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RECORD OF INTERVIEWNumber:
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(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: JOICE, CHRISTINE

Place of interview: PARK GATE POLICE STATION

Date of interview: 15/06/2000

Time commenced: 1251

Time concluded: 1334

Duration of interview:

43 mins

Tape reference nos.
(♦) 44/00/28438

Interviewing Officer(s):

Code A

Code A

Other persons present:
Portsmouth

Mr GRAHAM, -Saulet & Co Solicitors,

Police Exhibit No: LMC/CJ/2

Number of Pages: 43

Signature of interviewing officer producing exhibit

Tape
counter
times(♦)Person
speaking

Text

0.10

DC

Code A

This is a commencement of an interview with Christine JOICE at Park Gate Police Station. I must remind you that you are still under caution, okay and can you just confirm that during the break we've taken that we've not discussed the

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case or the reason why you're here, we've not made any discussion as to the incident we're talking about.

JOICE

No, we haven't discussed anything.

DC **Code A**

Okay, thank you. The time is twelve fifty one (12.51) and what we were discussing is in relation to the drugs that were prescribed and we were just going over what actually Mrs RICHARDS was on, on the syringe driver during those last days. Now in relation to the quantity, provided or supplied to her, what's your thoughts on the amounts that she was actually being prescribed?

1.25 JOICE

The bare minimum that we could have given her, the minimum we could have given her.

DC **Code A**

Alright so can you perhaps...are you able to describe a scenario in relation to how high you would go, I mean...

JOICE

Go as high as necessary to relief pain.

DC **Code A**

Right, okay so there's no ceiling?

JOICE

Only in so far as it's only up to what the doctor would prescribe.

DC **Code A**

Yeah but the doctor could, if it was I suppose absolute extreme cases.

JOICE

You could have people on hundreds of milligrams.

DC **Code A**

Right, okay.

JOICE

In severe cases.

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DC **Code A** In severe cases so in this case the level that Mrs RICHARDS was on is at the bottom of the scale?

JOICE Yeah, yes.

DC **Code A** Okay

JOICE I mean not at the bottom you could go right down to ten if you wanted to but that would really be over 24 hours, that would be so low as to hardly be worth, you know wouldn't relief any discomfort or pain.

2.31 DC **Code A** But the combination of all of them was sufficient to make her rest, sleep, pain free?

JOICE Erm yes.

DC **Code A** Yeah.

JOICE But analgesia, yeah.

DC **Code A** Is there anyone that I know that there was a sedative there, is there anyone of those that would actually cause her to sleep, to actually sort of knock her out, so to speak?

JOICE Erm, I couldn't really say because I mean drugs affect people differently, we might give somebody one drug, a drug and they might react differently to another person so.

DC **Code A** Okay during those last days when she was on the syringe driver, was Mrs RICHARDS conscious at any time?

JOICE I don't know.

DC **Code A** Okay.

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JOICE Sorry can't be of any help.

3.28 DC Code A Right what contact do you recall having with Mrs RICHARDS during those?

JOICE Very little, actual physical contact or...

DC Code A ...Yeah. Did you get involved with the administrate, administrative, yeah admin...

JOICE ...Administrate...

DC Code A ...The syringe driver?

DC Code A the syringe driver?

JOICE Yeah well I've got my signatures on here with Philip.

DC Code A Okay.

DC Code A On that point could you identify what signatures are who?

JOICE That's mine, that's my signature, yeah that's my signature CJ.

DC Code A Just for the purpose of the tape.

DC Code A Twenty five (25)

JOICE Twenty first (21st), okay.

DC Code A And that time there?

JOICE It's eleven fifty five (11.55).

DC Code A And that's the time that would actually be...

JOICE ...And that's the dose twenty (20) milligrams and that's my signature and that's for each drug.

DC Code A Okay so that's for the diamorphine, the ...

JOICE ...Diamorphine, hyaperidol, hyacine and midazolam.

DC Code A Okay

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	JOICE	Do you want me to identify the others or...?
	DC Code A	Yes please, yeah
	DC Code A	(inaudible)
	JOICE	Is that alright
	SOLICITOR	Yeah, yeah eventually, yeah, good.
	JOICE	That's erm Margaret COUCHMAN.
	DC Code A	That's the MC?
	JOICE	Yeah.
	DC Code A	That's the initial there is it?
	JOICE	I think as far as I'm aware erm this is Philip BEED and that's Philip BEED.
	DC Code A	Okay just glancing through, is there any you prescribed or you did it on the 21 st , is there any other times you did it? Have you administered....
	JOICE	...Any other drug you mean
	Code A	Yeah after the syringe driver.
5.00	JOICE	On the driver, no.
	Code A	Okay
	JOICE	Not according to this no.
	Code A	And would this cover...and this covers any oral drugs that would be prescribed during that time as well, is that right?
	JOICE	Yes, yeah, no my signatures not...oh yeah one there, on the 13 th of August.
	SOLICITOR	I don't think that covers the (inaudible).
	DC Code A	<u>I think there was nil by mouth on the seventeenth (17th) wasn't there, it was all done</u>

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by the syringe driver any medicines that were administered?

JOICE

Yeah.

DC **Code A**

Okay do you recall at the time you administered the drugs in the syringe driver Mrs RICHARDS condition on the twenty first (21st)?

JOICE

No, I'm sorry.

DC **Code A**

On a daily basis would Mrs BARTON or Doctor BARTON or Philip BEED reassess the quantity each day or is it just left on a decision made on the initial day until she's next examined which I think was daily wasn't it...

6.06 JOICE

...Yeah

DC **Code A**

...she was seen.

JOICE

The assessment would be made all the time, it's continual...

DC **Code A**

...Right

JOICE

...so you don't sort of go in at three (3.00) o'clock and...

DC **Code A**

...So you can have input on that as well

JOICE

...oh yeah, yeah I mean if the time before that or in between drivers being set up, if I was concerned that anybody not just Mrs RICHARDS was in pain, distressed or needed something changing I would contact the doctor and say Mrs so and so's still in a lot of pain, can I, can she, can you come and see her, can we give her a bit more of this or whatever. That

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would become apparent but I don't remember anything becoming apparent with Mrs RICHARDS.

DC Code A

So if, if it got....

JOICE

...I would have assessed it as I put this up, when I, when I went to change the machine I would have assessed her then.

7.01 DC Code A

So if you had any concerns about Mrs RICHARDS you would have addressed them with Doctor BARTON?

JOICE

Yes

DC Code A

Is it just Doctor BARTON or Mr BEED, Philip BEED as well because he has got no... has he got any control over the amount administered?

JOICE

No.

DC Code A

Or has he within the guidelines set down by the initial prescription?

JOICE

He has here.

DC Code A

Yeah.

JOICE

We have here, we have an adjustable dose as such...

DC Code A

...Got it now, yeah so if you wanted to go over and above the initial prescription that Doctor BARTON wrote out, you'd have to contact her first?

JOICE

Yeah.

DC Code A

Right, right.

JOICE

I mean I may go, I may go to a patient and er if

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they were still very distressed I might say Okay well you know I can go off a bit more between these two figures so...

DC **Code A**

...So you're given the parameters you can work between?

JOICE

...yeah.

DC **Code A**

And you've got to stick by them and that's

JOICE

...Yeah, oh yeah.

DC **Code A**

And for the purpose of the tape, the diamorphine now is forty (40)...

JOICE

...Forty two (42), two hundred (200) it looks like.

DC **Code A**

Two hundred (200)

JOICE

Mmm, two hundred (200) milligrams.

DC **Code A**

And in all those cases it was forty (40)?

JOICE

All the cases that she was given it was forty (40).

DC **Code A**

Okay, so those...what we've also got just to get the system explained really is the...we've got copies here of the drug register LH/10 in fact this is a photocopy which I'll show you now. Can you just talk me through this form, is that the right one?

JOICE

Mmm, yeah this is the copy of the controlled drug register, which is kept on the ward and must be filled in by law because you're using controlled drugs.

8.55 DC **Code A**

Right

JOICE

Every time a controlled drug is given it can only

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be given by a registered nurse erm I think it's, I'm not sure, you can..at the time I think of this incident you must have two qualified nurses to check the amount.

DC **Code A**

JOICE

Right.

And the procedure is you take this in to the room, you open your register, you look down here, which dosage you're going to give and if (inaudible) having diamorphine that we're concerned with this register erm then you get out the appropriate drug...

DC **Code A**

JOICE

...Right

...check it to make sure that there's still say six there from before, you know say so...

DC **Code A**

JOICE

...Right so they count, yeah

...there should have been five, is there five, yes there's five er and then take out whatever you need, and record it in here.

DC **Code A**

JOICE

Okay.

And then you go to the patient, you administer the drug, you come back and then you sign the book to say you've done it.

DC **Code A**

This sort of thing is, is it right to say partly to discover it's theft of or misuse of the drugs.

DC **Code A**

It's a casualty log then isn't it.

DC **Code A**

It's to account for the drugs going in and out.

JOICE

Mmm, mmm.

DC **Code A**

Okay, where is this stocked, who's responsible

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for stocking the store?

JOICE Erm the qualified staff would obviously as you've got a running total here so if I look down and I thought oh we've only got five left and I know I've got say two patients using a syringe driver whatever...

DC Code A ...Yeah.

JOICE ...erm I would order more from pharmacy, I could do that.

DC Code A Okay and where's the pharmacy, is that in the hospital?

JOICE Queen Alexander Hospital, no.

DC Code A It's QA isn't it. Oh what they'd come over and stock up?

JOICE No it comes, it can either come over in a seal...a locked box...

DC Code A ...Right

JOICE ...erm well it's the only way it comes over, it's the only way there is to bring it.

11.03 DC Code A Are the other drugs here, the hyacine, can't read that one.

JOICE Midazolam.

DC Code A Midazolam that's right and the hyaperidol, are they on a register...

JOICE ...No they're not controlled drugs at all.

DC Code A Right, okay it's purely this?

JOICE Yes

DC Code A And just to confirm on the twenty first (21st) of

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August at eleven fifty (11.50)...

JOICE ...That's my signature

DC Code A ...and that's your signature there by thirty (30) milligrams?

JOICE Mmm

DC Code A And again eleven fifty five (11.55)...

JOICE ...Yeah

DC Code A ten (10) milligrams and I take it that's because they don't do forty (40) milligram...

JOICE ...That's right, yeah

DC Code A ...packs or whatever, that's our understanding, that's correct isn't it?

JOICE Yes

DC Code A Okay. So there's two signatures just to book it out for

JOICE ...Yeah

11.48 DC Code A ...for your own protection I suppose and to confirm it?

JOICE Yes, well it's the law you must do it that way, you can't do it on your own.

DC Code A So just to recap those drugs then, you're not really in a position to say what effects they had on Mrs RICHARDS, that she was sleeping and those drugs the level of the amounts being used were at the lower end of the scale which can go up to quite a high number.

JOICE Yes, absolutely correct.

DC Code A Okay.

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DC **Code A** Are you aware of any complications or risks that may occur by any combination of the drugs that were administered?

JOICE No.

DC **Code A** Is there any like side effects which they may cause by being administered together?

JOICE You'd have to ask a pharmacist about that.

DC **Code A** Okay.

JOICE I mean I would be...I would know if there was anything, if somebody said you must put these two together or whatever you would be informed of that but I'm not aware of any, any reason why it can't be combined.

13.14 DC **Code A** So as a cocktail as far as you're aware they're not going to cause any adverse....

JOICE ...I don't, well I can't say because I'm not you know I'm not

DC **Code A** ...you're not qualified to say?

JOICE I know a certain amount but I mean if I was, I would just assess the patient as I went along but I mean I'm actually not aware of anything you know.

DC **Code A** Right

DC **Code A** So we've gone over your contact with Mrs RICHARDS over those last few days which you say it wasn't a great deal...

JOICE ...No.

DC **Code A** ...because of your other responsibilities. Were

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you aware of any attempts to feed Mrs RICHARDS during those days or to give her drinks or whatever and were there any problems encountered with that?

JOICE

I'm not aware of any, anything where, I couldn't say for what other people did....

DC **Code A**

...Right, okay.

JOICE

...but I probably, I don't think I did erm I may...we would try and give somebody a drink if they were able to take it apart from that we wouldn't.

14.29 DC **Code A**

Are you able to say whether Mrs RICHARDS was able to take food and water during that time?

JOICE

I can't remember, sorry.

DC **Code A**

Okay. Are you aware of any conversation or any decision made as to try I think it's hydrate her isn't it subcutaneously, give her you know give her water through a drip or whatever?

JOICE

No, not personally no, not with me no.

DC **Code A**

No, okay. Did it ever occur to you or did you ever feel there was a problem that she was dehydrated or she needed feeding or was it ever made aware to you either by her condition, or by the relatives there or by any other nursing staff?

JOICE

No, not as far as I can remember.

DC **Code A**

Okay. If you were concerned and I'm not...obviously this is not this case but I'm just

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getting some background to the system here again. If you were concerned about either the level of care being provided or you know decisions being made by a doctor and you're not happy with it and you think oh that's not right, you know I'm not happy with that, is there a policy at the hospital as to what you could do in terms of trying to sort that out?

15.58 JOICE

Erm, yes because we have to act as the patients advocate as a nurse so erm yes I would being...in the first instance I would go to my manager.

DC: Code A

And who is your manager?

JOICE

Well at that time...

DC: Code A

...It was Philip BEED?

JOICE

...Philip BEED erm he would then probably take it further from then on. I've never actually had to do that so but that's what I would do and I would think that was the procedure to follow.

DC: Code A

Yeah, just go up to your line manager and take it from there. Okay. Have you got the contact notes (inaudible).

DC: Code A

(Inaudible).

DC: Code A

Just go over the contact notes now. Basically there's a few entries which are down to you which I just wondered if you could pan out for us if you're able to. The first one is the seventeenth (17th) of August '98 at eleven forty eight (11.48), it says return from RN Haslar,

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patient very distressed, appears to be in pain, I think we've covered that already when you say she came in on a stretcher and was crying out...

17.26 JOICE ...Mmm

DC Code A ...so that is logged there. What other things are logged on this first of all? What things would be recorded on it, a contact record?

JOICE Erm well anything that was deemed to be erm needed to be recorded, nothing, anything.

DC Code A Anything at all?

JOICE Anything, yeah. I mean obviously er a fall er whether the patients condition had changed dramatically, you wouldn't have to write on this all the time...

DC Code A ...Yeah.

JOICE ...if nothing had changed there's no point in writing no change, no change, no change...

DC Code A Yeah

JOICE ...because you only write down when something changes.

DC Code A When something, okay. Would you put on there the treatment, if you loaded the syringe driver?

18.20 JOICE Not now, not necessarily erm you might originally if you started the syringe driver and a new, a new form of giving medication.

DC Code A Right

JOICE You might say you've discussed, you've discussed with the doctor or the relatives and

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then the syringe driver commenced.

DC [Code A] So the start of something new...?

JOICE ...Yes, something different, a change.

DC [Code A] ...would be recorded. Yeah a change to treatment or condition.

JOICE Yeah, if there wasn't a change it wouldn't be necessary to write anything.

DC [Code A] What about things like being bed bathed or cleaned or going to the toilet or...?

JOICE ...Would be on, that would be on the care plans.

DC [Code A] A care plan, right. Is that in here or is that being...?

JOICE ...No, it's er it would be kept with the patient, on the patients bed. (inaudible)

DC [Code A] (Inaudible) grab a oral hygiene and both in a matter of (inaudible)

19.27 JOICE Yeah

DC [Code A] Whose responsibility is it to look after the patient in terms of cleanlin...hygiene and....?

JOICE ...Whoevers assigned to that patient in the morning.

DC [Code A] Right. Would that be...

JOICE ...or throughout the day.

DC [Code A] ...would that be one of the health care....

JOICE ...Could be

DC [Code A] ...what are they called, support workers?

JOICE Support workers, yeah.

DC [Code A] And it also could be a someone like yourself,

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would you be assigned?

JOICE Yeah

DC Code A So...

JOICE ...Maybe.

DC Code A ...and that would be something decided....

JOICE ...Or a combination of the two because you'd work in two's normally.

DC Code A Right, okay and when would that be decided?

20.05 JOICE That would be decided erm I'm not sure, well that would be decided prior to the shift I think.

DC Code A Would that be a daily basis thing?

JOICE Erm we used to do it, er, er I'm not sure whether erm I can't really say because I know we did have a system in place at the time but I'm not sure when it started.

DC Code A Right.

JOICE Of writing out who was doing what on each shift.

DC Code A Was it like a rota?

JOICE Mmm

DC Code A Okay so it would basically up to any members of staff in the ward to...if assigned to look after it?

JOICE Yeah, yeah.

DC Code A Okay. Do you recall being assigned to Mrs RICHARDS doing those...?

JOICE ...No because I haven't signed here.

DC Code A So would that suggest that you weren't assigned or...?

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JOICE ...Yes, unless I hadn't filled this in as an error.

DC Code A Okay. How common is that?

21.03 JOICE Quite, well I mean there have been times when we've been exceedingly busy and these haven't been completed.

DC Code A And can you, sort of referring to the care plan there?

JOICE Mmm, on a daily basis, yeah.

DC Code A So how are these viewed in hospital, in terms of importance?

JOICE Erm

DC Code A Not the actual carrying out of the work but I mean the actual filling in of the form.

JOICE It should be, it should be very important.

DC Code A But there are occasions when it tends to get missed?

JOICE Mmm.

DC Code A Okay. If we go back to the...

DC Code A ...There you go.

DC Code A ...we've covered that one.

DC Code A There's two entries, that one there and...

DC Code A ...There's one over the page isn't there?

JOICE Mmm, mmm

DC Code A So there's one there, patients overall condition is deteriorating.

DC Code A I think it's this one here, it's this one here and that one (inaudible)

DC Code A Yeah

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JOICE Yeah (inaudible) peaceful and sleeping, reacted to pain being removed this was pain in both legs, daughter quite upset and angry about her mothers condition but appears to be happy that she is pain free at present.

DC **Code A** And that was on the eighteenth (18th) at eight (8.00) o'clock, twenty hundred (20.00)?

JOICE Yeah

DC **Code A** Can you remember what the daughters particular problem was with her mothers condition?

JOICE No, not really, not at this point. She wasn't really happy at er a lot of the time.

DC **Code A** Yeah, I know we've discussed that she felt her mothers mental condition was better than the medical staff...

JOICE ...Sorry.

DC **Code A** ...we discussed earlier that the daughters felt that her mothers medical sorry her mental condition was healthier than yourself and other members of staff felt, was that right, understood that?

JOICE I think so, yes.

23.23 DC **Code A** And that it was difficult to understand her...

JOICE ...But then that could be understandable because she would relate more to her daughter than she would to us.

DC **Code A** ...right, okay. Was there any times when Mrs RICHARDS was quite clear in what she was saying, made sense and could have a

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conversation?

JOICE I don't recall her, no, I don't recall it, I can't say really.

DC **Code A** Okay. What do you recall about that side of it?

JOICE I don't really remember, as I say I didn't really have a lot of personal contact with her in her day to day care.

DC **Code A** Okay. Moving on then, twenty first (21st) of August at twelve thirteen (12.13). Patients overall condition deteriorating, medication keeping her comfortable, daughters visited during morning. Present for 4 days

JOICE Mmm, mmm

DC **Code A** So that's, that would be a general assessment would it just a visit and...?

JOICE ...That would have been probably when I put the syringe driver up which was around about elevenish (11.00) I think that day and then I would have assessed the fact that she was deteriorating at that time and then I would have gone...

DC **Code A** ...So there was a change in condition then?

JOICE ...yeah, I would have gone and recorded that.

DC **Code A** Okay, would there be at that point any need to contact Doctor BARTON or Mr BEED or anything of that nature to say things are, look she's getting worse?

JOICE No, not really.

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DC **Code A** No, okay. Bear in mind the age of the patient and the situation she was in, what is the policy on that in terms of...I mean what was your view at that time if you can recall as to what was happening to Mrs RICHARDS in terms of her health?

JOICE Well that she, she was dying.

DC **Code A** Okay. Did you feel there was any, anything more or anything different that could have been done at that point to have altered that?

JOICE No.

DC **Code A** Okay. Moving on I think there's a...I think that's it. Were you present when she did actually die or were you on duty?

26.06 JOICE Mmm, no. Not, at what time did she...there she is twenty one (21) no, it would have been the night staff.

DC **Code A** It would have been the night staff, okay. I wonder if you could just talk me through the...if your able to the procedure for say by death and also cause of death, you know are you aware of how that works in the hospital or how it worked at that time?

JOICE Mmm, mmm. Erm as a claim nurse I could certify that somebody had died...

DC **Code A** ...Right

JOICE ...just I can't give a reason why they died. To do that I would examine, I would check the eyes for

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any reflex to light, I would check for a choroty pulse, I would listen with a stethoscope to the heart erm and also listen to breath, breathing sounds.

DC **Code A**

Right, okay...

JOICE

...and then I would make the decision that this person had died and record it.

DC **Code A**

Okay and what happens from there, is there a procedure that you have to follow from there?

JOICE

Erm you would normally, you would tell, if it was erm during the day I would ring the doctor probably and tell them that the patient had passed away erm and then we would er prepare the body to be laid out, label the body and make sure all those sort of things are done erm for identification purposes...

27.59 DC **Code A**

...Right

JOICE

...erm if the family want to view, to view the person and they weren't present at time of death, we'd give them the opportunity to do that as well erm and then the body would go to the mortuary.

DC **Code A**

Okay.

DC **Code A**

What would happen in the case of Mrs RICHARDS, I know you weren't there but if you can just describe the policy where she died at...

DC **Code A**

...Overnight

DC **Code A**

...overnight. Where would she go overnight and

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where would the doctors see her and...?

JOICE ...The next morning in the mortuary.

DC Oh so she'd get taken to the mortuary from the hospital and the doctor would go to the mortuary to...

JOICE ...In the morning.

DC ...to do the necessary, death certificates and paperwork and stuff?

JOICE Yeah.

DC Okay.

DC In terms of certified death what paperwork would you have to fill out for that?

JOICE Erm there's no...only thing I would have to do would be to write down erm what I'd done here and check for people reaction etc, etc, etc...

DC ...Right.

JOICE ...erm and they have just, they did change, they did change the policy at the War Memorial end to write it in the medical notes as well.

DC Right, okay.

JOICE But I don't know if that was in place at this time, because you're talking nearly two years ago.

DC Yeah, yeah.

DC When you say on the medical notes, are they the ones that...

JOICE ...No, the doctors notes.

DC ...the doctors notes?

JOICE Yeah.

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DC [Code A] Have we got them in here?
 JOICE Yeah.
 29.27 DC [Code A] Yeah.
 DC [Code A] Oh there's this one...
 JOICE ...It's not in there so
 DC [Code A] It's not in the doctors notes, right so it may not
 be...
 JOICE ...Oh it's in there, sorry, the
 condition...pronounced, yeah the nurse has
 written there so yeah...
 DC [Code A] ...Right
 JOICE ...obviously was in.
 DC [Code A] Do you know whose signature?
 JOICE Yeah, that would be...
 SOLICITOR (Inaudible)
 JOICE ...same nurse that was on duty, yeah she has
 written in the medical...
 DC [Code A] ...that's the clinical notes?
 JOICE ...clinical, yeah well.
 DC [Code A] Yeah
 29.47 JOICE We call them medical notes.
 DC [Code A] So is this the paperwork, I take it is this Doctor
 BARTON's writing is it?
 JOICE Yeah
 DC [Code A] So this is the record...is this the record of each
 individual visit or do you only put something in
 there that was necessary to put in, like I see its
 seventeenth (17th), eighteenth (18th)...

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JOICE ...Again you wouldn't have to write...

DC: **Code A** ...No

JOICE ... if you didn't need to.

DC: **Code A** Yeah, there's only a need if there's something different to say.

JOICE Yeah.

DC: **Code A** Yeah, so if nothing had changed she might not put anything in there?

JOICE No.

DC: **Code A** Yeah.

SOLICITOR Just going back to the contact record, would that explain why there's an entry on the nineteenth (19th) of August and the next one on the twenty first (21st) August? Would that indicate that nothing happened on the twentieth (20th)?

30.30 JOICE Presumably.

DC: **Code A** Nothing worth noting?

SOLICITOR Nothing worth noting?

JOICE Well nothing of, nothing of, yeah significance.

SOLICITOR Yeah.

DC: **Code A** On...oh sorry Lee.

DC: **Code A** No go on its alright.

DC: **Code A** On the, now I know its not your decision regarding medication and all the rest of it but I've asked you to help me on this point. The course of medication she was on if I can find it, is that the sort of standard medication that somebody would be on like a palliative care

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course of treatment that they believe they're going to die and this was like a way to ease pain and make it comfortable for them?

JOICE

Yeah.

DC: **Code A**

So would that course of treatment started then...I've lost it now. Would that course of treatment for the palliative care start on certainly eight...

JOICE

...Nineteenth (19th).

DC: **Code A**

...on the nineteenth (19th)?

31.27

JOICE

Well the syringe driver was used on the nineteenth (19th).

DC: **Code A**

So yeah the nineteenth (19th), twenty first (21st)...

JOICE

...With that particular combination of drugs, yeah.

DC: **Code A**

Yeah.

JOICE

Prior to that it was...

DC: **Code A**

...It was oromorph?

JOICE

...it was the oral medication..

DC: **Code A**

Oh so that was oral was it?

JOICE

Yeah

DC: **Code A**

So I take it that somebody made a command decision so to speak that there was nothing else they could do for Mrs RICHARDS from the nineteenth (19th) and this course of medication she's put on by the syringe driver was to ease her pain and make her comfortable for the rest of

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her natural life which was three (3) days?

JOICE I can't make..I can't tell you what decision was made because I didn't make it.

DC **Code A** No I appreciate that.

JOICE But...

32.05 DC **Code A** ...But the course of treatment she was on you having worked with elderly patients for x amount of years...

JOICE ...I would assume looking at that for anybody not just Mrs RICHARDS.

DC **Code A** Yeah

JOICE That either this wasn't adequately holding the pain and she couldn't swallow.

DC **Code A** And that's the oromorph...

JOICE ..Yeah.

DC **Code A** ...or she's unable to swallow?

JOICE She's put she's unable to swallow erm I put there like patient drowsy and I couldn't give her any medication...

DC **Code A** ...And that was on the twelfth (12th)?

JOICE ...mind you that's before...

DC **Code A** ...Yeah

JOICE ...so you're not, we're not concerned...

DC **Code A** ...So on the eighteenth (18th) you saw indications...

JOICE ...with that are we?

32.38 DC **Code A** No. All medications given by syringe driver?

JOICE There were times when she couldn't swallow

When in a coma!

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anything.

DC **Code A**

Yeah.

JOICE

So then that would probably be when the decision was made to give it via this route.

DC **Code A**

But that decision and that..the medication administered from the eighteenth (18th) was the sort of medication that is administered to people where it is felt there is nothing else we can do for that lady apart from ease her comfort?

JOICE

Erm it's given..it's the type of treatment given to somebody thats in pain.

DC **Code A**

Yeah.

SOLICITOR

What not necessarily terminal?

JOICE

Well yeah and terminal, I mean, yeah.

DC **Code A**

I mean I take it, all I'm trying to get at is that from that point, somebody whether it be Doctor BARTON or another one at her practice or Doctor LORD is it? Somebody said look this lady, she can't take medicine orally, it's got to be done through the syringe driver but there's nothing else we can do for her and she's put on the palliative care sourt of program of treatment...

33.41 JOICE

...Yeah.

DC **Code A**

...yeah, right.

DC **Code A**

Okay, just try and explain this to me, what...this is the exceptions to prescribe orally so is at this time, particularly the eighteenth (18th) and the

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twenty first (21st) I'm after, asking about this is in relation to drugs...?

JOICE ...Oral drugs.

DC **Code A** Those were oral drugs?

JOICE Yeah.

DC **Code A** Right.

JOICE I couldn't give her the oral drugs because she was having them by the syringe driver. I didn't need to, the doctor...

DC **Code A** ...So this is just, sorry I'm interrupting you.

JOICE ...it's alright. That's just when I hadn't given oral, what, whats happened is the drug charts still showing oral medication.

DC **Code A** Right.

JOICE And because I haven't been able to give it...

DC **Code A** ...You've got to justify why not?

JOICE Yeah. Justify about why I haven't given it.

34.30 DC **Code A** Why you haven't done so, okay, no problem.

DC **Code A** Are you aware of...I appreciate I think on one of your entries you said that she's obviously in pain?

JOICE Mmm.

DC **Code A** And obviously people, other people get to read that, I think that's on the eighteenth (18th) is it, patient....

JOICE ...I said she appears...

DC **Code A** ...in pain.

JOICE ...to be in pain

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DC: **Code A** Yeah but that could have been through dementia or physical pain.

JOICE It can't be...well it's very difficult to assess...

DC: **Code A** ...Yeah

JOICE ...people with dementia.

DC: **Code A** Right.

JOICE But she appeared as though she was in a lot of pain.

DC: **Code A** If it was physically pain related are you aware of anybody trying to identify the source of pain at all, if it was pain related? Did anybody come and check her over to see whether there was something that could have caused her discomfort, the pain?

35.19 JOICE I'm not aware of what happened after that because I would have actually been involved in other things at that time...

DC: **Code A** ...Yeah.

JOICE ...because of the time of day erm but I, I can't say for definite.

DC: **Code A** Right.

DC: **Code A** Did you have any conversation with the sisters, sorry, daughters in relation to their mother in terms of them wanting Mrs RICHARDS to go back to Haslar?

JOICE No, I don't remember (inaudible)

DC: **Code A** And this is the second....

JOICE ...I don't remember that at all.

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DC: **Code A** ...yeah this is the seventeenth (17th) to the twenty first (21st) sort of period.

JOICE After she'd come back, yeah.

DC: **Code A** Yeah.

JOICE I don't remember them ever saying that no.

DC: **Code A** Okay, did they make any mention to you that either they wanted her to go to Haslar or Haslar were happy for her to go back?

36.20 JOICE No.

DC: **Code A** At that time, okay.

JOICE No.

DC: **Code A** Did you see...

JOICE ...I think I would have remembered that.

DC: **Code A** ...apparently she had a haematoma?

JOICE Yeah.

DC: **Code A** Which is a big bruise basically, isn't it?

JOICE Yeah.

DC: **Code A** Did you see that?

JOICE Yes.

DC: **Code A** You did, okay. What was your thoughts around that?

JOICE Erm just a big swelling of blood under the skin.

DC: **Code A** Okay, was she x-rayed further at that point?

JOICE I can't remember, because I don't think I was involved in that.

DC: **Code A** Right. What would cause a haematoma? What's the sort of things that?

JOICE Erm, er well it could be caused by trauma, if

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you, like if you hit your head and you was going to get a lump come up you know, er and it's blood, bit bruised er could be caused by erm I don't know she'd had an internal fixat...she'd had her er hip erm repositioned you see so that would probably account perhaps for some of it. I don't really know what caused it but I mean obviously if you had your hip manipulated back into position that would probably be caused by a bit of trauma.

37.43 DC **Code A**

Could cause something, okay. Were you aware of any discussions by Doctor BARTON or Mr BEED or anyone there surrounding that bruising and what to do about it or not?

JOICE

No.

DC **Code A**

Okay. Did you feel, what was your impression of it? Did you feel it was something that the drugs would help her cope with, I mean was there anything untoward with it or anything you felt warranted you going up to see Doctor BARTON or chat to Doctor BARTON about it or point out to anybody else?

JOICE

No, I mean I didn't really understand where it had, what, where it had come from basically.

DC **Code A**

Right.

JOICE

I don't think any of us did.

DC **Code A**

Okay. What was, did the daughters make any mention of it or have any problems with what

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38.43 JOICE was being done about it?
 Not personally to me because I think Philip erm
 Philip BEED, he took over a great deal of the
 management of Mrs RICHARDS.

DC: Code A Right.
 JOICE After the erm initial er when she came back from
 er Haslar.

DC: Code A Okay, is that novel for someone to take
 responsibility like that?

JOICE Erm as being a manager of the ward I think he
 was concerned on the issues that had been
 brought up by the daughter.

DC: Code A Right, okay. What issues, can you remember
 what the issues...?

JOICE ...Well the fact that she was er put here you
 know I can't be specific but the fact that she
 wasn't happy and I think she'd made a
 complaint.

DC: Code A Right, so he decided to make sure that, have a
 hands on sort of approach to it?

JOICE Yeah.

DC: Code A Okay so would that be, would it be fair to say
 then that your perception of it was sort of Mr
 BEED was overseeing the case?

JOICE I would say that I wasn't involved as much as
 perhaps I may have been.

39.50 DC: Code A Right, okay.
 JOICE In other cases.

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DC: Code A In other cases.

JOICE Mmm.

DC: Code A Okay.

DC: Code A Going back to the ward itself, what sort of facilities do you have on the ward for like emergencies, do you have like I've got to presume on a hospital ward they'd have all the kit there to bounce people up with electric shocks and all that?

JOICE No erm our hospitals not equipped for well its not..it's not equipped...we have a resuscitation tray as such but procedure for resuscitation would be to call an ambulance.

DC: Code A Would it?

JOICE Mmm, I mean we're all trained to resuscitate erm but within, I can tell you ten years I worked at the War Memorial I never resuscitated or had to or ever used resuscitation because we haven't got the facilities, we've got no doctor on site.

DC: Code A Yeah, so there's no, nothing like...

JOICE ...No crash teams or...

40.57 DC: Code A ...no respiratory assistance available in the ward, there are no machines or otherwise?

JOICE Well there might be, there may be er, erm forgotten the name of it, the defibrillator down in casualty, you know the paddle thing.

DC: Code A Oh yeah, the heart stopper (inaudible) like, yeah.

JOICE Erm but nothing at that time nothing like that on

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the ward.

DC **Code A**

So if somebody's having respiratory problems there's nothing in the ward that could utilise to assist. I mean I appreciate terminally ill people...

JOICE

...Only oxygen or...

DC **Code A**

...I mean its a case of, I mean you know its difficult do we let them go on or do we assist them, you know, yeah but there's nothing in the ward at all?

JOICE

It's giving on the understanding, really on the understanding that if anybody needed that type of treatment they wouldn't come to us.

DC **Code A**

They'd be staying in hospital?

JOICE

Yeah, they'd go...they'd stay on an acute ward where the facilities were available for that.

DC **Code A**

Right oh.

DC **Code A**

Perhaps then just to, perhaps you'd finish off by just giving your impression of this situation and Mrs RICHARDS and what your impression was of her when she came in. I mean was she someone who was not terminally ill but someone who was on that..on there way to moving on?

JOICE

Erm , I found out that Mrs RICHARD'S spent a lot, she was, she had dementia and she was very poorly and she spent a lot of time calling out and appearing to be in distress right from the beginning of her admission. Erm she reacted

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well to her daughter er that's fair to say that she did and her daughter spent a lot of time with her
 erm but she couldn't, we couldn't react, we couldn't react with her erm she was very distressed a lot of the time, that's all really I mean I don't as I say on the day to day personal care of her I didn't have much to do with that side of her nursing. That's a general view, the fact that she was quite poorly, poor lady , poorly lady, quite ill and very distressed most of the
time.

DC **Code A**

Okay, (inaudible)

DC **Code A**

No.

43.36

DC **Code A**

Is there anything else you want to, you'd like to add?

JOICE

No.

DC **Code A**

Is there anything you'd like to clarify, anything you've said that you feel we haven't quite grasped or like to explain further?

JOICE

(Inaudible)

DC **Code A**

The whole lot.

DC **Code A**

Mr GRAHAM is there anything you'd like to...

SOLICITOR

Nothing.

DC **Code A**

Okay, I'll hand you a notice explaining the tape recording procedure. If you'd like to (buzzer sounds) before leaving the room. The time by my watch is thirteen thirty four (13.34), I'll turn the recorder off.

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