A	seventeenth (17 th) yeah.
	JOICE	It was prescribed on the eleventh (11 th).
	DC Code A	Yeah
	DC Code A	That's hyoscine we're talking about.
	JOICE	Yeah, right. Diamorphine that was the syringe driver drug which
		is the same as that, haloperidol again that was, that must have

Signature(s):

DC Code A





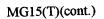
RECORD OF INTERVIEW

Continuation Sheet No: 33

ape counter cimes	Person Speaking	Text
		been put into the syringe driver as well, yeah. Erm and that's a
		PRN haloperidol which would have gone with those, which
		presumably I don't know that must have been written up first
		yeah before that.
38.37	DC Code A	It says there if noisy and thats
	JOICE	That's the one you would use like to calm people down, ver
		agitated people.
	DC Code A	Right, okay.
	JOICE	You haven't got the back sheet have you? Yes there should be
		back sheet on there as well.
	DC Code A	I think that is that one.
	JOICE	Yeah that's it.
	DC Code A	Probably that's it, this one here. The acceptance to prescribed
	JOICE	All done by me.
	DC Code A	okay so they were?
	JOICE	Unable to give these drugs at the time because the patient v
		too drowsy that time and this time although the oral drugs w
		still on the sheet, they actuallyshe was being given drugs by
		syringe driver

Signature(s):

DC Code A





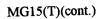
RECORD OF INTERVIEW

Continuation Sheet No: 34

Tape Counter Times	Person Speaking	Text
	DC Code A	Right, okay. So that's the eighteenth (18th) of August at six
		(6.00) o'clock, eighteen hundred (18.00)
	JOICE	Yeah
	DC Code A	and twenty first (21st) of August at eight (8.00) o'clock in the
		morning. Is ithow long do those last once you load it, if you
		load it ?
	JOICE	24 hours.
	DC Code A	So it's a 24 hour thing, okay.
	JOICE	Approximately
	DC Code A	Okay. So are we able to say, are you able to say from those forms
		what she was on or what you loaded the driver with or what was,
		sorry what the driver was being loaded with on those four days,
ν'		the seventeenth (17th) to the twenty first (21st) because some of
		them seem to stop and
	JOICE	Not that one.
	DC Code A	Would it be easier if you looked at these because I think these are
•.	<u>L</u>	the original ones.
	JOICE	(inaudible) I can't read the um numbers in here.
	DC Code A	There you are then.

Signature(s):

DC Code A





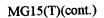
RECORD OF INTERVIEW

Continuation Sheet No: 35

Tape Counter Times	Person Speaking	Text
	JOICE	Thank you. I think that's the nineteenth (19 th).
	DC Code A	It might help you I think as I understand it, as of the eighteenth
S	i	(18th) the prescription for oromorph was stopped as of the
		eighteenth (18 th).
	JOICE	Yeah
	DC Code A	As of that date she was on the hyoscine, the midazolam, the I
		think it's the diamorphine, can you see a date for the diamorphine
		for the nineteenth (19 th) and I think the
	JOICE	Haloperidol
	DC Code A	Haloperidol, I think they were the four drugs that were
		administered by the syringe driver unless of course you can
		correct me because I know there's a lot of drugs there because
		I've read that form and I am quite familiar with the dates on it.
	JOICE	Mmm. Diamorphine, haloperidol, hyoscine, midazolam it would
	•	be those four.
	DC Code A	Those four and just for the benefit of the tape what are they,
	· · · · · · · · · · · · · · · · · · ·	they're the?
	JOICE	Pain relief, analgesia
	DC Code A	Which is the.

Signature(s):

DC Code A





RECORD OF INTERVIEW

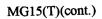
Continuation Sheet No: 36

Γape Counter Γimes ◆	Person Speaking	Text
	JOICE	diamorphine, haloperidol which is to the calming drug, the
		hyoscine which drives the secretions and the midazolam which is a
		sedative.
1	DC Code A	Okay and the doses there
	JOICE	Yeah
	DC Code A	if you just confirm those.
	JOICE	Forty (40) millograms of diamorphine, five (5) millograms of
		haloperidol, which are both very, that's quite low erm four
		hundred (400) micrograms of hyoscine and twenty (20) I can'
		read Philips writing, oh there's mine, twenty (20) millograms o
		midazolam.
	DC Code A	Okay, so there all, there loaded onto the driver
	JOICE	Yeah
	DC Code A	and they're all done at the same time are they?
	JOICE	Yeah
	DC Code A	Okay. Is there any, in terms of those drugs being altogether,
	L	there any concern you would have had about those drugs being
		mixed or is that in your experience a common combination?
	JOICE	No, I wouldn't have any concern about any of those drugs being

◆ Not relevant for contemporaneous notes

Code A

Signature(s):





RECORD OF INTERVIEW

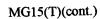
Continuation Sheet No: 37

Γape Counter Times ◆	Person Speaking	Text
		mixed together.
	DC Code A	Okay. Are you able to say what effects it had on Mrs
		RICHARDS, what with the what were the benefits of those
) ·		drugs? I know you've gone through that but what actual benefits
	· · · · · · · · · · · · · · · · · · ·	manifested themselves in Mrs RICHARDS after she was put on
		these medications?
43.48	JOICE	Well she was, well I can't actually remember all I can say is most
		people would be just comforably asleep.
:	DC Code A	Okay, (buzzer sounded) that's the tape telling us we've got a
		couple of minutes left.
	JOICE	Oh right.
	DC Code A	I thought we'd leave it there and
	DC Code A	Yeah
	DC Code A	sort of swap it over and
	DC Code A	yeah
	DC Code A	take a short break.
	DC Code A	Do you want me to make you a coffee or something?
	SOLICITOR	Best thing you've said.
	DC Code A	Okay we're now going to take a short break, the time by m

◆ Not relevant for contemporaneous notes

Code A

Signature(s):





HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 38

Record of interview of: Christine JOICE			
Tape Counter Times *	Person Speaking	Text	
Times		watch is twelve forty two (12.42) and I'm turning the recorder	
		off.	
		TAPE ENDED	

Signature(s):

Code A