GMC101149-0001

FFW/156/06

COLOURED
A4
LEVER ARCH

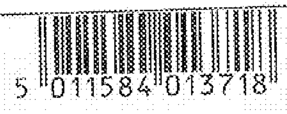
BARTON

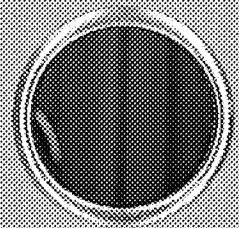
DOCUMENTS
RELATING TO
GLADYS RICHARDS

File 2 of 2

Eversheds LLP
1 Callaghan Square
Cardiff CF10 5BT

4/PWJ/RRR





57

Index of Gladys Richards Documents in Files 56 and 57

1. Transcripts of two police interviews with Dr Jane Barton on 25 July 2000
2. Police statement of Dr Jane Barton [**not in file 61**]
3. Transcripts of five police interviews with Dr Code A [**nb. only 4 transcripts in file 62**].
4. Police statement of Code A dated 25 February 2000
5. Police statement of Code A dated 6 June 2000
6. Transcripts of two police interviews with Code A
7. Two police statements of Code A
8. Police statement of Code A dated 31 January 2000 [**there are 2 statements for this witness in file 61**]
9. Transcripts of two interviews with Dr Code A [**not in file 62**]
10. Police statement of Code A dated 6 March 2000 [**there is a further statement for this witness in file 61**]
11. Transcripts of two police interviews with Code A
12. Transcripts of two police interviews with Code A
13. Transcript of police interview with Code A [**not in file 62**]
14. Transcript of police interview with Code A [**note in file 62**]
15. Transcript of police interview with Code A [**not in file 62**]
16. Police statement of Code A dated 1 July 2000
17. Transcript of police interview with Code A [**not in file 62**]
18. Transcripts of two police interviews with Code A [**not in file 62**]
19. Transcript of police interview with Code A [**not in file 62**]
20. Transcript of police interview with Code A [**not in file 62**]
21. Police statement of Code A
22. Expert Report of Professor Code A dated December 2001 [**not in file 61 or 62**]
23. Expert Report of Professor Code A dated July 2001 [**not in file 61 or 62**]

11

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Place of interview : **Park Gate Police Station**

Date of interview : **20 June 2000**

Time commenced : **14.14** Time concluded : **14.59**

Duration of interview : **45 minutes** Tape reference numbers ◆ : **44/00/289213**

Interviewing Officers : **DC** Code A **DC** Code A

Other persons present : **Mr** Code A **- Saulet & Co Solicitors, Portsmouth**

Tape Counter Times◆	Person Speaking	Text
	DC Code A	This interview is being tape recorded, I am DC fourteen eighty four Code A the other police officer present is....
	DC Code A	DC ninety two Code A
	DC Code A	Okay it is Tuesday the 20th of June, 2000. The time by my watch is 14.14. I'm interviewing Code A please can you give your full name and date of birth?
	Code A	Code A sixteen, nine, forty nine.
	DC Code A	Thank you and also present is....
	SOLICITOR	Mr Code A of Saulet and Co Solicitors, Portsmouth, Legal Advisor.
	DC Code A	Okay. The interview is being conducted at Park Gate Police

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		Station. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes. I must remind you that throughout the interview you are entitled to legal advice and we can delay the interview at any time for you to receive that advice so if your in any doubts about that just say so at any time. Okay I'm now going to explain why we've asked you to come down here today and just basically a summary of what we're trying to achieve. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Code A on the 21st of August 1998 at Gosport War Memorial Hospital. The investigation centers around an allegation that Mrs Code A 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 Code A 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 emphasise that this is a search

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **2**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews with the staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. Your solicitor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and you are free to leave at any time, your right to free legal advice in private extends throughout the period you are at the police station, okay. Now the next part is the caution, you do not have to say anything but it may harm your defence if you do not mention something which you later rely on in court, anything you do say may be given in evidence, okay. That's the caution, do you understand that?
	Code A	Yes, I do.
	DC Code A	Okay. As I 've said to I think everybody who we've spoken to so far, there's quite a lot there, what I would try and emphasise is that there's no judgements going to be made by myself or DC Code A or anybody within the police force or CPS without

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **3**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		having spoken to people who have got experience in the medical profession and also experience in the treatment of elderly patients, you know it's not a judgement we're able to make so it's not a case of us asking questions and getting answers we don't necessarily understand and making a rash judgement on that. It's going to be a carefully considered results at the end of the day.
3.44	DC Code A	Mine and Code A s role in this sort of enquiry is to establish fact...
	Code A	...Yes.
	DC Code A	...like as Code A said we're not in a position to query what drugs are issued, when they're issued, what for and who by or anything, that's not our department. We're just here to establish what people know and their roles and responsibilities during the course of Code A time at Gosport War Memorial.
	Code A	Yeah.
	DC Code A	Okay, what I'd like to do first is just get some background about yourself in relation to the hospital and I just wondered if you could outline your experience and qualifications and how long you've worked at Gosport hospital.
	Code A	Just within Gosport hospitals?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
4.30	DC Code A	Well and generally if it's relevant, if you feel it is.
	Code A	Well I trained as a nurse, I started in sixty seven as a staff nurse in the trauma unit, I got married by about nineteen seventy two I was a staff nurse in a mental hospital, I followed that by a stint on the medical ward and then I went into industries as a nurse for first of all Pye Telecom and then Sainbury's. Then we moved, I joined Gosport War Memorial on an elderly care ward as a staff nurse, I became sister of that ward, I left and had my son, I went back on night duty and I stayed on night duty for the astonishing amount of twenty years...
	DC Code A	...Good grief.
	Code A	...plus and I have just, I left night duty last October and took a post on days on the same ward as I've been on nights for the two previous years, so I've a wide experience throughout the War Memorial and worked in every department,(laughs) and that's it really.
	DC Code A	(laughs) Okay, no that's great.
	DC Code A	(laughs) That's it, that's a lot.
	DC Code A	Yeah, right so in August ninety eight what were your duties?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
5.40	Code A	As the night duty staff nurse as an E grade, I was, I took charge of the ward, I also had a remit that er when the duty sister was absent to take charge of the hospital which involved doing minor injuries and overseeing the other wards.
	DC Code A	Right.
	Code A	And that was...but on that particular night I wasn't stationed on the ward as far I remember.
	DC Code A	Right, yeah I mean the dates obviously for this, we're discussing at the moment are the seventeenth and the twenty first....
	Code A	...Yes, yes I believe I was on the night of the sixteenth which ran into the seventeenth after midnight I think if you look at the duty rota.
	DC Code A	Right.
	Code A	So I wasn't actually there on the night of the seventeenth but I worked into the seventeenth.
	DC Code A	So you worked there when she arrived back from Haslar midday on the seventeenth?
	Code A	No.
	DC Code A	No.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **6**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
6.27	Code A	No, I must have been, I can't remember what night I was on. Do you have my duty rota somewhere?
	DC Code A	It's the only one we haven't got.
	Code A	You're kidding.
	SOLICITOR	The night rota.
	DC Code A	We have got access to it I mean...
	Code A	...She came back on the Tuesday, I'm trying to think of the previous week when she's admitted, I think I was there on the six...yes I do remember her being there because I remember she was in room three when she was initially admitted for the first night I ever, one and only night I ever saw her there...
	DC Code A	Is that when she initially came back from her hip operation?
	Code A	No, that was when, well that's when the hip operation had happened.
	DC Code A	Yeah.
	Code A	Then I had a..my pattern of working was I worked Sunday, Monday on one week and Sunday, Monday, Tuesday on the following week rolling round all the time...
	DC Code A	Yeah, right.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...so I believe I was there on the night she came back from Haslar.
7.22	DC Code A	Right.
	Code A	I believe.
	SOLICITOR	Which night are you talking about?
	Code A	Which is, I'm try...it's difficult isn't it.
	DC Code A	Well I think the first night she came back was the eleventh wasn't it?
	Code A	Yes, I was there the day she was admitted and then the following week that was the Tuesday, what night did she, I must have been there on the night she came back from Haslar.
	DC Code A	Yeah, as I understand it...
	Code A	...I think so.
	DC Code A	...the seventeenth was a Monday.
	Code A	So I would have, yes it's a bit confusing, so I must have worked the seventeenth, eighteenth that particular...
	SOLICITOR	That was nights?
	Code A	That was at night, yes.
	DC Code A	And what is your night duty, what's the times?
	Code A	Oh quarter past eight 'til quarter to eight in the morning.

Signature(s) : DC Code A

583

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **8**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
7.57	DC Code A	Okay.
	DC Code A	A full night.
	Code A	A full night
	DC Code A	Do you remember Mrs Code A?
	Code A	No, not really I'm sorry.
	DC Code A	No.
	Code A	I've not got a clear, I can't see her face at all.
	DC Code A	No, okay. We are aware that her Code A were there from time to time throughout....
	Code A	...Yes
	DC Code A	...excuse me, throughout that week. Do you remember them being in the hospital?
	Code A	I don't really remember her daughters at all, most of what I remember is the things that were said on handover about each patient and really it's, it was just an ordinary old night really, it was...I don't remember the daughters staying, she may have stayed 'til late but I'm almost certain she didn't stay all night on that occasion.
	DC Code A	On that occasion. You say about the handover do you remember

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		anything being said specifically about Mrs Code A on the handovers?
8.53	Code A	Not really I'm sorry you know it's a long time ago and obviously they tell you the background but they're telling you the background about twenty other people at the same time and it doesn't stand out particularly as anything abnormal.
	DC Code A	Who would generally conduct the handover?
	Code A	It's done between the senior nurse on duty from the day shift and the staff nurse and the two health care support workers who worked through the night so there are four of you in the room and the handover starts.
	DC Code A	And is that how many you would have on nights ordinarily sort of three?
	Code A	Yes, there were three of us usually unless there was a disaster or somebody went off sick and couldn't replace them but only three of us.
	DC Code A	Generally so you supervise two?
	Code A	Two health care support workers on the ward, yeah.
	DC Code A	Okay and as I understand it the health care or perhaps you can

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		describe what the support workers, what their role is?
9.49	Code A	Well their role is to do basic nursing care under your instruction which do you want me to...
	DC Code A	...Yeah please do.
	Code A	...(inaudible), erm change patients beds, make them comfortable erm do pillows erm bedpans, toileting, undressing anyone and putting them to bed who needed to go to bed erm that kind of thing and that's really their job.
	DC Code A	Okay, so you mention your sort of general role but in terms of on nights...
	Code A	...Yeah
	DC Code A	...in terms of the patients you're looking after, what are your, sort of things you're expected to do on nights?
	Code A	Well you're really expected to continue in, continue their care and their care is obviously different at night to it is at day because during the night they're in bed whereas during they're not usually so that you really have lots of things to do like, make sure that you know their pressure areas are relieved, that they're positioned properly, that they're comfortable and this kind of thing that is

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **11**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		you know different thing from sitting in a chair to lying in bed so in fact they really nurse quite differently at night erm I think what else do you do, well you have to oversee the treat..any treatment they have, you do the drug round obviously and you're responsible for the, for the drugs given to patients.
11.16	DC Code A	Yeah, okay.
	Code A	Which you do.
	DC Code A	Who's responsible for prescribing the drugs and the treatment?
	Code A	Well the drugs are prescribed either by a GP, by Doctor Code A, clinical assistant or by Doctor Code A the consultant and a GP would be called in if we had erm if a patient suddenly fell ill or yeah, and we couldn't you know Doctor Code A wasn't there and call the consultants and you know at night kind of thing but, but that's how you sometimes it's health call and sometimes it's the Gosport practice.
	DC Code A	Yeah, as I understand health calls like a duty...?
	Code A	...It's in Havant somewhere, its the health call.
	DC Code A	I think it's Havant Road, Drayton.
	Code A	Yeah and you get them in and they'll come and see everybody

Signature(s) : DC Code A

587

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		who's experiencing difficulties in any way.
12.05	DC Code A	Yeah, okay and you would refer to the notes in order to ensure that the treatment...
	Code A	...Yes.
	DC Code A	...prescribed...
	Code A	...Yes
	DC Code A	... you're complying with?
	Code A	Yes, yes.
	DC Code A	Okay. You are aware that Mrs Code A was ultimately put on a syringe driver which I think occurred on the eighteenth. I wonder if you could just talk us through the syringe driver process, what benefits it has, how it works you know just a general overview?
	Code A	It's a, it's a good and erm it's a good method of giving analgesia to a patient erm it, it, you put it under the skin with a needle and it's strapped down er otherwise the patients will probably be having intromuscular injections every four hours which is distressing them, and painful for them that's the way it used to be done, it works basically as a pump, you have erm, you can have

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **13**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		lots of different drugs in it that work in different ways erm because the patients on a syringe driver it does not necessarily mean that their deaths imminent. I believe syringe drivers came from (inaudible) called ambulatory syringe drivers and cancer patients use them for pain relief and actually walk round with them on their body and that's really where I believe that they came from, so it's a good method of giving certain drugs to people to control symptoms, to relieve distress and also to relieve erm patients tend to fill up in the chest as the heart fails, they can't clear the water from their body and they get bubbly and because they're bubbly I don't necessarily think it means they've got a chest infection, it means that their heart doesn't work terribly well and it relieves that distressing symptom and you know the drugs of choice are really dependant on what symptoms the patients showing, the main drug is diamorphine...
	DC Code A	...Right.
	Code A	...which is given erm in varying doses depending on you know you start with a, there's a whole pain regime that's laid down really erm which is a bit simplistic I think if it depends where you're

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **14**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		coming into the pain regime, you know how severe the patients suffering is.
14.53	DC Code A	Okay well perhaps we'll move onto that then. We've got here Mrs Code A health record.
	Code A	Yes.
	DC Code A	And I'm just going to show you the prescription...
	Code A	...Yes, drug record.
	DC Code A	...the drug record and we've got obviously various drugs here not all given at the same time..
	Code A	...Yeah.
	DC Code A	...I just wonder if you could talk me through whi..as we understand it there were four drugs loaded onto the driver on the...
	Code A	...Yes.
	DC Code A	...I think it was the eighteenth it started and diamorphine, haloperidol, midazolam and hyoscine, I'm getting good at this now aren't I?
	DC Code A	Yeah you are because originally we couldn't get out heads around (inaudible) our tongue around that one.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **15**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Haloperidol...
	DC Code A	Laughs
	DC Code A	Haloperidol
	Code A	Several names it's known as a ...
	DC Code A	...Oh don't confuse us
	Code A	...no but you find that people have it in (inaudible) all drugs have erm a chemical name and also manufacturers brand name...
	DC Code A	...Yeah.
	Code A	...so you find that haloperidol could be manufactured at several names
	DC Code A	Okay, I just wonder if you could us through the, these four drugs and what they do?
	Code A	What they do firstly, diamorphine is a major or the major player in what's called analgesia or pain relief erm it's street name is heroin erm and it's a, it's an artificial derivative of the poppy, pain killer, excellent drug of choice has side effects which are respiratory, depression works on that area of the brainwave, depresses your explorations unfortunately (inaudible) otherwise it's excellent. Haloperidol is used for patients who are demented and it's a sort

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		of er calming drug almost but it's used mostly for them you know we don't, it's not used in general medicine, I think it's used for people who are erm what can I say, how can I say, er mentally distressed I think really would be the word I can...
17.27	DC Code A	...Having read some of the statements I think people have referred to them being noisy?
	Code A	Yes.
	DC Code A	Does that make them, is that...?
	Code A	If somebody's noisy, or they're mentally distressed or it can be quite noisy without being so but erm somebody who is severely demented can scream and cry and be inconsolable even...
	DC Code A	...Right.
	Code A	...and sometimes the drugs used you know for that, to make them calm again and that's the drug. Hyoscine erm it's used a lot in surgery, it dries secretions erm as I say it, it stops the erm the bubbling erm and it's really given almost as a comfort to people who find it very distressing to have the pain relief, they've to have their respirations depressed because the respirations want something else put in to, so that we can breathe better without

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		distress. Midazolam it's related to valium and that's another calm me down drug really.
18.48	DC Code A	Okay. Those four together then...
	Code A	...Yes.
	DC Code A	...loaded onto the driver at the same time...
	Code A	...Yes.
	DC Code A	...is that a combination that's usual?
	Code A	Yes, yes it's usual, yes it could be, there could be other drugs but in like erm cycloscine which is an anti nausea if somebody's feeling very sick and use lots of drugs in combinations but that's fairly, probably if you weren't mental you didn't have haloperidol, if you were sick you might have the cycloscine you know it's taken as a, it's a judgement made on a patients medical condition.
	DC Code A	Yeah, okay. Obviously we've got the various amounts here of drugs prescribed...
	Code A	...Yes, yes.
	DC Code A	...diamorphine is between...
	Code A	...Yes
	DC Code A	...forty and two hundred is it milligrams...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **18**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...Milligrams, yes.
	DC Code A	...and if I can draw your attention to the amounts actually administered which...
	Code A	Yes.
	DC Code A	...if you agree with me they all remain at forty?
	Code A	Yes so she wasn't being increased the pain was controlled obviously by what was being given to her.
	DC Code A	Okay so the amounts there on the four, on a scale you know of...
	Code A	I see the hyoscine was increased but yes that's fine, it's nothing.
	DC Code A	...okay are they particular high, what I'm saying are they high doses or particularly low doses or somewhere in the middle?
	Code A	They're very low doses really, you know to be fair, they're not, they're not huge doses, I mean we get people with them with a hundred and twenty in them and of diamorphine over twenty four hours but that's minimal to be fair...
	DC Code A	Mmm, okay.
	DC Code A	Mmm
	Code A	...it's not erm...
	DC Code A	And as I understand it in relation to diamorphine the forty to two

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **19**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		hundred means it's a...
20.40	Code A	..Yeah.
		...gives the nurse discretion to...
		Yes.
		...to up the dose if...
		Yes, mmm, mm.
		...if it's apparent that (inaudible)
		Yes, if the patients are not being erm if the pain's not being controlled you can increase it, you can also stop the driver take it all down and start it all up again with increased doses of drugs in it.
	Code A	Oh you can.
		Yeah.
		Right, okay, because I understand it's on a twenty four hour..?
		It's on a twenty four hour cycle.
		But you can actually...
		...Yeah, yeah.
		...take it off and start again?
		Yes, yes you know supposed they haven't put hyoscine in it, you

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **20**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		could stop it all and add it.
21.16	Code A	Okay.
		But you'd start again, you'd just stop it all and start again, you don't put things in a syringe that things have been in the syringe before, do you understand me.
	Code A	Yeah.
		You don't top it up, you just take it all away and start it up again.
		Okay, obviously these drugs are related to oral as well?
		Yes.
		Can you just have a quick look through and see if there's any that you've administered throughout...?
		...I obviously gave this lady oromorph.
	Code A	Okay
		And I was (inaudible) on the eighteenth because that's my signature.
	DC Code A	Right, I just for the purpose of the tape I'll describe, it's the eighteenth of the eighth at...what's that...?
	Code A	..oh twelve thirty
		...oh twelve thirty...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **21**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
21.58	Code A	Twelve thirty am I mean (laughs)
		Oh right, twelve thirty am.
		Half past midnight?
		That's it.
		Half past midnight.
		Half past midnight that's got it, got five mils?
		Yes.
		And that's your si...?
		...That's right
		Squiggle.
		Yeah, squiggle there?
		That's my signature, yeah.
		Okay, and I take it at the time that's what Mrs Code A was...?
	Code A	...Prescribed as here.
		..prescribed, which is the oromorph?
		Yes.
		And that's some doses there?
		Ten milligrams in five mils.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **22**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
22.26	DC Code A	Okay, I know you've said already that you can't remember a great deal about anything about Mrs Code A but I'm still going to have to ask various questions about it.
	Code A	Yeah, yeah.
		Can you remember the effects that had on her at the time? Whether that dose was sufficient?
	Code A	I think erm that at the time presumably that er she'd had it earl..why had she had it, where had she bee...she'd been in Haslar that I can remember erm I don't like to really say but I rather think that it was difficult to administer it orally, I think that's where erm people spit it back at you and that kind of thing erm and I'd like to point out that it was given at an unusual time so she was obviously in pain because it was, it wasn't given at a time when I would have been doing...
	Code A	...Pretty bad.
		...the drug round you see...
		...Yes, that's
		...so I've given it at half, in the middle of the night kind of thing and the drug rounds done about ten o'clock.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **23**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
23.39	Code A	So it's fair to say that, so that's an unusual time...
		..Yeah
		...generally to ?
		Well it's not unusual but it obviously means to me that the woman was in pain and I was giving her something for it, it wasn't done at a..it was something that had cropped up during the course of the shift, she was obviously making some kind of (inaudible).
	Code A	Okay.
		Would that have been there I appreciate it's recorded there and the fact that she's been given pain relief, would the fact that your attention was drawn to her because she wasn't plainly recorded anywhere?
	Code A	Yes erm
		Could there be written down Mrs, you know Mrs Code A in pain?
	Code A	No I think actually I put something like in the notes oromorph ten milligrams in five mils at present and that was about as far as I got with it other to say that I did record it on the nursing notes that I'd given her.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **24**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay, can you just have a look through the others just to see if there's any there?
24.36	Code A	(inaudible) that's just because she was constipated.
		That's the lactulose?
		Lactulose it's just a, it bulks it up and this is obviously a regular drug that, that she...
	Code A	That's er haloperidol
		Haloperidol
		...haloperidol that was something that she was on anyway I believe, this was the oral morphine really which they, you know it's written in it's obviously four hourly and then sometimes they write like they have here, at ten o'clock at night that she obviously she didn't need it then so it wasn't given but it was given here, you have to write it in two differ..it was given here at half past twelve in the morning so she was obviously not in pain when I went round with the drugs at ten...
	Code A	...Right
		...but she obviously was later.
		Yeah.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **25**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
25.28	Code A	And in fact it had really been given in a sort of a out of hours type way really.
	Code A	Okay.
		And that's all I (inaudible)
		In relation to the four drugs which were administered by the syringe driver, are you aware of any potential adverse side effects it could have had on Mrs Code A health just purely the drugs together as a combination of two, or three or four of them at all?
	Code A	No, not adverse, no.
		No. What about regarding the drugs licences, are you aware of whether they're licenced or unlicenced for subcutaneous use?
	Code A	Well they're obviously licenced because to get an unlicenced drug is a, is a procedure...
	DC Code A	No, I think..sorry..as far as I'm aware certain drugs are licenced to be administered in certain, used in certain routes either orally...
	Code A	...Oh I see
		...yeah
		I see you mean you, you wouldn't give lactulose into a muscle is that what you're trying to tell me (laughs).

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **26**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	I'm hoping you'll tell me.
26.38	Code A	No you wouldn't, you'd have a nurse, yes there's as far as I am aware and...
	Code A	...They are licenced for subcutaneous use?
		...they can be given subcutaneously.
		Right.
		Okay. In relation to the four of them and I appreciate you weren't on duty in the final...
	Code A	...No.
		...couple of days but taking them as they are are you able to say whether that's, those combination of drugs indicate that the person they're being administered to is someone who's dying or you know very ill and close to death or is there other scenarios where that wouldn't be the case?
	Code A	Well there are but in this case I believe that they were administered to Mrs Code A to make her less distressed and more comfortable.
	DC Code A	Okay. On the night she did, you were on duty when Mrs Code A was there did you, can you recall any signs of her

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **27**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		dementia or any times when she was calling out?
27.51	Code A	As far as I recall I think that on her initial admission she seemed to call constantly and was distressed and mentally distressed and obviously erm where she'd had the hip done it's very painful, it's very brutal what's done to them in theatre, to see it done is pretty awful really, these frail old ladies and it's, you need to be a big strong chap to get the hip back in.
	DC Code A	On the date that you had...I think was it the last time she had the oromorph, was that the...
	Code A	No, that's the second to last.
		...the second to last time, you obviously gave it to her because you believed she was suffering some kind of pain?
	Code A	Yes.
		Would, did anybody come and try and find the source of the pain or was it..
	Code A	...Well yes
		... assumed it was the hip operation?
		Well we always try..
		Yeah

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **28**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	..and really before you, you know try to make somebody comfortable before you raced in with a lot drugs to be honest...
28.55	Code A	...Yeah.
		...and I think she was in pain.
		Right so that would have been the course of act...you'd have tried to re, re-position her first?
	Code A	Well, we'd re-position her, we'd try and give her a drink and other things you know, perhaps a cup of tea you know you sort of you know when you talking about giving major analgesia you do look at the whole situation each time.
	DC Code A	Do you recall trying to re-position Mrs Code A?
	Code A	Not really, I can remember the room she's in on her initial admission and I can remember the room she was in on her second admission but Mrs Code A I can't see her face at all, it's, I just can't I'm sorry.
	Code A	Yeah, no.
		You say she was in room three the first time?
		Yes, I can.
		And what was the room in second time she was there?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **29**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
29.40	Code A	I think she was in room four.
		Room four.
		Okay.
		Opposite the nurses station so she could observed, well she could be observed anyway but...
	DC Code A	...But is that the sort of policy that the ward may have, that the more....
	Code A	...Well yes if it's somebody...
		...not risky patients but the more ....
		...Yeah
		...what's the word I'm looking for.
		Poorly
		Yeah, the sicker people get put nearer the nurses office so you can keep, be easier to keep an eye on them?
	Code A	Yes, although we are mostly on our feet erm if you stop to write notes and things you stop at the nurses station and its eas you know you can sort of keep an eye on the two rooms opposite the nurses station which is usually...
	DC Code A	...Are they isolated from the rest of the ward then are they?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **30**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, no it's all in the ward, have you not been to the ward?
30.26		No.
		No, it's divided into four beds, I think we've got three four beds, one six bed and the rest are single rooms.
	Code A	Oh right, so the three and four are they multi occupancy?
		Yeah.
		Yeah
		Yeah you know they (inaudible - laughing)
		Sounds like bedsit land don't it
		They're divided into men and women as well it's not mixed but yes you do put the poorly ones nearer your post because you're there answering the telephone that kind of thing.
	DC Code A	Okay, right so we've covered the drugs and we've covered the fact that they would be prescribed either by the GP Doctor Code A or...?
	Code A	Yeah, well she's the clinical assistant actually to Doctor Code A although she's the Gosport GP.
	DC Code A	Right, okay.
	SOLICITOR	Can I just ask a question on the drugs?

Signature(s) : DC Code A

606

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **31**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Yeah.
31.26	SOLICITOR	It's a question they've asked you about, the hyoscine...
	Code A	Yes
	SOLICITOR	You said was giving the gurgling sound?
	Code A	The secretions
	SOLICITOR	The secretion, if you look at the record not the syringe driver you see it was increased from two hundred to four hundred?
	Code A	Yes.
	SOLICITOR	What would that indicate?
	Code A	It would indicate that her heart was failing and that the secretions were probably building up.
	SOLICITOR	So the noises were getting louder?
	Code A	Yeah she could maybe developing a chest infection, in fact it's put in really erm before people do start this awful gurgling.
	DC Code A	Mmm,mm, and as we've been explained before that the, that one of the reasons isn't solely for the patients benefit which it is...
	Code A	...Yeah.
		...it's for the relatives as well so they don't get distressed over the noises the patient makes.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **32**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
32.10	Code A	Yes, although...
	SOLICITOR	...The nurses would have heard, probably heard the gurgling sound doing this course of treatment?
	Code A	They could well have done, yes.
	SOLICITOR	Mmm, that's it thanks
	DC Code A	Okay and how are the...obviously so whoever prescribes this course of treatment...
	Code A	Yes
		...how do they review it? How regularly do they review the treatment to see it's effects and ...?
	Code A	Well it would be reviewed daily and at any other time that you felt it may have caused concern.
	Code A	Right.
		So...
		...So on an, as been explained to me previously on a night shift...
		...Yeah
		...if something happened which caused you concern you'd contact health care, health call?
	Code A	Whoever, you would actually ring the number of Doctor

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 33

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		Code A s surgery...
	Code A	...Oh right.
		...and they'd get one of her partners if they were doing the call or you may be referred to health care.
33.02	Code A	Right and during the day time obviously Doctor Code A?
		Came in every day.
		Okay
		To see them and review them.
		And review them, okay. I'm aware this didn't happen in this particular case but this is just a general question over hospital procedure I'm after. If there was a time when you were concerned about treatment prescribed by a particular doctor, and you'd made representations to that doctor and you know they'd fell on deaf ears basically...
	Code A	...Yeah.
		...and the treatment persisted, are you aware of any procedure in place that you would be able to go and register your concerns with?
	Code A	Yeah, well yes you could either go, which I would do in the first

Signature(s) : DC Code A

609

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **34**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		place, I would go to the ward manager and say that I wasn't happy with what was happening and you could take it up with your college of nursing who have representation for you.
34.07	Code A	Right
		You know so if you really felt very strongly about something that was happening you know there are people that you can talk to about it.
	Code A	Yeah, okay.
		But not in this case (inaudible)
		No, have you ever had a problem?
		No I haven't.
		Never had a concern in the hospital I presume?
		Not, no, no, no, not to ...
		Okay.
		...I'm trying to think.
		Okay. On the, as I sa..I appreciate your as I mean I'm asking questions when your, you've already told me that your memory of Mrs Code A isn't great but in relation to the treatment she was on when you were present not the syringe driver later on but

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 35

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		when you were present, what were your, what did you understand about the appropriate treatment? What did you think it was set to achieve for her?
35.05	Code A	I think it was set to erm principally to make sure that she had no pain and that she suffered the minimal distress in her illness.
	DC Code A	Were there any times from the seventeenth that you recall where she got out of bed, you know she was helped out of bed or got out of bed?
	Code A	Not during the night shift as I recall, no.
		No, okay. Was there any times you saw her being supported to walk or going to the toilet or to the commode or..?
	Code A	No.
		No.
		No.
		Okay.
		You mentioned there that they (inaudible) to ease her pain, distress through her illness. Are you aware of anything particular that Mrs Code A was suffering from, I appreciate she's ninety two, she's had major surgery, she's deaf, she can't help herself

Signature(s) : DC Code A

611

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **36**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		anything like that but is there any particular illness that you're aware of that she was suffering from?
36.02	Code A	Dementia.
		Dementia.
		Mmm.
		Okay. What problems may, would her dementia have caused to the staff in terms of diagnosis and in dealing with her?
	Code A	If it's possibly erm it's sometimes very difficult to tell the difference between you know if somebody's making a noise why are they crying so loud erm she did cry a great deal I believe but it does make it difficult because they can't answer questions that you're asking them, you know they can say anything really, you know and cause it is difficult but there are signs that people are in pain that outweigh signs that they're in dementia you know. I mean if something hurts you'd probably find that they're holding it if it's their head, or their arm or people tend to guard the part they've hurt erm so really I suppose that she was obviously I think there is a difference between the sort of cry of someone who's dement, you know who's really demented and somebody in pain,

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 37

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		people don't cry a great deal in pain I don't think but you'd probably find that they were holding, it's a difference, it's not a wailing, it's a sobbing if you've hurt yourself dementia they wail and you know it's different really, it's difficult to sort of describe but I mean I don't you know, I don't really recall her wailing so much.
37.58	DC Code A	On those, going back to the course of treatment that she was put on, the combination of the four medicines would that have sedated her sufficient enough that she wouldn't be conscious at all throughout that time?
	Code A	Uhh, well it depends. She wouldn't have been, shouldn't have been or wasn't rendered deeply unconscious, she should have beenrendered pain free.
	DC Code A	Sorry deeply sedated so she's not able to sit up and try and converse with anybody or ...?
	Code A	I don't believe this, I don't (inaudible) on this but...
		...If you don't know, you don't know.
		...well I do but I don't recall her having a conversation and the purpose of it is to ease her pain not to render her unconscious erm

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **38**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		she may well have been very drowsy erm the whole idea of it was to keep her on a plane so that she was comfortable it wasn't to, to you know it's not cause to...
39.03	Code A	...Knock her out?
		..No, though it may well have done but it, it, it's not why it's put up, it's not put up to, to sort of knock people unconscious and render them you know incapable or anything.
	DC Code A	Okay. Just want to go through the various notes that we have here. First one I'll show you which is still forms part of the Code A notes are the contact records. If we take it from the seventeenth, I wonder if you wouldn't mind having a quick look through see if there's any...
	Code A	...This is when she returns.
		...yeah, relating to you from the seventeenth of August.
		Right (looking through documents). That's all quite normal nothing in there that's untoward.
	Code A	Is there any that's (coughs) excuse me, that you've completed?
		No I didn't obviously nothing happened to her overnight to warrant that I wrote in there.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **39**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
40.31	Code A	No, okay.
		I just must have made a note on her nursing notes.
		In relation to the nursing notes are they kept with her medical record or are they kept...?
	Code A	They're kept separately on the ward.
		Are they?
		I think they're at the front actually
		These are the nursing notes and those the back ones these ones are the medical records.
	Code A	So have we got a copy of the nursing notes?
		There the nursing notes.
		Oh sorry.
		They also, well they divide into two, you have the nursing notes kept in the office and these the care plan that you devise individually for each person.
	Code A	Person.
		Okay. Would you mind having a look through those as well just to see if there's anything relating to you? Take your time on it there's no...

Signature(s) : DC Code A

615

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **40**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
41.16	Code A	...Re-admitted, that's me, forgot to sign it.
		Right so that's just for the purpose of the tape...
		...Yeah
		...seventeenth of August ninety eight re-admitted seventeenth of August ninety eight, oromorph ten milligrams...
	Code A	...five mils
		...five mils at...
		...present
		...at present. So that means that that's what she's...
		...That was the analgesia that I gave her on that night.
		Okay, right.
		Sorry I got the impression that she came in at half twelve on the seventeenth?
	Code A	She must have come in at lunchti...usually came at...
		...Lunchtime
		...they're mostly admitted by about lunchtime, we tend to admit in the morning and discharge in the afternoons.
	DC Code A	So the first entry you got to put on the nursing notes then was when you came on duty which would have been after...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **41**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, this is the night nursing plan.
42.09		Oh sorry.
		(inaudible)
		Yeah these are the night nursing notes, the day nursing notes are different...
	Code A	(inaudible)
		...because of the, sorry...
		...No that's alright. (laughs)
		...because you have an individual it's difficult, each patient this is because of the, it should be poor dietary intake and it's to try and make some record of what people have eaten, that's just one of the samples and you'll find there's lots of constipation (inaudible) but the night nursing is literally how they, how you deal with them during the night.
	Code A	Okay, can I summarise this so I understand it.
		Yes, yes.
		So for nights you have a nurse care, a nursing care plan form...
		...Yes.
		...which you detail what you've done...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **42**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...yes.
		...at various times but during the day time they have specific....
		...For each indivi
		...headings to work under.
		Yes that's right, although you're following these as well at the same time...
	Code A	...But you would record it on here?
		...it should really be called a sleep plan I think...
		...Right.
		...would be better.
		Yeah.
		You know, think.
		Right, okay no that's fine, I understand that, okay. So when you would have done that which would have, which was at half twelve?
	Code A	Yeah.
		I take it that you endorsed it and just put on for the purpose of the record that she was...
	Code A	...Having oromorph at that time, yeah.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **43**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
43.28	Code A	And in Daedalus as well she actually come back.
		She was re-admitted, yeah.
		Okay.
		On these notes here if they for getting Mrs Code A if somebody who'd come back from Haslar with a hip operation came back onto the ward and she was reasonably okay even if she'd had a major operation, would there be a form in here, I mean this one here's got nutrition, it's got constipation and I think there's for hygeine as well isn't there or something...?
	Code A	Yes.
		Personal hygeine, would there be a record of physio or anything like that?
	Code A	What you..
		..For any...
		...yes you should record that in the nursing notes (buzzer sounds), if somebody was going to have physio erm we are allowed to ask the physio to see them without a doctor, you don't need a doctor to get a patient to be seen by a physio, this is the ruling at the moment whether it was in place then I wasn't on days.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **44**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Right so if somebody came back after a hip operation would it be general that the physio would be arranged for for their exercise and ...?
	Code A	Well not, depending on the patient...
		...On the patient, yeah.
		...but erm you'd, I myself if I had somebody admitted tomorrow who'd had a hip done I would ask our physio to just look at them.
	Code A	Right.
		to just make sure that you know and then you would have to go on depending on how well you were going to mobilise them obviously some people come back and they're already you know on their crutches and on their way and other people come back and they're just never going to do anything at all and you know and all stages in between.
	SOLICITOR	In your experie
	Code A	We're coming to the end of the tape here so I think we better...
		Yeah, we'll halt, we'll stop it there I think. We going to take a short break to change tapes, the time is 14.59. I'm turning off the recorder off.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Place of interview : **Park Gate Police Station**

Date of interview : **20 June 2000**

Time commenced : **15.02** Time concluded : **15.19**

Duration of interview : **17 minutes** Tape reference numbers ◆ : **44/00/029213**

Interviewing Officers : **DC** Code A **DC** Code A

Other persons present : **Mr** Code A **- Saulet & Co Solicitors, Portsmouth**

Tape Counter Times◆	Person Speaking	Text
	DC Code A	Okay, this interview is being tape recorded, this is the re-commencement of the interview of Code A and I am DC Code A the time by my watch is 15.02. Just remind you that you are still under caution, okay and I'll just remind you what the caution is. You do not have to say anything however 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. Can you just confirm that you've not been asked any questions during the break while we've been changing the tapes.
	Code A	No, no questions asked.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
0.55	DC Code A	Okay, thank you. Right we were dicsussing the notes and how they work and what's filled in. Now as I understand it and forgive me if I've gone over something that I've already asked but the contact record notes which one's here...
	Code A	...Yeah
		...the buff coloured ones, there purely for unusual incidences for times when health is deteriorating....
	Code A	...Or change of treatment when they've been seen by a consultant or by Doctor Code A and the treatments been changed, they're really a erm record for that kind of thing, not a care plan, a care plan is care given by nurses.
	Code A	Okay.
		To patients.
		In your role would you ordinarily be completing the care plan in terms of personal hygeine and...?
	Code A	If I'd done, if I'd done that, if I'd washed someone I would record that I had washed them.
	Code A	Yeah.
		Who actually does the care to them records what they've done

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 2

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		and signs it.
2.08	Code A	Okay and where is that care plan kept?
		At the foot of the patients bed.
		Okay, alright, can we just have another look just to see if there's any...I think this is the night (inaudible) one isn't it and the only one...
	Code A	...Yes
		...I'm sorry let me just go over this again...
		...Yes, yes.
		...because of that break.
		Mmm,mmm
		I've completely forgotten, lost me train of thought for a minute, so the 17th that is the entry completed by....
	Code A	...Yeah
		...in relation to the oromorph...
		...Yeah.
		...so there's medication given so you've completed the care plan, okay. Right so just to recap so far then, in relation to Mrs Code A you sort of remember her presence as such but

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **3**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		nothing...
2.59	Code A	...Yeah.
		...specific about her appearance or...
		...No.
		or Code A...
		...No.
		Right, okay.
		No I don't remember Code A at all.
		Okay, now this is the first night she came back from Haslar?
		Yeah.
		Now you obviously as you say you prescribed or you administered oromorph to her...
	Code A	...Yes.
		...on that evening. Can you remember what she was like at that time or are you, you were compelled to give her that oromorph, what was her...if you can?
	Code A	I can't remember the specific...
		...No
		...instance why I gave her oromorph. I know why I would give

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **4**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		someone oromorph...
	Code A	...Yeah.
		...but I can't remember why (inaudible)
		...In this particular case?
		No.
		No, okay.
		I can't see her face or anything like that at all.
		No, but you have explained already I believe the circumstances why you would give it but in this case you can't remember exactly why?
	Code A	I can't remember specifically no, sorry.
		Okay, Just going to..want to go onto a couple of more questions, general questions about treatment. To start off with hydration, what would be the circumstances where hydration would not be given to a patient?
	Code A	If they were unconscious, unable to swallow, if they'd lost a swallow reflex say a brain problem erm oral hydration (inaudible)...
	DC Code A	...Yeah.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...erm there could be other ways of hydrating people but depending on the circumstances.
4.45	Code A	What would be the other (inaudible)?
		Well you could either, you could either, we don't actually have IV's in the War Memorial you know cannular for a intravenous...
	Code A	...Right.
		...drip it's not a thing that we practice because it needs sort of 24 hour care by a doctor and we don't have that...
	Code A	...You don't have that, no.
		...in the Gosport War Memorial erm there are other ways of giving fluid which weren't practiced at this time which should become common now and its given in the same way as the syringe driver except its attached to a giving set in a bag and its put in under the skin erm which can be satisfactory or not really, depending it tends to go into the tissues quite a lot and you end up changing the site quite a lot and erm but patients are given now...
	Code A	...Okay
		...it wasn't I have to say nobody was having that sort of erm treatment at this time it's obviously something thats you know

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **6**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		become what shall I say...
	SOLICITOR	...Policy.
	Code A	...yeah (inaudible).
		Was it available at that time?
		Not to my knowledge.
		No, so it's a new concept that's come into being?
		It's a new concept that's come in, it's obviously to keep people out of acute beds I think you know instead of sending them back, you can give them a litre in 24 hours through a subcutaneous infusion as its called.
	Code A	I'll write that one down as well.
		Yeah.
		Are there occasions when obviously we've mentioned orally that they would be able to take it, are there occasions when that new system wouldn't be appropriate either?
	Code A	Oh yes obvi, I mean obviously every patient is, is treated to some, they're treated as individuals and you don't have a great role in plan for everybody, you know you don't just do this because, you do what you have to do for each individual so each individual

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		people are...
6.53	Code A	...Everyone's different yeah.
		...Yeah.
		I wonder if you could give us some examples (inaudible)?
		Sorry.
		Examples of when an intravenous infusion would not be appropriate you know?
	Code A	I think if somebody was patently dying you wouldn't try to rehydrate them, it wouldn't be in their best interests nor would it be kind so...
	Code A	...Right.
		...you know you wouldn't if they were patently dying.
		Yeah, yeah so that would form part of their palliative care?
		Yes, yes palliative care, and a lot of research into you know given fluids, withholding fluids erm the other latest thinking on it is people who are in the process of dying don't suffer for not having fluids it's, it seems that it's gone from them that they're thirsty and not, that's just some of the research that we've...
	DC Code A	Right, okay. What decisions are taken in that course of... I mean

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **8**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		obviously we've got the drugs that are dealt with by...
	Code A	...Yeah.
		...the clinical assistant or the consultant...
		...Yeah.
		...In relation to the hydration and this new system...?
		...Well you would, you would report that you felt that the patient needed hydrating, they weren't taking it sufficient orally most people who are hydrated that way are people who are not making a litre a day...
	Code A	...Right.
		...in the fact they're drinking something but it's coming well under what they should really be having to maintain their body systems so really you would say, I would say to Doctor Code A Mrs so and so is not drinking really very much and Doctor Code A would probably say well put up some sodium chloride as a, a subcutaneous infusion...
	Code A	..Okay.
		...and run it you know for 12 or 24 hours and that's really how that would work.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	So the authorities down to the clinical assistant or the consultant to do that...
	Code A	...Oh yes you ...
		...it's not a nursing staff...?
		No you can't prescribe drugs for patients.
		Right.
		Not even paracetamol, you can actually but you know all drugs that are given to patients are prescribed by a doctor.
	Code A	By a doctor, okay, right. Now in relation to Mrs Code A well aware of the answers you've given already...
	Code A	...Yeah.
		...on the nights you recall and we're talking about the 17th, 18th, were there times where any attempt was made to give her a drink, do you recall?
	Code A	Well I don't recall, all I can say is that if she'd been in any way able to receive a drink she would have been offered a drink...
	Code A	...Yeah.
		...because that is the policy and the health care support workers know quite well that you know people are to be given drinks so if

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		there's any way that she could have taken a drink she would have been offered one...
9.47	Code A	...Yeah.
		...or helped with one or fed with one or you know, so...
		Okay, now I've mentioned her daughters and you can't actually...do you remember them being there or is just you don't remember them at all?
	Code A	I can't remember them at all, I'm sor, I just don't think they were in the ward when I was there at all at that time.
	DC Code A	Okay because the question I was going to ask is are you aware of any complaints they had about the treatment of Code A during the time there?
	Code A	Well early in the..was handed over to us you know they were there and they had got several complaints but we weren't deal...I wasn't dealing with them so I haven't really taken it on board you know.
	DC Code A	Do you know who was sort of in charge of her care? I know we've got the GP who comes in daily but was there someone sort of overseeing her?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **11**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
10.48	Code A	Each patient has a named nurse.
		Yeah.
		Erm which is a system that works and it doesn't work in that if you've got a day off they haven't got a named nurse have they, you know it's one of those things...
	Code A	...Yeah, yeah.
		...but we do all have our own named patients (inaudible)
		Well I've got...
		...Mrs Code A
		...Yeah.
		Oh right, there's Code A yeah, yeah so that's the normal system it really...
	Code A	...Yeah.
		...means that erm what shall I say, yes she decides some of their care and deals with their social workers and that kind of thing, you know sort out the discharge from hospital, it's usually, usually doing that the system is a team nurse, team nursing with male nurses...
	DC Code A	...Okay.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...so that's the sort of thing they'd be doing.
11.44		Yeah so from your recollection you don't recall having spoken to the daughters directly?
	Code A	No, not at all, no.
		But you were aware at the time of some...?
		...That they weren't happy.
		Can you remember what they, did you get any messages what they were, weren't happy about?
	Code A	I just think they were just not happy with the standard of care they felt we should be providing in the ward, possibly they misinterpreted what, you what was going to happen to their mother in the ward erm I don't really sorry.
	Code A	No, okay.
		You know it's...
		There was something else I was going to ask but it's gone. Okay, obviously you weren't around the last few days when Mrs Code A (inaudible) hospital?
	Code A	No I was off duty.
		But what was you final, can you recall your final impression of

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **13**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		her, can you?
12.48	Code A	No, sorry not really, I don't.
		Okay
		I mean that's nearly two years ago, no not really, I suppose really if I had any impression of her I just probably hoped you know that she'd be kept peaceful and pain free, it's you know the best you can hope for them...
	Code A	...But you have no specific recollection of...
		...No.
		...condition or ...?
		...No, no not you know she's obviously a poorly lady but you know.
	DC Code A	Another general question, patients transferred from one hospital to another like Mrs Code A was from Haslar to Gosport War Memorial, are you in your position privy to the like the handover notes from the people that discharged her from Haslar to the care of the Gosport War Memorial?
	Code A	Usually their medical notes are sent with them erm there was a time when Haslar didn't send notes because it was a military

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **14**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		thing...
	Code A	...Yeah.
		...establishment, we got photocopies but usually what happens is whoever's in charge of the ward writes a letter...
	Code A	...Yeah.
		...detailing what's happened and what, what sort of treatment they're having and how they've been in there and ...
	Code A	...Yeah.
		...that sort of thing and that's a nurse to nurse thing.
		Yeah and who would get that at the Gosport War Memorial?
		Well whoever was either admitting her or whoever the ambulance man gave the notes to, you'd open the letter, read it and then anybody could read the letter it was no you know sort of secret thing it's just...
	Code A	...So if somebody was to come in like at midday as it was with Mrs Code A who...I know you probably don't know who actually got the notes and referred to them for the course of treatment from then on in but would they generally hand them to the ward manager like Mr Code A Code A is it or could it be

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **15**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		the staff nurse or..?
14.49	Code A	If he was on duty or...
		...Yeah, the staff nurse say there's nobody in particular that the notes...
	Code A	...No.
		...Do they go to the most senior person on the ward at that time?
		Well usually yes, they...
		...Yeah
		...usually you know they usually send us a, they're also given to the person who's admitting the patient you know it just depends on you know what you're doing at the time, it's not erm you're not sitting there waiting to admit someone by any means you know you're doing lots of other things but you know the note would be read by the staff, if there ever was a note I don't know.
	Code A	Mmm
		Okay.
		But that's what happens normally.
		But you, did you see any notes in relation to any letters or ...?
		Not that I can recall, usually on night duty if we'd had someone

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		admitted when we'd stop work, I'd pick these up and read them for every patient that was admitted you read them you know...
15.46	DC Code A	...A lot of the times I take it you just rely on the handover you get from the staff nurse on duty before you?
	Code A	You do at the time but then it's...
		...This is Mrs Code A she's in from so and so, this is the treatment she's on...
	Code A	...Yes.
		...the course of medication is to keep her comfortable or this is what we've been required to do...
	Code A	...Yes, yeah and then there's an initial period when you're actually working quite hard, when you actually stop that kind of work...
	Code A	...Yeah.
		...you'd find that most nurses will go and pick the notes up and read them.
	Code A	Mmm
		And see what's you know happening.
		Okay, I think...
		Yeah, yeah

Signature(s) : DC Code A

637

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Is there anything you would like to add, anything you feel you'd like to say?
	Code A	(inaudible) I feel that the ward keeps a good standard of care and a lot better than a lot of wards and a lot better than some wards I've worked in and you know we try and work as a team and we try very much to put the patients first and the relatives as well and a lot of time is devoted to patients families.
	DC Code A	Okay, is there anything you'd like to clarify, anything you've said you feel warrants further explaination?
	Code A	No, I don't think so.
		Okay. I'll hand you a notice explaining the tape recorder procedure, which Mr Code A will persist in filling out. The time by my watch is 15.19 and I'm turning the recorder off.
		END OF INTERVIEW

Signature(s) : DC Code A

638

◆ Not relevant for contemporaneous notes

GMC101149-0068

12

MG11(T)

HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of : Code A

Age if under 18 : **Over 18** (if over 18 insert 'over 18')

Occupation : **Health Care Support Worker**

This statement (consisting of 2 pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature : Code A **Dated the 07 August 2000**

1. I am a Health Care Support Worker employed by Portsmouth Hospitals NHS Trust at Gosport War Memorial Hospital. I have worked in this capacity for 5 years. Prior to that I worked as a Health Care Assistant at Glen Heathers Nursing and Residential Home in Lee on Solent for ten months. In August 1998 I worked in Daedalus Ward as I do at the present time. Daedalus Ward provides continuing care and slow stream stroke rehabilitation for frail elderly patients. In August 1998 Daedalus Ward comprised eight single bed rooms and four 4-bed rooms i.e. capacity for 24 patients in total, as it does today. My duties as a Health Care Support Worker are to assist in the general care of patients, washing, dressing and feeding. My role is to assist the qualified nursing staff who supervise me. As a Health Care Support Worker I do not make decisions as to how a patient is nursed. I am not involved in decisions concerning medication or the provision of subcutaneous fluids. If I identify any problem with a patient's care I refer to qualified nursing staff.

2. I have checked the on-duty rota for August 1998. My on duties between 11 August 1998 and 21 August 1998 the period covering the late Mrs Code A two admissions to Daedalus Ward were as follows;

Signed : Code A Signature witnessed by : ______________________

MG11A(T)(cont.)

HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Continuation of Statement of : Code A

11 August 1998 - 17 August 1998 Off sick

18 " Early shift 7.30 a.m.-1.30 p.m.

19 " " " "

20 " Day off

21 " Late shift 1.15 p.m.-8.30 p.m.

3. I recall the late Mrs Code A as she was a patient at Glen Heathers Nursing and Residential Home when I worked there. I do not recall any details of her care in Daedalus Ward. I have reviewed Mrs Code A' hospital case records. I have not made any entries.

Signed : Code A Signature witnessed by : ____________

13

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

Place of interview : **Parkgate Police Station**

Date of interview : **05 July 2000**

Police exhibit no. : **LMC/JKM/28**
Number of pages :
Signature of interviewing officer producing exhibit :

Time commenced : **11.00** Time concluded : **11.45**

Duration of interview : **45 minutes** Tape reference numbers ◆ :

Interviewing Officers : **DC** Code A
DC Code A

Other persons present : Code A, **Solicitor**

Tape Counter Times◆	Person Speaking	Text
	DC Code A	Right, basically what I'm going to do now is go over the explanation of why you're here and what we're aiming to achieve by this interview. Okay?
		The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Code A on the 21st August 1998 at Gosport War Memorial Hospital.
		The investigation centres around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and 21st August, whilst admitted to this hospital. We are seeking to

641

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
		interview those members of the nursing staff who had a duty of care to Mrs Code A 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 emphasise that this is a search for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews with staff and general correspondence.
		As a result of this interview and several others, further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed.
		Your Solicotor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and you are free to leave at any time. Your right to free legal advice in private extends throughout the period you are at the Police Station, okay?
		The next part now is the Caution: You do not have to say anything, but it may harm your defence if you do not mention

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 2

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
		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?
	Code A	Yeah.
		Yeah, you sure, 'cos I can explain it.
		Yeah.
		. . I think.
		I'm not happy with it.
		Can I just point out something that this. . Code A said we're here to gather the truth. We changed that word. This is a reprint of something that we lost that we have been reading out from, we changed that word from 'truth' to 'fact,' because we're not dealing with the people we normally deal with here, we're dealing with professional people like yourselves and that is all we're here to do today, to find out what you know, what you know is factual that happened regarding Code A and what your experience can tell us and what your memories are of her. So that, we did change that word truth because we thought it was a bit derogatory I think, but it should have read 'fact.'

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 3

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
3.10	DC Code A	To sum this up, we're just after an account from people if they're able to give it. Everything we collate, which will be all the interviews, all the medical notes, everything like that - our role really is to collate that and to pass it on to people who can make a decision as to whether there is a problem here or there isn't. And that will be discussed by Crown Prosecution Service and medical people who are experts, who've got knowledge of the drugs used and the treatment. No decision is going to be taken by a police officer on his own, saying, well you know, I don't quite understand it, but that looks a bit dodgy or whatever, you know. It's going to be a carefully considered process, so . . which basically is able to try and reassure you that it's not a . . it's not a witchhunt or anything, you know, we're just after some accounts today which will be passed on and considered by somebody else.
	Code A	Huh huh.
		All right?
		If you're unsure about anything, you and I can speak in private as the Detective Constable said . . .
	DC Code A	Yeah.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **4**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay.
		And they stop the tape and re-start it.
		We will stop the tape, we will leave the room and you can take your time and chat to Mr Code A about any concerns, okay? I mean do you want to do that now if you're unhappy about that?
	MR Code A	Do you want to, do you want. . I mean in view of what's been said, do you want speak to me again, or are you happy to carry on or. . .
	Code A	I'll just carry on I think.
		Right.
		Okay.
		At the end of the day, all we're going to ask you is what you know. . .
	Code A	Yeah.
		. . . about Mrs Code A and basically what certain policies and procedures are in force at Gosport War Memorial at that time, we know, we appreciate that things have changed and just what you can remember.
	Code A	Yeah.

Signature(s) : ______________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	It's not a finger pointing exercise, an accusation exercise. It's an exercise to gather what you know about Code A and the policies of the hospital.
4.59	DC Code A	Right, what I'd like to do to start off with, is to just get a bit of background and mainly your role within the hospital day care at that time. What that entailed at the hospital. If you could just go over what you did or what you do there, at Daedulus Ward.
	Code A	Well. . . what do we do? We um . . do you want it as with Code A or . . .
	Code A	A general thing.
		General what we do?
		Yeah, your day to day sort of role.
		Normally we get in at half past seven. We have a report, um if there's any dressings or anything that we don't deal with, then the nursing staff do it. We get the patients up, we wash them, dress them or bath them if they're due a bath um and just make sure they're comfortable.
	DC Code A	Okay. So as I understand it, obviously we've spoken to other people, your role was nursing auxilliary, I mean it's now sort of

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	termed Health Care Support Worker . .
		Yeah. . well . . yeah.
		But it's the same . . .
		. . the new ones coming in are.
		Right, but you're still as a nursing auxilliary, are you?
		Yeah.
		You've kept the old . . .
		I have.
		Right. Grasped on to it?
		Yes.
		Okay. Your role is to assist the . . .
		. . medical staff . .
		. . the medical staff . . .
		The trained staff.
		. . trained staff, yeah.
		Yeah.
		and that would be things like making patients comfortable?
		Yes.
		Feeding?

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		Drinking?
		Yes, if they were incapable, yeah..
		Hygiene?
		Yes.
		Washing and changing bed clothes and clothing and walking to toilets and assisting and that?
	Code A	Yes.
		In that way? Is that the sort of thing you would cover?
		That is what we do, yeah.
		What experience have you had in terms of nursing? How long have you been nursing?
	Code A	I was nine years at Blackbrook and that's a Maternity Home.
		Yeah.
		And I've been nine years here, which is the elderly.
		Right, okay, so I mean, so there's 18 years in all . . .
		18 years.
		. . but nine of which have been dealing . . all at Daedulus Ward?
		Er no, I was on relief to start with, which in the old hospital, I

648

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 8

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
		went from, well whoever needed us, we went and assisted and then I was asked if I wanted to go onto the, what was the male ward then. . .
	Code A	Oh right.
		. . um and I said yes and of course when we transferred over it was then called Daedulus Ward.
	Code A	right, was that an elderly male ward or was it just a male . .
		It was elderly male as far as I can remember.
		Okay. Okay that's great. Now the actual ward as it was set up in August '98, I mean what sort of patients would you be getting in at that time? Type of patients?
	Code A	What then or now?
		I mean is it different, has it changed, or . . .
		Well we still get the stroke for rehab, continuing care. We used to have long stay, but we don't any more.
	Code A	Right. What's a long stay?
		Long stay where they um they stayed for quite some time. They weren't sort of put into a nursing home or rest home. We actually cared for them.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Right, was that because they were unable to move on to . . .?
		I don't really know, I admit, I don't know.
		do you know how many beds there is at Daedulus?
		Twenty four.
		Twenty four? Okay. All right, that's great. Just gives us a background as to you know what your role is within the, within the hospital. I mean what I'd like to do now is go over, I mean obviously this relates to Mrs Code A Code A what your recollections are of your dealings either with Mrs Code A or with er any family members that came in.
	Code A	Huh huh.
		if you could just run through those, please.
		Right, I can't remember the first time she was in, but the second time she came in the ambulance men brought her on a trolley down the ward. She was actually crying out, moaning. I think it was room, it was room 4, they took her into the room on the trolley, we moved the bed away from the wall, the crewmen apologised for no canvas, because Haslar didn't have any, or they couldn't get hold of one and I beleive we took the head of the bed

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
		away. .
	Code A	Right.
		. . The um. . .
		. . headboard . . .
		. . headboard thing and the ambulance crew lifted her, with the sheet, they got hold of the sheet and they lifted her onto the bed. We then rolled her gently one side, got the sheet out and gently rolled her back the other side, got the sheet out and her leg was crooked. She was crying in pain and I think Code A went and got the Staff Nurse and it was straightened and a pillow was put; I can't remember if it was under her leg or inbetween her legs, but Code A came in and sorted it out, Code A Code A.
		Code A Okay.
	Code A	Yeah.
		All right. Can we just go over this sheet that's used, 'cos don't quite understand what that is? Is it just a bed sheet . . .
	Code A	Bed sheet.
		. . with two poles?

651

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **11**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, there were no poles.
		There's no poles? Okay, so what where the two ambulancement, how were they actually holding her?
	Code A	They held each side of the sheet . .
		Right.
		. . no poles, with their hands . .
		yeah.
		. . . and then gently lifted her off.
		Okay. Now they mentioned this canvas, now what's the advantages of using a canvas as opposed to the sheet, particularly for someone like Mrs Code A?
	Code A	Well a canvas you can put two poles in and it, I think it stays, it's more rigid.
	Code A	Right.
		And it's easier to . . .
		I mean would it be a case of offering more support for Mrs Code A being a more rigid sort of structure than a bed sheet?
	Code A	I believe it may have been. I really don't know.

Signature(s) : ______________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. Is that because you're not really qualified to say what the advantages are, is that . . ?
	Code A	I think it is, yeah.
		Mmm. Okay. But you certainly recall the ambulance men commenting that they didn't have a . . .
	Code A	Yes they did.
		So I take if from what you're saying, I mean it's the . . normally when the patient is admitted to the ward, they normally come in on a stretcher or so. . a proper stretcher of some description?
	Code A	Yeah.
		Yeah? And this is . . you remembered this because it's unusual for them to be transferred in a bed sheet?
	Code A	Yeah.
		Okay.
		Okay. In relation to Mrs Code A when she was moaning and crying out, what was your perception of . . I mean was she in pain or was she . . .
	Code A	I took it that she was in pain.
		Okay. So Code A was alerted by Code A. .

653

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **13**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		Code A . .and you say she put a pillow . . .
		I can't remember where the pillow was put, whether it was between or under . . .
	Code A	right.
		I admit I don't. . can't remember that bit.
		Okay. All right. Do you recall any examination being carried out on Mrs Code A at that time?
	Code A	No, 'cos once the Staff Nurse take over, we come out and they examine the patients.
	Code A	Oh right, so you left . . .
		I believe we'd left.
		Right, okay. In your role are you actually able to move patients in bed, I mean a hypothetical question; patient in pain, you come along and discover that their incorrectly positioned. Are you able to, with another Auxilliary Nurse or whatever, to adjust that patient's position, or is that something you would contact the Staff Nurse about.
	Code A	We would ask the advice of the Staff Nurse first.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **14**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. So would it be that you wouldn't actually move it without any sort of consultation with a qualified . . . ?
	Code A	No.
		Right, okay. All right, so we've covered that bit then so Mrs Code A is placed on the bed on a sheet. She's rolled off, which you assisted with. . .
	Code A	Yeah.
		. . and ambulance staff have said basically, we didn't have a canvas, okay?
	Code A	Huh huh.
		Okay, I mean is there any other dealings you had with Mrs Code A in those days following . . .
	Code A	I honestly can't remember.
		Okay. Did you have any conversation with the Code A? Do you recall any dealings with the Code A?
	Code A	We may have sort of spoke to them, said hello, if the came in, goodbye when they went, but I personally don't think I had a lot of conversation with them..
	DC Code A	Right, okay. Bearing in mind what you've just said, in relation to

635

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **15**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
		Mrs Code A and you don't recall any specific sort of input with her, do you remember what her condition was like in the days following . . her coming back to the ward on the 17th August?
	Code A	She wasn't a well lady. There was no conversation with her. To my mind she was just a poorly lady.
	DC Code A	Mmm. Okay. Did you ever get involved. . I'm aware sort of beginning and ends of shifts, there's handovers and discussions on patients. Were you ever party to any discussions about Mrs Code A?
	Code A	Not that I can remember. I honestly can't remember.
		No, okay. I mean I was obviously interested in things like comments on her condition or the treatment she was given, you know, any particular problems with the Code A or any comments about the Code A
	Code A	Yeah, if we find there is something wrong, if and we're not happy with, we will inform the Staff, whoever is on duty and then it's passed over to them.
	DC Code A	Yeah, okay. What I think I'll do now just to help you, 'cos there's en. . . I've got the Health Record here for Mrs

Signature(s) :

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
		Code A and there's obviously entries that obviously been signed by a spider walking through an inkpot basically . . I just wonder if you could have a look through, just see if there's any entries that are relevant to you that you may say, oh yes, I do recall that and this happened or . . I mean there may not. I'm not saying there is, but I would ask you to just have a look through for me. We'll start from there, the general information and at the back is the Care Plans, you've got the Contact Record there and the various assessments. Have you had a chance to look through this at all, this Health Record?
	Code A	I think I have.
		Okay, but take your time, there's no rush with it, just have a look through and if you could point out any . . anything that's relevant to you.
	Code A	All this is filled in every morning by the Staff Nurses.
		Right and that for purpose of the tape, that's the summary of Significant Events and General Information.
	Code A	I don't actually deal with these.
		So on admission a Staff Nurse will . . would complete those?

657

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah.
		Okay. Would these be something you would refer to, would you in your role have cause to . . .?
	Code A	No.
		Okay.
		All this again is dealt with by St. . .
		That's the Bartel Index and the . . .
		Water Low Pressure Sore Prevention Treatment Policy.
		Yeah.
		We don't have anything to do with them.
		No? You wouldn't refer . . ?
		No.
		. . have any cause to refer to those?
		Nor the Medication Information. We don't deal with those.
		No. Now onto the Contact Record. Now there's a . . draw your attention here to um an entry on the 17th, which I think was completed by er Code A
	Code A	Code A yeah. .
		Code A at 11.48, which covers the return from Haslar. .

658

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **18**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Mmm.
		Um and there's an extra entry from Mrs Code A I believe.
		Yeah, no canvas under patient.
		(inaudible) That basically sums up what you said already, yeah?
		Yeah, yeah.
		So these Contact Records - if it was something that you discovered, would it be a case of you would con. . you would speak to the Staff Nurse, the Staff Nurse would then assess it and then if it was a significant change, would register it on the Contact Record?
	Code A	Mmm mm.
		Would that be right?
		Yes it would.. . yes.
		You wouldn't necessarily . . .
		We don't write in these. Anything we find we pass on and they write it in.
	DC Code A	Yeah. Now moving onto the Care Plan, is there any entries there relevant to yourself?
	Code A	No I haven't written any of these.

639

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 19

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	As a Auxilliary Nurse, would you complete these Care Plans? Would you actually complete the entries?
	Code A	Yeah, if I'd dealt with the patient, whatever patient, then you write in . . .
	Code A	Yeah. . .
		.. .whether they've eaten, not eaten. . .
		Right, okay.
		. . . and you sign it.
		Okay. When are these actually completed . . um when are these actually generated, these forms? We've got Nutrition here, Constipation and Personal Hygiene. Are you aware when the. . are these forms generated for every patient?
	Code A	Normally, yeah.
		Normally they are? Okay. Are there any others that . . that maybe included on the Health Records from your memory?
	Code A	Um. . .what, how many more forms?
		Yeah, is there any more that would. . I mean you've got three there, haven't you? Three headings. Are there any more headings you could have under the Care Plan?

660

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **20**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Oh, I can't remember now. I deal with them every day. Your Hygiene, that is . . my mind's gone blank and I can't think.
	DC Code A	If a patient's about to be put on. . I don't know what they call it. . physiotherapy or a mobilisation programme, would that have a record on the . . in her file?
	Code A	It may well do. If the physios or OTs or whoever are dealing with it, if they want us to do it a certain way, they will put in a . a Care Plan as how we were to do it.
	DC Code A	Right, would you, would you be responsible in you position as assisting the physiotherapist in like mobilisation and stuff like that, helping people walk?
	Code A	It's very rare we help them walk, because there's normally two of them. .
	Code A	Right.
		Two physios.
		Oh I see . .
		They normally . . .
		. . it's their remit and they do it.
		Yeah.

661

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **21**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Right.
		And if there's something that as I say, they either put a Care Plan in, or they say look, this is how it's done. They show us.
	DC Code A	Mmmm.
	DC Code A	Okay. So just to confirm there's no entries there in those Care Plans that are relevant?
	Code A	No I haven't made any entries at all.
		Okay. Now there are some gaps in the . . I just wonder if. . again, um I'm aware that this is two years ago, you may not have had dealings with Mrs Code A at these times, but this is a general question; obviously she came in on the 17th and obviously um she died on the 21st, now there's obviously a gap there from the 17th to the 21st. Are you aware
	Code A	I've actually got my duties so. . .
		Right.
		. . I shall know if I've been there or not.
		Yeah and I'm not making any allegation that you know you've. . she's been refused food or anything like that, it's just obviously covering the notes and the fact that you know are there reasons

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 22

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
		why that wouldn't be completed at any particular time.
	Code A	Or if it's the same day in, day out, um there would be no need to write.
	DC Code A	Right, so um can you give me an example of what . . what you'd mean by that, what would fall into that er criteria?
	Code A	This one particular thing?
		Well, yeah, generally, you know. . yeah.
		Well on the last entry it's got 'no food taken' I mean, if that was the case or we'd just put ditto.
	DC Code A	Right. So um are there any other reasons why it wouldn't be necessarily endorsed?
	Code A	Unless we were very very busy.
	DC Code A	Okay. Were you aware that the um. . I mean were you aware of the presence of the daughters at the hospital?
	Code A	Yeah.
		Okay, Okay. I mean, were they, were they assisting looking after Mrs Code A at all, as far as you can remember?
	Code A	I think they did . . times I think they fed her sometimes, or tried to feed her, but I honestly can't remember. . .

663

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **23**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Right. . .
		. . exactly.
		Okay. All right.
		When Lee mentioned the daughters there you had like a grin on your face. Is there any recollection of the daughters that you'd like to tell us about?
	Code A	Um, they needed a lot of um time and we gave them, well the staff gave them a lot of time.
	Code A	Mmm. What your time?
		Yeah.
		Yeah.
		Yeah. If things weren't as they thought they should be or whatever.
	Code A	Anything in particular that comes to mind?
		Not off hand.
		Have you had any correspondence from either daughter?
		Since?
		Since or during the. .
		Yes.

664

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **24**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	You have?
		Yes.
24.15		Can you . . . .
		Um, when um I believe it was after the mother died, Code A Code A, Mrs Code A I think it is, yes Mrs Code A, invited us to a Spiritual Meeting in Chichester. It was Code A Code A Code A and myself and we went and when we got there she said oh it's nice to see you I'm glad you could come and er we listened to a talk from some Doctor and I can't remember his name.
	DC Code A	Okay, was there anything . . anything to indicate that Mrs Code A had a problem with the way her Code A had been dealt with?
	Code A	None whatsoever. . . none whatsoever.
		Okay. Are you aware of any gifts that were provided to the staff?
		Yes.
		Can you go through those for me?
		It was mainly books and I know Code A . . I believe Code A had one and I beleive Code A had a book.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 25

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Right.
		. . and I beleive one of the night staff had a book.
		Okay. What were those books about, do you know.
		I, I . . something to do with spiritual matters. . .
		right.
		. . . but I honestly, really don't know, but I know they had books.
		Yeah. I'm aware that the ward may have received something as well.
	Code A	A chair?
		It was a chair was it? Right, okay. Do you know the circumstances of why that was provided?
	Code A	As far as I can gather it was a recliner that the Code A donated to the ward.
	DC Code A	Right. Okay. Was there any message with that or anything that you can recall?
	Code A	I don't know, I wasn't there when it was actually er . . .
		Do you know who the recipient was of the actual chair, or how they knew the chair came from the daughters, cos I can only imagine that some form of documentation would have come with

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **26**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
		it, a note or something? Do you know who may have took it into the ward.
		We might be able to assist with that.
	Code A	It may have been Code A it may have been one of the other Staff Nurses, I honestly don't know.
		Is that still on the ward, do you know, the chair?
	Code A	I don't know.
		Okay.
		I believe it is, but I wouldn't be sure.
		Right. Just want to cover up a couple of points on your role again, now in relation to medication, loading of syringe drivers and actually administering drugs, you're not actually authorised. .
	Code A	We have no dealings whatsoever.
		No dealings with that at all?
		No.
		Do you have any background covering . . medical background covering . . .
	Code A	No.
		. . the administration of drugs in any other role?

Signature(s) :

667

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **27**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No.
		Okay. So just, can we just sum up then so far, in relation to these records. In relation to the sort of the booking in forms you could call them and the Contact Records; they're filled by Staff Nurses.
	Code A	Mmm mm.
		Sometimes on the .. er being made aware of certain events by er Health Care Support Workers or Nursing Auxilliaries, who may well have had the first contact, but they all refer it to the Staff Nurse and the Staff Nurse will write it up. The Care Plans are completed by anybody on the ward. . .
	Code A	Yeah.
		. . um. . . .
		Well they're completed by whoever deals with that certain patient. . .
	DC Code A	Yeah, that certain patient at that time. . okay and obviously the Care Plans can vary. . can vary from patient to patient although they all tend to have certain headings on them. Okay? Have you got any other, I mean you say your memories of Mrs Code A is minimal, is there anything else that sticks out in those few days?

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **28**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, only the Code A needed a lot of attention.
		Mmm, okay. And your recollection of Mrs Code A was very poorly, you said.
	Code A	Sh. . yes. Yeah.
		Can you remember those . . sort of those days from the 17th onwards whether she was conscious - Mrs Code A - or whether she was . . . ?
	Code A	See she was conscious when she came in. . .
		Mmm.
		. . . I believe she wasn't after a couple of days but that I again I can't . . I can't recollect. No.
	DC Code A	Can't remember, okay. All right. I just want to go through a couple of general questions again, just about treatment. In relation to feeding and hydrating, when would it be appropriate not to feed or give somebody water; are there cases when you wouldn't give someone food and water?
	Code A	Well if they're asleep you can't wake them up. I mean if they're fully alert, yes and if they want the food we try . . if they're asleep, no, you just can't, you can't make them eat.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **29**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. Have you ever been told not to provide food and water for a particular patient?
	Code A	Yes, if they're on a peg feed, nil by mouth, or if they are asleep, a deep sleep.
	Code A	Right, okay.
		Sedated?
		Yeah.
		Okay. What's peg feed.
		Peg feed is if they can't take anything by their mouth, a tube's inserted into their tummy. . .
	Code A	Right.
		. . and they're food is liquid, liquid food.
		And again that's administered by Staff Nurses and not Auxilliary Nurses?
	Code A	Yeah, it's actually done I think in Haslar.
		Okay. Have you ever had any cause at the hospital, to question um instructions given to you for treating a patient?
	Code A	No.
		Okay, from any member of staff on the ward?

Signature(s) :

670

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **30**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No.
		Okay. Are there any policies in place should you ever come across them?
	Code A	Report it to the Manager and if the Manager is not interested, then you take it higher.
	Code A	You take it higher.
		Yeah.
		but you've never, you've never come across that, where you had . . you thought that's not right, I don't quite agree with that?
	Code A	No. . . . . no.
		Okay. I think we'll leave it there. I've got you duties here, I just want to clear one point up. And this is a copy of the duty sheet. Now DOR, what does that mean?
	Code A	That's Day Off Requested . .
		Oh right.
		. . so I've requested a day off and that. . .
		Did you get it?
		More than lik. . . yes I did, yeah 'cos my Code A had died that year and I was . . every Tuesday I have to sort Code A and . .

Signature(s) :

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **31**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Right and the 21st is where there's a DOR.
		I don't know why that was.
		but if it's on there it means you . . .
		Means I've requested a day off . . .
		And you've probably got it?
		Yes.
		Right.
		Yeah.
		Okay. So you actually worked three days, sort of within the time frame we're talking about?
		Mmm mm.
	Code A	She's got a list there, she has actually . . perhaps she ought to state what . . in the second admission from the 17th of August onwards, just read out what her shifts were.
		Yeah, yeah.
	Code A	On the 17th . . you've got them there though haven't you?
		Yeah, if we go through them with you, then 17th we've got you as half seven to half twelve.
	Code A	That's right.

Signature(s) :

672

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **32**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Day off on the 18th.
		Yeah.
		19th . . .
		Is three thirty to eight thirty.
		Right and then the 20th is. . .
		Seven thirty to twelve thirty.
		Seven thirty to twelve thirty again and then you're a day off requested again on the 21st?
	Code A	Yeah.
		Okay. All right. Just a couple of other quick questions. In relation to your role, do you get involved in things like changing catheters and emptying catheters and ?
	Code A	We empty catheters. .
		You do?
		. . but it's normally the. . and we can change the bag . .
		Right.
		. . but we don't actually insert the catheter, that is done by trained . .
	DC Code A	No, no, but you can empty the bag out?

673

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **33**

Record of interview of: Code A

Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah, yeah.
		Okay and is that done on instruction by a Staff Nurse or is that generally . . .
	Code A	No, we. . that's. .
		. . oh it's full, well I'll change it.
		. . yeah generally we would do it if it was full or if it was dirty or whatever.
	Code A	Yeah, okay. Right. I think we'll leave it there.
		Yeah.
		Is there anything you would like to add?
		These? Yeah, there's some of these in this statement that I don't agree with.
	Code A	Right, okay.
		Now the statements you're referring to are from . . .
		Code A . .
		Right.
		The first one, I have actually marked them down.
		If you can refer to is as the page 'cos we've got exactly the same statement. .

674

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **34**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Right, okay. Page 5, page number 5, um they're saying that one of the Care Assistants first words to them were, "Well thank goodness you've come because she won't eat, while I'm trying to make her eat." Now there is no way any member of staff would say that. I actually disagree with that wholeheartedly. They would not say that.
	Code A	She wouldn't actually force feed?
		No we wouldn't.
		If they wouldn't have it they wouldn't have it.
		No, no it is there right to either refuse or eat, whatever.
		Right.
		So I really disagree with that. Um . . .
		You're now referring to Page 6, yeah?
		Yeah. Um and it's got here that um they said that the Code A Code A was rolled off the bed off the stretcher onto the bed. Well she was not rolled off of the stretcher onto the bed, she was lifted from the stretcher onto the bed.
	DC Code A	Then basically moved from one side to pull the sheet and then the other side?

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **35**

Record of interview of: Code A
Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah, that's it.
		Yeah.
		It was done correctly.
		And I take it that time neither Mrs Code A nor Mrs Code A were present when she returned?
	Code A	I don't believe they were, but that again, we were just dealing with the patient. Um and the bed was . . .
	DC Code A	Sorry can you just clarify that point. When she was transferred from the stretcher to the bed, can you recall whether the Code A were there or not?
	Code A	I don't think they were, but I honestly can't remember.
		Okay.
		We were just sort of dealing with, with the patient. I mean she's got here that the bed was beside a wall and it would have been necessary to move it out in order to effect transfer from stretcher to bed. The bed was moved away from the wall.
	DC Code A	I take it once she's in bed the bed would have been put back into place?
	Code A	Yes it would have been, yeah for her safety as well as . . .

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **36**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
35.16	Code A	Yeah. Page Number 12.
		Yeah, why. . . actually it's a question, I mean if the Code A were unhappy with the way we were dealing with it, why didn't they say something? Why didn't they say, look we're not happy, we will take Code A somewhere else, or we'll get a second opinion. Why have they waited 'til the last thing?
	DC Code A	Mmm. Unfortunately we're not at liberty to add to that, yeah, but it's a question you'd like to raise though, if you had the chance?
	Code A	Yeah.
		Understanderbly so.
		Page 17 er Mrs Code A is asking a question, why was she returned to bed from the ambulance, was her position not checked? I disagree, her position was checked by us and . . .
	Code A	. . rectified?
		Yeah, by Code A
		Yeah.
		Again here it's on Page 18, I said that Code A did attend and the position was noted.
	DC Code A	That was immediate was it, as soon as she was in, you saw the

677

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **37**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		problem and . . .
	Code A	Yeah, well we called Code A came in.
		Oh that's almost the same that one. She's got here again it's Page 18, um and Mrs Code A is saying, "When I later spoke to the two Care Workers, one of them, Code A (and I was the other one). .
	Code A	Oh right.
		. . Code A who didn't want me to mention to anybody that she'd told me, said in fact that my Code A had arrived back on the ward on a sheet on a trolley. We would never say we didn't want anybody to mention anything. We would never, ever say that.
	DC Code A	Mmm, so I mean, by reading that, I mean I've read the statements and I've not picked this up til now, by reading that it would appear that the sisters weren't there when their Code A arrived at the time and they were told later.
	Code A	It seems to be. . . yet I honestly can't . . .
		And yet she's previously said that she was rolled from the sheet, so she's. . .
	Code A	That's right.
		. . so what you're saying is that Mrs Code A couldn't be in a

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **38**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		position to say that, because . . .
	Code A	. . she wasn't there.
		. . on her own statement she wasn't there.
		No. No.
		So she doesn't know where the bed was?
		No. No.
		It may be, I take it you believe it's an assumption on her part, when she arrived and the bed was next to the wall. . .
	Code A	Yeah.
		. . that she's presumed that that's the way she was put to bed?
		Yeah, but it wasn't. We done it correctly and I would say there's no way we would have said to her, look don't tell anybody, but . .
	Code A	Yeah.
		We would never ever. . .not to Mrs Code A and Mrs Code A This I am not capable of . . I don't know the medical . . . any medication, you know we don't deal with that. . but knowing Code A the way we do, he would never, ever say that; apparently Code A said nothing could be done except give her pain relief to aid her in dying. That is so untrue it's unbelievable. He would. . if I

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **39**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		can assume he would say, I will give her this to help her pain, but there's no way he would say to help her dying. No way, none of the staff would. It's not done.
	Code A	No.
		So that is totally wrong.
		Just for the tape, that's page 19 of Mrs Code A s statement.
		Sorry page 19. Yeah.
		Um, I don't know if I'm allowed to comment on Doctor Code A am I allowed to comment?
	DC Code A	You can say whatever you want to say. You're referring to page number 22.
	Code A	Page 22: Mrs Code A 's saying that I do not understand why Doctor Code A should feel it necessary to make this comment, I'm not quite sure what comment it was, about the Alzhei. . unless of course she had already it in her mind that she had got a Code A year old patient, who was in her opinion, a damn nuisance. Again Doctor Code A wouldn't say it, or think it. She's a good Doctor and I would trust her with my life and I know that . . .
		And that's the same sort of comment that I made earlier, that

Signature(s) : ______________________ 680

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **40**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		nobody would say it until she died, because you don't know when people die, so that is . . .
	Code A	What's that in relation to. . Page 24.
		Page. . oh sorry, yeah, 24. Um and I believe it was, Code A had said that her Code A had developed a massive haematoma and that the kindest way to treat her was to put her on Diamorphine, to ease her pain until she died. Again I disagree on what that says.
		Now we're going to Mrs Code A's statement, page 7. They are saying that her pain was misinterpreted, um because of her anxiety dementia, whatever, but her Code A was actually in pain. You know a person when she's in pain, they hold the area of the pain, so it wasn't . . .
	Code A	So in your opinion you can differentiate between a pain and . .
		You certainly can, yeah. . .
		. . and dementia /
		Yeah, you can.
		And what the Code A's saying there is that she thought it was probably the dementia was the reason why she was crying out and not pain.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **41**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Um she's got here that er her reported behaviour could have been wrongly attributed to the presence of pain, as opposed to other alternative mider, as opposed to other possible causes such as anxiety.
	Code A	Mmm.
		And I think in a couple of things they're saying that she was in pain, that she was anxious or . . but her mother was in pain. There is on page 10, Mrs Code A is saying that . . .
	Code A	That's okay, we've got two or three minutes. .
		Okay, that Mrs Code A said that the Care Assistant said you try feeding her, I can't do it, she's screaming all the time. That's different to what Mrs Code A said.
	Code A	Yeah.
		So they're not the same story.
		Again we've covered that one.
		I think that's it.
	Code A	Risk it, risk it *(referring to the tape about to run out)*
		No it's all right, I've brought that one up on Page 19, it's how the ambulance crew transferred her, so . . . that's already been looked

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **42**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		at.
	Code A	Right, but she probably wasn't there? She wasn't necessarily . . .
		There's a series of questions that Mrs Code A has asked isn't it . .
		Yes it is. .
		Which you've addressed on your. . how was she transferred? How was she lifted? How was she brought from Haslar? Etc, etc.
	Code A	And I've already covered it.
		You've covered it, yeah. Is there anything else you'd like to add? Quickly.
	Code A	No, I think that Dr Code A is a damn good Doctor and I would trust her with any of my family.
	Code A	thank you very much. Is there anything you'd like to clarify?
		No.
		Okay. I'm handing Mrs Code A a paper on the tape recording procedure. The time by my watch is 1145. I'm turning the recorder off.

Signature(s) : ______________________ 683

◆ Not relevant for contemporaneous notes

14

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

Place of interview : **Interview Room, Park Gate Police Station**

Date of interview : **26 June 2000**

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Time commenced : **18.05** Time concluded : **18.32**

Duration of interview : **27 minutes** Tape reference numbers ◆ : **44/00/30342**

Interviewing Officers : **DC** Code A **DC** Code A

Other persons present : Code A

Tape Counter Times◆	Person Speaking	Text
0.11	DC Code A	This interview is being tape recorded, I am DC Code A Code A the other police officer present is...
	DC Code A	DC Code A
	DC Code A	I'm interviewing Code A please can you give your full name and date of birth?
	Code A	Code A
		Code A
	Code A	Okay and also present is..... Just introduce yourself by name.
		Code A
		Okay and your Mrs Code A and you're here as a bit of moral support basically.

Signature(s) : DC Code A

684

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	James	Yeah, yeah.
	DC Code A	Okay. The time is 18.05 and the date is, what is the date, it's Monday isn't it. Monday 26th of June, 2000. This interview is being conducted in the interview room at Park Gate Police Station. At the conclusion of the interview I'll give you a ntoice explaining what will happen to the tapes and it just details basically what the procedure is, what I explained at the beginning, okay. I must remind you that you are not under arrest and you are free to leave at any time and you are entitled to legal advice at any time, okay and that includes delaying the advice at any time. Do you require legal advice at this stage?
	Code A	Not at this stage.
		Okay. You can discuss it with a solicitor on the telephone, would you like to discuss with a solicitor on the telephone?
	Code A	If and when the need arises.
		Okay, but not at this time?
		Not at this stage of the game.
		Right, okay. What I'm going to do now is just go over, I've got this bit to read out and it's just hopefully will explain exactly

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **2**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		what we're after and why we're here, then we'll go from there. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Code A on the twenty first of August nineteen ninety eight at Gosport War Memorial Hospital, here I can't say that (laughs). The investigation centers around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the seventeenth and the twenty first 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 Code A 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 emphasise that this is a seach for facts and your accounts and answers will be carefully assessed in the light of information arising from other interviews with staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **3**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		ultimately the Crown Prosecution Service on how we should proceed. Now as I say just declined legal advice but there is a solicitor who has got relevant material to this and we'll show the material throughout the interview. I emphasise you are not under arrest and you are free to leave at any time, your right to free legal advice in private extends throughout the period you're at the police station. 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. Now that's a caution and I think just to explain that, it sounds sinister but all its saying is, it's making you aware that obviously this interview we will be using and looking at and listening to and if there is any proceedings against anybody it may well be used in evidence, okay. That is a long way off if ever, I mean and that is not a decision that myself or Code A will be taking, in fact, it won't be a decision that the police on their own will be taking there will be you know advice from medical experts who will assist with this you know it's not going to be something that some policeman who's got no experience with

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		medical profession is going to say well yeah there's a problem there and off we go, so as I say it's basically for us to ask you some questions and to get an account from you, if you can't remember you can't remember. As I say it was two years ago, as you've said it was two years ago, okay. Alright, do you understand?
4.22	Code A	Yeah.
		I think what I'll do now I'll just explain exactly what the allegation is. It's been made by two people, a Mrs Code A and Mrs Code A who are the Code A of Mrs Code A and were at the hospital at various times between the seventeenth and the twenty first of August, nineteen ninety eight. They make several allegations, those being that the way she was transferred from Haslar hospital where she'd had a hip operation and then subsequently dislocated and had it put back in there, from coming back there to Gosport there's an allegation of the way she was carried by the ambulance staff, there's concerns about her being denied water towards the end and the level of medication she was on, there's disagreements over that and they feel that medication,

Signature(s) : DC Code A

688

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **5**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		no again I understand in your role that the medication is not something you deal with but I'm just obviously given you the wider picture so it's basically the level of care and the medication she's put on that they've basically got an issue with. As I say we're basically getting an account from all members of staff and I think what we'll do is perhaps you could give me, explain to me your role in the hospital, your experience at Daedalus, how long you've been there and what you're sort of expected to do on a day to day basis.
6.07	Code A	Right erm well first of all I work night shift so basically any sort of like, there is a difference between the night duties and the day duties.
	Code A	Right, yeah.
		To the extent of there's not constant people there all the time, in the areas. Erm what we basically do, oh I'm sorry I've been there two and a half years and my basic role is for supporting trained staff in whatever capacity. I don't have anything to do with medications at all...
	DC Code A	...No.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
6.40	Code A	...that isn't my field. All I do is general hands on nursing, that's bathing, making people comfortable, anything they need sort of toilet functions, I'm there for that, I'm there for helping them in the night if they want to use the toilet or the commode whichever way and basically in the morning giving them a wash, and getting them for their morning cups of tea and then they, day staff come on and they carry on from there with regular checks in the night depending on obviously the state of play of their health...
	Code A	...Right.
		...if their health is sort of terminal then we do checks sort of ten, fifteen minute intervals...
	Code A	...Oh right.
		...we check it out, we don't ever leave anybody that's terminally ill without somebody actually seeing if they're okay, you know for short breaks of time.
	Code A	Yeah, yeah.
		It's obviously they're the priority so they get checked out more so than what they would if they were sort of able or whatever, the terminally ill always given the most priority as regards

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		observations.
7.51	DC Code A	Yeah, what sort of experience have you had in treating the elderly or...?
	Code A	I have over twenty seven years nursing experience with the elderly.
	Code A	Right, okay and two years at...
		And two years at the War Memorial...
		...at Daedalus.
		...yeah, at Daedalus, yeah.
		Right, okay. What sort of patients do you get into Daedalus?
		We get people that need stroke rehabilitation.
		Right.
		Erm and also we have long term, what they call long term elderly care, continuous care...
	Code A	...Right.
		...so that they come in and you know you try and rehabilitate to the best you can but you know it's long term elderly care so it is a bit of a different limitation to what you give for people that are short term or respite.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **8**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah, you are going to recover and...
8.30		...That's right, it's virtually if you have them on respite as well they come in and they are given physio, and they encouraged with the nurses to do a lot more for themselves, this kind of thing and then they're fit to go home and they lead a relatively normal life after a stroke...
	Code A	...Right, yeah.
		...so that's basically it, two types of people that we look after.
		Yeah, okay. So have you worked permanent nights since you've been at....
	Code A	...Yes I have.
		You have, okay. So it does differ, how does it differ to the day shift do you know?
	Code A	Well you don't get that much communication with relatives, you don't get that much communication with sort of like what I would call everyday members of staff, you've got your own team that's on nights which can fluctuate from night shift to night shift who you are working with but it's still within that team.
	DC Code A	Yeah.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
9.22	Code A	Whereas when you're on days, you've got sort of regular teams again but they're in their own little lots as well so really on nights it's basically three nurses, you've got your staff nurse that's in charge of the ward and you've got yourself and another health care support worker plus you've got the nurse that's in charge of the hospital throughout.
	DC Code A	Right, right, okay so in relation to the checks to the terminal, if you came across something that was a problem you would basically go and see the staff nurse in charge of the ward?
	Code A	Yes, yes you would indeed you would, if there's any change whatsoever in your considered opinion of the change of condition no matter how small you would report it, even just a flicker you know it may not seem important to everybody else but because your in that job and you're trained for it you can, you know over that many years that something wrong instinctively, you would go to your nurse in charge.
	Code A	And just yeah and make her aware.
		And then she would be aware of it and she would come and check it out.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
10.31	DC Code A	Yeah, okay because as I understand it the ward is visited daily by a GP?
	Code A	Well I don't know the daily routines so much so with being on nights...
	Code A	...Right, okay, yeah, okay.
		...so what goes off on the days apart from general report that we get on handover and the patients condition you know that's as far as I'm aware.
	DC Code A	Okay. Are you aware what happens on nights if there is a problem and staff nurse thinks well I'm not happy about this, who would she go to?
	Code A	Yeah, well if the staff nurse is not happy then we, erm then she would erm inform the nurse that's in charge of the whole hospital...
	Code A	...Right
		...because the doors are locked at a certain time in the hospital so therefore they've got to have easy access for visitors coming in and this sort of thing well the nurse that's in charge of the hospital informs the porter of visitors and well the nurse in charge

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 11

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		does as well but they do inform the porter that you know people are going to be on the premises that he won't know and they'll be coming to the door and they need letting in and showing off, this kind of thing.
11.30	DC Code A	Oh right, and I mean if there's, a doctors required for any reason do you know how they...is that something that you got involved with or have seen...?
	Code A	...As far as I'm aware if there's a doctor involved then the nurse in charge will inform the doctor.
	Code A	Right.
		And then go on actually what the doctor would say.
		Yeah, advises.
		Advises her what to do then.
		Yeah, okay. Right as I've said in my long winded introduction this relates to Code A now have you had a chance to look at your duties, I know some members of staff had a chance to look back at their duties.
	Code A	Yeah
		Can you remember what you were doing?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	I believe when I looked, actually glimpsed at what I was actually doing that on the eighteenth it was...
12.19	Code A	Right
		...I believe it was the eighteenth, on nights that night.
		Okay.
		Erm and basically I'd reported in the care, in the basic care plan for her what I did in the morning...
	Code A	...Oh right.
		...and that was to give her a bed bath and mouth care and make her comfortable.
	DC Code A	Perhaps we'll go to that now then just to, so you can talk us through that...
	Code A	...Yeah.
		...for the purpose of the tape this is Code A health record which is I understand basically covers everything that sort of happens to her in the hospital?
	Code A	Uh uh, this is whats made up on admission all the bits and pieces.
		Yeah. You have different forms don't you?
		Yeah we have different forms for different things, now what we

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **13**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		basically do on nights is we do the one erm one's relevant either personal hygeine, bowels open and also erm how they spent the night, whether they spent it poorly or whatever...
13.25	Code A	Oh right.
		...if on occasions we might not write that in it might be the nurse in charge....
	Code A	...Yeah
		...will write that if there's any extras to write or she might even just write it anyway...
	Code A	...Right, okay.
		...depending on circumstances...
		...Yeah
		...but she's always sort of like documents everything that we do is documented at night.
	Code A	Oh, okay.
		Is that everything that..if there's a change?
		If there's a change in her condition it would be documented...
		...It's documented, yeah.
		...and the relatives informed.

Signature(s) : DC Code A

697

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **14**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Right but I mean obviously you mentioned that fact that you visit like the terminally ill about every fifteen minutes?
14.02	Code A	That's right yeah.
		But you wouldn't document each of those visits to say that you've visited her and she's okay?
	Code A	Depending or not whether they want it.
		Oh right.
		Because sometimes there is erm procedure where you do, are requested to do that...
	Code A	...Right but it's not a matter of course for every patient?
		...it's not a matter of course for every patient, no.
		No, okay.
		It's only when you come across anything that you shouldn't...
		...That you feel needs noting and...
		...needs telling.
		Yeah.
		Yeah, yeah.
		Okay.
		~So with that one, that's what erm this one when it says about the

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **15**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		clean and comfortable, level accept..acceptable to him or her, now what we do in the morning is when we have the poorly ones like obviously Mrs Code A was sort of terminal we will give a bed bath but we will give a bed bath under direction of the nurse in charge...
14.51	Code A	...Right.
		...it's on her discretion normally speaking if erm we feel there's a need for a full bed bath then we will give a full bed bath, if not then it will be a reasonable wash without causing undue harassment...
	Code A	...distress, right
		...to the patient erm and the oral hygeine is a matter of course as well because if they're wearing dentures or not the mouth has to be cleaned, must be cleaned erm and this is what we do, we make sure that the mouth is cleaned and a complete hy...bed bath there would be a top to toe wash and to make sure that they were very comfortable, change of nightie, comb of hair ecetera and just leave them as comfortable as possible.
	DC Code A	Is that your entry down there at the bottom of the personal

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		hygeine page the eighteenth?
15.41	Code A	Erm I wrote both of those I think.
		Right
		Yeah.
		Okay, the purpose of taping that is the eighteenth of August as I say a complete bed bath given...
	Code A	...Yeah.
		...plus oral hygeine?
		Yeah.
		Okay.
		That would be the morning of the eighteenth.
		Morning of the eighteenth, so seventeenth through to the eighteenth?
	Code A	Yeah.
		What hours do you do on nights?
		I do from er quarter past eight is handover to quarter to eight in the morning.
	DC Code A	You mentioned a minute ago that Mrs Code A was terminally ill!

Signature(s) : DC Code A

700

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Ah huh.
16.08		Do you know, can you remember or are you aware of what she was dying of?
	Code A	No I can't remember to be honest.
		No.
		Okay, now you've obviously had a chance to look at these notes...
		...Well I've just looked at that one.
		...Yeah, yeah. Without sort of looking at the notes but we will sort of go through in a minute, what...do you have any recollection of Mrs Code A or her family?
	Code A	I'm afraid I haven't, none whatsoever because like we've got people coming in, going all the time and alright maybe she should have stood out as she was terminal but then you do have quite a few terminals as well so it would have to be something extroadinary to stand out...
	Code A	...Yeah
		...in my mind you know.
		Did you remember like a I mean you've been at Daedalus for two years now I mean on occasions are there certain individuals that

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **18**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		you can bring to mind because of certain problems they had or instances that happened at the hospital with them or anything like that?
16.59	Code A	Well like for the religion side of it....
		...Yeah.
		...erm if you've got somebody with a Jewish believe for instance or a Jewish diet something like that...
	Code A	...Yeah
		...that's extroad...out of the ordinary then you'd have to adhere to ...
	Code A	...Any sticks in your
		...any special diet and what have you or any special treatments I mean like for instance with Jewish people you wouldn't give a complete bed bath, you'd have to leave well alone...
	Code A	...Oh right
		...because of their religious reasons, a rabbi and sort of thing, you'd have to leave be, it would be up to him to do all this business so unless it's something that really prominantly sticks out I'm sorry but that's the way...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **19**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
17.38	DC Code A	...No, okay so no memory of...'cause as we understand it there was her two daughters with her?
	Code A	Yeah well I never met the Code A after you see.
		You never met them, okay.
		As far as I can recall anyway.
		Alright, so some of these questions it may seem like I'm asking the same question but I'm not. So there's no time do you remember Mrs Code A shouting out or anything like that, any discussions about her?
	Code A	I can't honestly remember.
		No, okay. Right, okay just want to go over a few general questions now. Now in relation to feeding and providing water for a particular patient, what sort of rules do you go by or guidelines do you go by for those?
	Code A	Well we, usually it's at the discretion of the trained staff again.
		Right.
		Erm if there's risk of choking and this sort of thing...
		...Right, okay.
		...you've got to take that into account erm if it's a person that's

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **20**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		had a stroke then they would have to have thickened fluids this kind of thing, some people are..erm like a feed...
18.51	Code A	...Oh right, yeah. ...peg feeds erm some people have nasal tubes for feeding er there's different regimes of feeding really.
	DC Code A	Yeah, okay. Was that some...is that something you'd be able to administer, the sort of the tubes and the or would that be done by a trained...?
	Code A	...No, no that would be a trained staff.. ...that would be trained staff, okay. ...at the discretion of the day nurse, trained staff. Your role would be obviously sort of normal, sort of provide the drinks and food in the normal way if they were up to...
	Code A	...Well that's right at the discretion of the staff nurse in charge, she would let you know what she felt the patient was capable of taking. You may feel you know yourself, oh well maybe a little drink here or drink there but then they know better than you, they've seen it all.
	DC Code A	Yeah.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **21**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
19.36	Code A	Been round the park as it were so they know...
		...Yeah.
		...like the score, you don't take it on yourself at all.
		I wonder if you wouldn't mind just taking a moment, just have a..I mean this is a...if I start from the beginning, this is a contact record for Mrs Code A which you may not have the opportunity to look at, just have a quick look through and see if there's anything that is relevant to you or you say oh yeah I remember being I think it was as you say one night you were there but if you just want to take a look through.
	Code A	(looking through documents)
		I'm asking that, I'm not saying that there is, there may not be anything there so just give you the opportunity to....(pause)
		(looking at documents)
	Code A	You see there's your staff nurse there, these are things that the staff nurse does.
	Code A	Oh right, that's ....
		...That's all what the, the duties of the staff nurse and staff nurse actually reported for the night...

Signature(s) : DC Code A

705

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **22**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
21.09	Code A	...Right.
		...so it was me that did the reporting in the morning, yeah.
		So you would go back to the staff nurse and say oh she's restless or she's, a particular patient is restless, all this, that and the other...
	Code A	...Yes, yeah
		...and then staff nurse would note it down, or restless night or ...
		...Yeah, yeah the staff nurse would go more in depth.
		Yeah
		You'd say basically what you saw.
		But she'd, what you said would form part of what she would put down or...
	Code A	...She would either document or she would hand the report over to the following staff in the morning.
	DC Code A	Would you get involved in because I know that they sort of, you have briefings don't you at the beginning of your shift...
	Code A	...Yeah.
	DC Code A	...or the nurses, staff nurses do. Would that be something you would be...?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 23

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...We all get briefed.
21.49		Right, you do.
		But I mean obviously we get briefed and the staff nurse would get briefed to an extended version as and when required really.
	Code A	Yeah.
		I mean we get briefed in our role as well, I mean we get a general picture...
	Code A	...Yeah.
		...and then of course there's like staff nurses role and our role.
		Yeah so they differ so there be bits of...
		...They can differ obviously the medication that they talk over and this kind of thing you fill in any medication change or whatever, it's just basically knowing your own boundaries and what you're actually...
	Code A	...Yeah, yeah.
		...you know, the level of care you are giving is to you personally, there's two auxilliaries.
	Code A	Yeah the briefing is pitched to what your role is?
		That's right, that's right...

Signature(s) : DC Code A

707

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **24**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
22.32	Code A	...As opposed to
		...I mean if the staff nurse needs you to know any further then she will tell you but I mean nothings ever kept secret but it's just the way it goes that...you know it's just concerned with your care, what you're giving is what is translated from the staff nurse and she knows her role as well, what she has to give as well so...
	Code A	...Yeah, sure.
		...part of the team.
		Just one question here on the nutrition page, now there's a gap here between the when she came back on the seventeenth and I know you didn't get involved in feeding because they were asleep half the time but would there be any reason why there would be gaps like that you know for what's that four days?
	Code A	Yeah, I'm not sure, I'm not sure at all, I wouldn't like to say.
		No.
		No, 'cause I mean this is the daytime.
		Yes
		So whatever happens in the day happens in the day so I wouldn't like to say anything on that one.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **25**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
23.29	DC Code A	Now I understand these forms, the care plan is kept at the foot of the bed is that right?
	Code A	Yeah, yeah.
		So when you've done something you can pick it up and...
		Yeah, yeah.
		Okay, it's not you. (Looking through) Okay, then we're onto the drugs.
	Code A	The actual drugs, they don't do anything...
		...No
		...I can't do anything about the drugs at all, I can't say anything about those because they're not my domain.
	DC Code A	No, okay. You've got no sort of background or able to say what that particular drug does if ...?
	Code A	...No, no erm basically erm we're told what is like prescribed if we, if we're looking for any erm what they call contra indications.
	Code A	Oh right, yeah.
		In other words any complications that might arise from that drug.
		Yeah.
		Erm because there's some drugs that you can take for instance

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **26**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		that you can't take dairy products with....
24.49	Code A	...Oh right.
		...them kind of things so we're informed on a drug like that if there's going to be any adverse reactions or if it's been put on there just to sort of observe, you know like it's been put on that day and they're doing a checkout to see if the patient is actually allergic to that drug then they will tell you that, like that the possibility of sickness and this kind of thing, they've taken a tablet or whatever.
	Code A	So it's for you to keep an eye out to report back?
		Yeah you observe through the night and you report that back if there's any adverse effects.
	Code A	Okay, perhaps I can ask you just one question in relation to that then, now I'm aware that Mrs Code A and I know you can't comment on the actual drugs but she was put on a syringe driver and was given haloperidol, hyoscine, diamorphine and midazolam.
	Code A	Uh uh.
		Are you aware of those combinations and whether there's any

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 27

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		side effects you've been made aware of to look out for with other patients because I know you haven't got the knowledge of Mrs Code A?
25.53	Code A	Yep, there probably will be in the pattern of time but I mean for me to say, spout off automatically...
	Code A	...Yeah.
		...I couldn't say.
		You couldn't say, okay.
		No, sorry.
		Right, well I think we'll leave it there, is there anything you'd like to add anything you feel you want to say?
	DC Code A	Just a quick one, if in your capacity as a health care worker, if you unhappy about something that was happening to a patient where a decision had been made by somebody more qualified than you, are you, is there a course of action you can take to make somebody else aware saying look this is happening and I don't think this is right?
	Code A	Yes, yes there is.
		There is, yeah and what is that course of action?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **28**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
26.35	Code A	Well basically erm if you don't like what's been hap...what's happening erm and you've got a gut feeling about anything then you go to the person who's action you're querying it with.
	Code A	Yeah
		And you ask them why is it happening? Why, what for, for whatever reason can you give me a reasonable explaination 'cause you wasn't happy with the way it was conducted whatever and if they seem very vague or evasive or anything that you feel is wrong about the way they're coming across then you can say right well I'm not happy with your answer and I have to take it further.
	Code A	And then you go further up the chain?
		You go further up the chain, you go to...
		Have you had any cause to do anything like that in your career at all?
	Code A	No.
		No.
		No.
		Fine.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **29**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
27.21	DC Code A	Okay, alright is there anything you've said that you'd like to clarify, anything that you feel we've, warrants further explaination or...?
	Code A	...I don't think so, I don't think so at all.
		Okay.
		Can't think of anything.
		Okay, not a problem, right I'm handing you this notice explaining the tape recording procedure and I'd like you to complete the lower half before we go. The time by my watch is 18.32 and I'm turning the recorder off.
		END OF INTERVIEW

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

15

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

Place of interview : **Interview Room, Park Gate Police Station**

Date of interview : **19 June 2000**

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Time commenced : **14.40** Time concluded : **15.16**

Duration of interview : **36 minutes** Tape reference numbers ◆ : **44/00/029069**

Interviewing Officers : **DC** Code A, **DC** Code A

Other persons present : **Mr** Code A **- Saulet & Co Solicitors, Portsmouth**

Tape Counter Times◆	Person Speaking	Text
	DC Code A	This interview is being tape recorded, I am DC Code A the other police officer present is....
	DC Code A	DC Code A
	DC Code A	I'm interviewing Code A please can you give your full name and date of birth?
	Code A	Code A
		And also present is....
		Mr Code A from Saulet & Co Solicitors in Portsmouth, legal advisor.
	DC Code A	Okay. The date is Monday the 19th of June, year 2000 and the time is 14.40. This interview is being conducted in the interview

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		room at Park Gate Police Station. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes and I must remind you that at all times you are entitled to legal advice through Mr Code A and the interview can be delayed at any time should you want to speak to him, okay, understand that?
1.04	Code A	Thank you.
		What I'm going to do now is just explain why we're actually going down this route and what we need to talk about. Basically Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Code A on the 21st of August 1998, at Gosport War Memorial Hospital. The investigation centers around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and the 21st 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 Code A during that time and who in some cases may have provided help with direct nursing care or treatment in order that

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 2

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		an account can be obtained to the particular circumstances and issues that existed between those dates. I emphasise that this is a search for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews with staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. Your solicitors been provided with relevant material prior to this interview commencing. I must emphasise you are not under arrest and you are free to leave at any time. Your right to free legal advice in private extends throughout the period you are at the police station and the next bit 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 that?
2.46	Code A	Yes.
		You understand that, in particular the caution?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 3

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		Okay. Just to go back on that, I've explained it to the other people we've spoken to already, obviously everybody we speak to will be sort of assessed in terms of what's been said but any decisions made won't be taken by people or certainly without the advice of people who are experienced in the medical profession and have got a background in relation to how things are done, and that won't be taken by a police officer who's got no prior knowledge of how a hospital works or how this or that works basically you know it will be a careful process and each interview will be looked at you know carefully and weighed up properly, so there's no witch hunt or anything, it's just for an account as to what people's various roles are in the hospital and just answers to various points that have been raised.
	Code A	I see.
		Okay, alright?
		Yes.
		Me and Code A we're, I mean we don't understand what's in this package here, this file that relates to Code A We're

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		here to gather facts for somebody else to have a look at and that's what we're interested in is the facts, what people can tell us about what their responsibilities were with regard to Mrs Code A and all we want to know is...
4.12	Code A	...Fine
		Fine, okay. What you....
		...Yes.
		...your role was etc, etc, etc.
		Thank you.
		Okay. First, I think firstly if you could perhaps outline your professional qualifications and experience and particularly what your, what role you were in at the hospital in August '98.
	Code A	I was an enrolled nurse which erm is a registered nurse level 2 and I've been on the ward for many years, I couldn't tell you exactly how many but I've been in the hospital twenty or twenty one years so that was my experience.
	Code A	Right, okay.
		Previously I'd worked at the Warhill in Plymouth but in Portsmouth but I doubt if you would remember the Warhill.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah, I went there, I had my arm fixed there once.
		Did you...
		Safeways now isn't it.
		Yes.
		That's right, yeah, there you go.
		There you go.
		So at Daedalus you were an enrolled nurse. Can you...we're basically speaking to staff nurses....
	Code A	...Yes.
		...what's the difference then?
		Much, much the same they have a far deeper er knowledge of trai..er deeper training and (inaudible). Where most nurses are practical nurses, they're qualified to a degree but in the main always need a state registered nurse to erm countersign, like your, these drugs...
	Code A	...Right.
		...an enrolled nurse wouldn't go and do a preparation such as you're talking about now. A state registered nurse would be there also, by the same token neither can staff nurse, a state registered

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		first level do it, you always have to have two but the levels really on the ward are very similar.
6.02	Code A	Right, okay.
		Very similar.
		So you can, can you administer drugs?
		Erm injections....
		Injections or otherwise yes.
		Yes, yes, yes.
		Okay.
		Yes and I would be in charge of the ward at times...
		...Right.
		...you know...
		Depending on who would be on duty at any one time.
		Depends on staffing levels, mmm.
		Okay. Right so you've been at Daedalus ward in particular how long?
	Code A	Since it was built, I mean I was on the, in the main hospital before that, on the male ward as it was then and erm do you know when it was built, the new part of the hospital?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	I don't, no.
6.44		It must be about six or seven years ago now.
		Yeah.
		But we moved from the main hospital over to Daedalus.
		Since it was formed?
		That's right.
		Okay and what sort of patients do you get into Daedalus?
		Erm stroke rehabilitation patients and continuing care patients.
		Okay and in terms of continuing care, what sort of..is that obviously to go on to other places or...?
	Code A	Hopefully we would return them to the community but sometimes they would stay with us permanently.
	DC Code A	Right, okay. What would be the reasons why they would stay? What would be some of the, some examples?
	Code A	Because the, when I say return to the community that would be either relatives erm not always the relatives cope with that sort of situation and the other aspect would be to go into nursing homes and you can't always get funding for nursing homes, erm sometimes nursing homes would consider them erm an unfit

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **8**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		patient to have in there, that they wouldn't have the expertise to cope.
8.00	Code A	Right, okay.
		So they'd stay on the ward.
		Okay. Just I think what we'll do is we'll, I brought the duty rota here because...just to remind you what you were doing between the 17th and the 21st. This is a photocopy which isn't very clear, I'll show you one from the week commencing the 16th. If I draw your attention to your name there and oh it's from the 17th.
	Code A	Yes I was there then on a late shift.
		What does that, is that de...
		...Days off, I was off duty then until the 25th.
		Right, there's a date here.
		A date there?
		Yeah.
		That's three thirty (3.30).
		Right what does that...
		...That's the time I go on duty.
		Right so your on duty on the 17th?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		But then your off?
8.59		That's right.
		Right, okay. Just going over the way the hospitals set up, in terms of the patients and who's responsible for prescribing treatment particularly medication?
	Code A	The GP.
		The GP...
		...Mmm, mmm Doctor Code A the GP concerned.
		Okay and how would she do that? What process would she do in order to prescribe drugs and also to monitor you know there results?
	Code A	On her, she based her opinions on the state of the patient.
		Right, okay so I mean does she visit the hospital?
		Every day, er week days, every week day.
		Every week day.
		But there is always a GP on call from the practice who would come in if we needed someone.
	DC Code A	Yeah, okay, alright. Would she actually visit patients

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		individually through the ward?
	Code A	I didn't do the round with Doctor Code A
10.09		You weren't involved in that?
		Very rarely.
		Okay. Who would normally do that?
		The nurse in charge which would be a first level registered nurse.
		Right, okay. Is that a staff nurse or is that a...?
		...Yes.
		That's a staff nurse, right, okay. So ordinarily you wouldn't be involved in discussions over treatment or...?
	Code A	Infrequently.
		Infrequently, okay, alright. In relation to Code A do you recall Mrs Code A being in the ward?
	Code A	I admitted her.
		You admitted her?
		I'm pretty sure I admitted her.
		Right, okay. Can you recall what she was like when she was admitted?
	Code A	Yes.

724

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 11

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Can you describe it...?
		...Do you want me to say.
10.56		Yes please.
		Okay erm she was with her Code A yes her Code A came with her. She was a frail erm confused lady who'd had a hip replacement. She took nourishment, her Code A fed her with supper, she at one stage showed that she needed to spend a penny and I got her a nurse to help me and we transferred her from her armchair onto a commode where she spent a penny and back onto the chair again and she gave every appearance of being quite comfortable, and really that's my memory of Mrs Code A.
	DC Code A	Yeah, okay.
	DC	On that I think your recollection of her there was possibly after the first visit?
	Code A	Oh indeed, her very first...
		...First admission rather...you weren't there at the second admission when she came back again?
	Code A	Indeed not, no...
		...No.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 12

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...I'm talking about the...
12.02		...The 11th.
		...11th, I was late duty...
		...Yeah.
		...the 11th okay.
		So that recollection is after the initial operation?
		That's right.
		Oh right.
		So she was (inaudible)
		Yes.
		Right. Was there any, what was, did you see her on the 17th when you were...?
	Code A	...I'd have to look in my diary. I don't think I was even on duty, oh yes, yes I did see her on the 17th and you want to know that work?
	Code A	Yes please, yeah.
		Okay, fine well I went on duty at half past three (3.30) and erm she was being noisy, she was very agitated and obviously in distress.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 13

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. Did you become aware of what was causing her to be like that?
12.51	Code A	Did I become aware of it, no I can't say, I assumed it would be because she was in pain.
	DC Code A	Mmm. On that day were you responsible for Mrs Code A or was somebody else sort of...?
	Code A	...Code A was in charge of, can I check, I'm sure it was Code A in charge of the ward in the afternoon.
	Code A	(inaudible) duty rota then.
		Thanks, 17th
		17th
		Yes Code A was there and erm I seem to remember he spent a lot of time with the daughters. Can I look at that again, I would like to see what, which carers were on because it might jog me a bit. No mmm, yes, right so that (inaudible) there were only about three of us in the afternoon and evenings anyway.
	Code A	Right.
		So Code A was in overall charge and would be seeing to the doctors and the, and the in this case the Code A and the carer,

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 14

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		myself would be seeing to the patients....
	Code A	...Yeah.
		...all the patients needs not just Mrs Code A...
14.11		...Yeah (inaudible)
		...onto the ward.
		Okay and that would, that in relation to the other patients, what would be the sort of things you'd be doing?
	Code A	Feeding them, cleaning them, exercising them, just generally caring for them...
	Code A	...Mmm, okay.
		...by putting them to bed at some stage.
		Yeah. Can you I know it's two years ago, can your recall the sort of numbers in the ward at that time?
	Code A	No I can't.
		No, okay. Alright, when did you become aware that Mrs Code A treatment had changed to the syringe driver? How did you become aware?
	Code A	I was unaware of it.
		Okay.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **15**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	I mean after the 17th when I returned to the ward erm she had died so I mean it just didn't cross my mind.
15.07	DC Code A	No, certainly okay. What was your duty that day, it says, I know you say you were on but that was three thirty (3.30) til...
	Code A	...eight thirty (8.30)
		...eight thirty (8.30) so it was a five hour...
		Mmm
		Afternoon into evening?
		Uhh
		Afternoon into evening?
		That's right.
		Okay, did you have any conversation or were you part of any conversation in relation to treatment suggested for Mrs Code A?
	Code A	Not at all.
		Okay. Did Doctor Code A attend the hospital on that date do you recall?
	Code A	I have no idea.
		Is that you can't remember or didn't see?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	I don't recall seeing her...
		...Okay.
15.51		...but that's not to say that she didn't.
		Okay and do you recall any contact you had with the two Code A any conversations with them?
	Code A	Only on the day of her first admission but not after that.
		Right, okay and on the 17th there was no?
		No nothing at all.
		Okay. I just wondered if you could talk us through the syringe driver and how it works and you know what it achieves.
	Code A	Yes, erm what it achieves, a syringe driver, it's a ten (10) mil syringe and medication is in that to cover a 24 hour period. It can be used for many things and pain control is one of them and in this case Mrs Code A obviously had pain control, as she was very agitated she might well have had erm something to remove the agitation to relieve her anxieties and that probably would have been midazolam and had she been chesty, bubbly and they collect, phlegm is stuck to the throat and its very distressing, you'd put er hyacine or something in to dry up the secretions.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Right.
17.14		Erm that would go at a regular interval over 24 hours automatically,(inaudible)
	Code A	Thank you.
		Must have seen them.
		We're trying to find out what make they are, you don't know what they're called? What company makes them all?
	Code A	No, no.
		No we'll have to get the catalogue.
		So...
		They're about the size of your tape recorder box.
		Oh right, okay. So the advantages of that over giving drugs orally or by oral injection.
	Code A	Oh far superior, I mean you don't have to disturb the patient every three to four hours to do it and this way also the pain doesn't creep through...
	Code A	...Right
		...the pain is damped and stays damped...
		...Remains like that....

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 18

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...whereas in the old days we'd give another injection when the pain came back...
18.09	Code A	...Yeah
		...you avoid that to patients these days.
		Okay now as I understand it, it's done under the skin, subcutaneously...
	Code A	...Intra..that's right just, just needle under the skin.
		Right, okay, but just to clarify when you left the ward for your days off Mrs Code A wasn't on a driver at that stage?
	Code A	I don't remember.
		You don't remember?
		No.
		Okay but you certainly didn't have any input?
		Well if I did there would be a record of it.
		Yeah, okay.
		I mean my signature would be somewhere if, if, it wouldn't be here it would be in our drug book if you've got that.
	Code A	Drug book, okay.
		The DDA book, mmm, control book. It wouldn't be on any o

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 19

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		these pieces.
19.05	Code A	We've got here from the, Mrs Code A records...
		...Yeah but my signature wouldn't be on there.
		...it wouldn't be on there?
		No it would be on the ward control drugs book.
		Is that it?
		Ahh, that could be it, yes.
		I think if you go through the pages all those in green...
		...Oh right about (inaudible)
		...yeah (inaudible)
		Well I don't see me there.
		LH10 copy of what you've been shown.
		No I obviously didn't.
		No, no. Sorry could you go through with us I think there's five pages there.
	Code A	Right let's have a look.
		I don't know for the purpose of the tape referred to that page.
		That's my signature there.
		All we're interested is this.

733

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 20

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	That's not me, no, no, yes over there what was that for?
20.05		It's the....
		...That's oromorph.
		...oh that's prior to the ...
		That's oromorph on the 17th.
		17th it's on the 17th.
		And that was used with a bounty driver?
		Indeed. (inaudible) so is that one, number 17
		And that was at 15 is that the time its booked out of the store?
		That's when we give it. 16.45 dreadful writing Code A 16.45 I think that reads. Do you want to have a look?
	Code A	Sorry, yeah is it one entry you were talking or is that two?
		On the 17th.
		17th at...
		...Yes.
		...16.45 and that's your, I see, yeah...
		...This one, okay.
		...sorry, okay. It's difficult to see upside down. As I understand it oromorph is a pain killer?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 21

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Mmm, mm, it is.
21.05		Okay and how much was...
		...Sorry it's forty (40) mils isn't it? This is the ....
		...Was it.
		...sorry the oromorph is ten (10) milligrams.
		Ten (10) milligrams so I'll show you that again. Where are we, 16.45
	Code A	2.5...
		...2.5
		...mils in 5 milligrams.
		Right, okay. On that time then, what was your overall impression of Mrs Code A, on the 17th, of her condition?
	Code A	I don't know how to answer that, I mean she was a very poorly lady and I really don't know how to answer that, what was...
	Code A	...You said that she was in distress or pain?
		...she was calling out.
		Yeah.
		Crying, her daughters were with her and you know.
		Do you recall if anybody went to her to try and identify the source

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 22

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		of the pain or whether indeed it was pain and not, I think somebody else is suggesting it may be the dementia making her call out?
22.34	Code A	I don't really know.
		No.
		I'm so sorry I...
		...That's okay.
		...just don't know. I feel sure they did but I just don't remember.
		Would it be fair to say on what we've talked about so far then that what you said about Mr Code A being too involved that the responsibility on that particular moment in relation to Mrs Code A fell to him and you were seen to be working on or caring for the other patients. Would that be a fair assessment?
	Code A	It would but I would have some hands on with Mrs Code A as well.
	Code A	Yeah, yes obviously...
		...Yes
		...you did say with the ....
		...Yes

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 23

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...oromorph?
23.23		Yes, yes.
		Okay. I mean you say she was calling out, did you believe at the time that it was pain or was it...?
	Code A	...Yes I would have done, mmm.
		Okay.
		Did you notice any difference between Mrs Code A..you said that you had met her on, after the initial operation on the 11th?
	Code A	Different lady.
		Was she?
		Mmm, I have to say that, mmm.
		What was she like on the 11th?
		Well just a nice, gentle, confused old lady.
		So after the...
		...Ninety one (91) I mean...
		...mmm and the second time she came to you, you say she was different, totally different?
	Code A	Well, yes.
		Yeah.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 24

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay.
24.14		I don't think there's a real lot we can ask about (inaudible)
		I'm sorry I can't...
		No, no I know it's...
		...(Inaudible)
		No it's okay.
		...it's in relation to one day really but perhaps we'll just go over the drugs that were done later on to see if you can just describe to me what there, there roles are, because you've mentioned hyacine already.
	Code A	Oh that dries up secretions.
		Dries up, yeah so...I'm just showing you the prescription record again.
	Code A	Okay.
		And as we understand it on the syringe driver there was four drugs which were...
	Code A	...No there wouldn't have been, that was oral that wasn't a syringe driver.
	Code A	Mmm.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 25

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	It was just these two and those two?
25.05		These two here.
		Oh I see but they would have gone up at different times, you realise that don't you I mean it's not all in one driver.
	DC Code A	Right.
	DC	Well looking at the timings there it's 11.45, 11.45 and on the other page for the hyacine and the midazolam...
	Code A	...That says 11.45..
		...11.45 so
		I need to think about this, that's erm 10.45 21st, 18th, are these dates all the same, that's, that's a different day isn't it. That's the 10th, that's the 7th , 17th there would only have been one, one mixture and it would have been that one, that one and that one, no that's the same as that.
	DC Code A	So that's the diamorphine, and the I can't say that last...
	DC	...Hyaperidol
	DC	...that's the one.
	Code A	Hyaperidol, mmm,mmm. This one hasn;t been given has it?
		No, I think from what we can gather all these were prescribed and

Signature(s) : DC Code A

739

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **26**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		obviously that gave the medical staff who were on at the time authorisation from the GP to give her those drugs should they feel it necessary.
26.37	Code A	That happens.
		Yeah, because obviously she's not there all the time.
		That's right.
		And from what we can gather the hyacine, midazolam and the diamorphine and the hyaperidol...
	Code A	...Hyaperidol
		...were given continuously from the ...
		...I, mmm
		...you're obviously showing some concern with the hyaperidol?
		Mmm, not concerned just a bit surprised that's all, I'm, I'm familiar with usually I would say hyacine, diamorphine and midazolam, I can't think why both would have been given but I'm not a ....
	DC Code A	...you're saying that both the midazolam and the drugs there are both sedatives aren't they?
	Code A	Yes.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 27

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
27.35	Code A	Yeah. We're talking about the hyaperidol? Oh no, oh yes that's subcutaneous, that's oral, yes that's oral. That's an oral dose there, that's a subcutaneous one there and that's a subcutaneous one there. You must have asked half the people this.
	Code A	No we have, we've asked everybody the same question... Yeah Have they been, they've given you sensible answers haven't they that's the problem, you've got an old age pensioner may I remind you, no I'm sorry I cannot erm clarify that point.
	DC Code A	No, but is, in, have you or are you aware of any potential adverse effects it may have had on Mrs Code A.
	Code A	...Oh no. ...having those four drugs together? No, no. No. No. So I mean (inaudible) we're policeman we don't know so it's

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 28

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		quite a safe cocktail for a better word to administer to a patient?
28.36	Code A	I can't believe that was in there, I'm sorry you must think me as thick as two short whatevers. I can't think why that was in but obviously she wasn't getting sufficient relief from her midazolam for her anxiety.
	Code A	And...
		But it wasn't, she wasn't given the full dose was she.
		So together I mean they perform the same, they achieve the same objective?
	Code A	Yes, they relieve anxiety.
		So as I understand it then, they could have used a larger doses of either/or instead of having the two together and still have the same effect?
	Code A	I would have thought so but I don't know what the thinking was behind it.
	DC Code A	Yeah, I mean we don't know whether you're in a position, whether you're qualified to tell us but its just in your experience that cocktail of drugs, I mean is not going to cause any adverse effects on Mrs Code A?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 29

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	I'd rather not say, I honestly don't know.
29.40		Yeah, right. You don't know, you don't know.
		Just run through what they do those if you could?
		Pain relief.
		Diamorphine pain relief, yeah.
		Relieves anxiety.
		Hyaperidol.
		Oh yes, yes sorry I forgot to say that didn't I. Erm...
		...We'd rather you said it.
		...Hyacine is to dry up the secretions, and midazolam is another erm er drug to, removes memory doesn't it.
	Code A	I don't know.
		Rape, the rape drug.
		Oh is that what it is.
		(inaudible) oh right but it's obviously for relieving anx...
		...Anxiety.
		Anxiety, yeah.
		And its a sedative?
		Mmm

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 30

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Is that right?
30.32		It would have sedated her, sedated her.
		I'm having real trouble with these words you know. Just a couple of other things and these are general questions just again about the set up of the hospital. If you, if there was a situation which I'm not saying is in this case where you were concerned about the treatment provided or the drugs prescribed to a particular patient and you could obviously see the effects they were having, what would be your process of highlighting that to the doctor or the GP?
	Code A	I'd tell them.
		You'd tell them?
		Mmm.
		If and again this is a hypothetical question but I'm just trying to get the policies in place, if you spoke to the doctor and the doctor didn't accept what you were saying and maintained that, that treatment would continue, are you aware of a policy in place, a procedure in place where you, who you'd go and speak to next?
	Code A	Well yes, you'd go to one of the managers, the hospital manager

Signature(s) : DC Code A

744

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **31**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		or you'd take it that way I think but I can, doctors don't behave like that.
	Code A	Mmm.
31.50		No, I mean...
		...They listen to what you tell them in the main.
		Okay because I guess you're the, you know there your, sorry your their eyes and ears?
	Code A	Yeah, yes.
		(inaudible). Right so staff on the 17th she did have something to eat according to her sister?
	Code A	On first day admission, yes.
		Her daughter, sorry just one last thing I want to go over which is the contact records the nurse, the nursing care plan for Mrs Code A What's your understanding of when these, firstly with the contact record when this should be completed? What sort of situation would...
	Code A	If anything untoward happens, we have care plans for patients where every problem is highlighted on a different piece of, sheet of paper and each day as we attend the patient so we go through

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 32

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		these care plans and make a comment and that is it but if anything untoward is noticed with the patient then it goes into the cardex.
33.16	Code A	Which is, this is the contact record here
		(inaudible)
		Okay and this is the nursing care plan here so what sort of things would go on here?
	Code A	For a start it should have the named nurse written in there, you should know who her named nurse was.
	Code A	Right so is there a nurse who's sort of allocated?
		That's right.
		Right, okay. Are you aware of any sort of situation where that would be left blank?
	Code A	I don't know.
		Okay.
		That's (inaudible). Is that all there is for her care plans?
		That's what we've got, I don't think there is anything else but I think, I take it that on any occasion there's a visit by anybody to see how Mrs Code A is getting on they'd have to make a record isn't it? They don't have to make a record unless there's

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 33

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		something amiss.
34.28	Code A	Unless there's something untoward.
		Some situations (inaudible)
		So although we appreciate there is big gaps between entries that doesn't mean to say that you know she was left on her own for 24 hours and nobody ever saw her or anything, it's just because there's nothing to say about her?
	Code A	That's right.
		There's no change?
		That's right
		Right.
		Okay. Is there any entries down here from you can you see?
		Well no she wasn't there patient.
		She wasn't your patient so...okay but things on the care plan would be things....
	Code A	Oh Code A was her like named nurse, that's right she was so she has got care plans.
	Code A	Oh right.
		(inaudible) Margaret was her named nurse.

Signature(s) : DC Code A

747

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **34**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	And what would be her role as named nurse, what does that actually mean?
35.15	Code A	She oversees the care of the patient in practice but in theory you can't do it, the part time staff I mean I'm a named nurse or used to be for people but I'm now four or five days off, who'd like after the patient...
	Code A	...Mmmm
		...Yeah
		...it just doesn't work, it's a token gesture really. We all look after the patients but we're obliged to put a named nurse down.
	DC Code A	So are you saying its a paper exercise in a way just to allocate it to someone but in practice...
	Code A	We tried, we've tried in practice I mean if the nurses on duty say like Code A on duty she would attend to that patient but I mean if she's not then obviously somebody else has to you can't just walk past and ignore somebody's oi chum you know wait until Thursday.
	DC Code A	Yeah okay and as I understand it this care plan would record things such as being washed...

Signature(s) : DC Code A

748

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **35**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...On a daily basis, yes.
		...clean and fed and so forth...
36.18		...Absolutely, everything.
		...okay, it should record everything in relation to their care?
		Yes. Personal hygeine, catheter care, diet, skin integrity everything there should be quite a few.
	Code A	Right okay. So if there's any gaps in that one in terms of...
		...Then there was nothing to write, there wasn't a problem.
		...right.
		If there's not a problem you, you can't write about it I mean er I would have thought personal hygiene, I would have thought something would have been here for her mobility as she was recovering from a hip replacement, I'm not going to say anything about that.
	Code A	About what sorry?
		About the care plans.
		Right, okay. All I was trying to get to was, is, you know when is it filled out and if there are gaps ...
	Code A	...On a daily basis.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **36**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...on a daily basis...
		...the care plans, mmm.
37.23		Right, I can't think of anything else at this stage.
		No, no.
		Okay. Right is there anything at this stage that you wish to add?
		No.
		Is there anything you wish to clarify, anything you've said you feel we haven't grapsed or ...?
	Code A	I think it's been straightforward.
		Okay. I'll hand you a notice explaining the tape recording procedure. The time by my watch is fifteen sixteen (15.16), I'm turning the recorder off.
		END OF INTERVIEW

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

GMC101149-0184

16

MG11(T)

HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of : Code A

Age if under 18 : **Over 18** (if over 18 insert 'over 18')

Occupation : **Health Care Support Worker**

This statement (consisting of 2 pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature : Code A **Dated the 01 July 2000**

1. I am a Health Care Support Worker employed by Portsmouth Hospitals NHS Trust at Gosport War Memorial Hospital. I have worked in this capacity for 10 years. In August 1998 I worked in Daedalus Ward as I do at the present time. Daedalus Ward provides continuing care and slow stream stroke rehabilitation for frail elderly patients. In August 1998 Daedalus Ward comprised eight single bed rooms and four 4-bed rooms i.e. capacity for 24 patients in total, as it does today. The overnight staffing for Daedalus Ward is usually one qualified nurse and two healthcare support workers. My duties as a Health Care Support Worker are to assist in the general care of patients. As a Health Care Support Worker I do not make decisions as to how a patient is nursed. I am not involved in decisions concerning medication or the provision of intravenous drips. If I identify any problem with a patient's care I refer to qualified nursing staff.

2. I have checked the on-duty rota for August 1998. My on duties between 11 August 1998 and 21 August 1998 the period covering the late Mrs Code A' two admissions to Daedalus Ward were as follows;

Signed : Code A Signature witnessed by : ______________

HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Continuation of Statement of : Code A

11 August 1998 Night shift 8.15 p.m.-7.45 a.m.

12 " " " "

13 " " " "

14 " Off duty.

15 " "

16 " Night shift " "

17 " " " "

18 " " " "

19 " Off duty

20 " "

21 " Off duty

3. When I come on duty at 8.15 p.m. I take the report from the late shift staff. After taking the report I check that the patients are comfortable. At that time some patients will have already gone to bed. Other patients may need to be taken to the toilet and settled down for the night. At 10 p.m. a qualified member of the nursing staff carries out the drug round. The Health Care Support Workers do not usually assist with dispensing any medication. I finish settling patients down at approximately 11.30 p.m. and then take a break. The ward is quiet overnight but patients may need turning in bed or to be taken to the toilet. At 6 a.m. I start to get the patients up wash them and change their bedding if required. A qualified member of staff carries out another medication round at that time. I make the patients tea and coffee and generally tidy up. At 7.30 a.m. I hand over to the day staff and go off duty at 7.45 a.m.

Signed : Code A Signature witnessed by : ____________

MG11A(T)(cont.)

HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Continuation of Statement of : Code A

4. I do not recall the late Mrs Code A I believe that she occupied a single room. I have considered her hospital case records. I have made only one entry in these case records, that is on the page headed "Personal Hygiene". I have noted "18.8.98 Complete bed bath given plus oral hygiene". I have signed this entry. It has also been signed by my colleague Code A another Healthcare Support Worker who would have assisted me in providing care for the late Mrs Code A I do not recall any contact with the late Mrs Code A Code A Mrs Code A and Mrs Code A

Signed : Code A Signature witnessed by : ____________________

17

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

Place of interview : **Park Gate Police Station**

Date of interview : **28 June 2000**

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Time commenced : **10.19** Time concluded : **10.58**

Duration of interview : **39 minutes** Tape reference numbers ◆ : **44/00/30648**

Interviewing Officers : **DC** Code A **DC** Code A

Other persons present : **Mr** Code A **- Saulet & Co Solicitors, Portsmouth**

Tape Counter Times◆	Person Speaking	Text
	DC Code A	This interview is being tape recorded, I am DC Code A Code A, the other police officer present is...
	DC Code A DC	DC Code A I'm interviewing Code A, please can you give your full name and date of birth?
	Code A	Mrs Code A thirty first of January nineteen sixty four. Okay and also present is... Mr Code A from Saulet and Co Solicitors, Portsmouth, Legal Advisor.
	DC Code A	Okay this interview is being conducted at Park Gate Police Station on the twenty eighth of June, two thousand and the time

Signature(s) : DC Code A

754

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		by my watch is 10.19. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes and I'll also remind you that the legal advice you have is accessible throughout the interview and the interview can be delayed at any time for you to seek further advice, okay.
	Code A	Okay.
		Okay, right this is basically an explaination of why we're here and what we're aiming to achieve. The Hampshire Police have undertaken an investigation into the circumstances into the death of Mrs Code A on the twenty first of August nineteen ninety eight at Gosport War Memorial Hospital. The investigation centers around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the seventeenth and twenty first of August whilst admitted to this hospital. We are seeking to interview those members of nursing staff who had a duty of care to Mrs Code A during that time and who in some cases may have provided her with direct nursing care or treatment in orde that an account can be obtained in particular circumstances an

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **2**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		issues that existed between those dates. I emphasise this is a search for the facts and your account and answers will be carefully assessed in the light of information arising from other interviews with staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. Your solicitor has been provided with relevant material prior to this interview commencing, I must emphasise that you are not under arrest and you're free to leave at any time. Your right to free legal advice in private extends throughout the period you're at the police station, okay. Now the next bit is a 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 that?
	Code A	Yes.
		Alright, it's quite harshly worded but there's a couple of points I would say it's, what we're seeking is basically an account from

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 3

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		people if they're prepared to give it on various points that we're going to cover and basically a decisions not going to be made by the likes of me or Code A or basically the Police Service on its own. We will be seeking professional advice from someone who's got knowledge of medical matters and background and how these things work so it's not going to be a sort of blind decision or a witch hunt or anything, it's a considered process, okay. Alright, so as I say that's what we're looking into, I think to start off with what I'd like to do is if you could explain your role within the hospital and you know what your responsibilities are and what sort of things you cover, if you could do that?
3.33	Code A	Erm well I'm a senior staff nurse on light duty, I start my shift in minor injuries although I am in overall charge of the night nursing staff...
	Code A	Right.
		...during the course of the night duty in the absence of the night sister, so from the hours of er eight fifteen to about ten thirty I'm based in minor injuries and don't have a lot to do with the ward until after that time.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Right, okay so what sort of times do you work? What are your hours?
4.08	Code A	Erm my shift starts at eight fifteen at night and I finish at seven forty five in the morning.
	DC Code A	Okay.
	Code A	So from ten thirty until seven forty five I'm around, based on Dryad ward but visit all the other wards in the hospital, I'm available if needed.
	DC Code A	Okay. What sort of things would you, would you be doing around the wards then? What would your sort of role be there?
	Code A	Helping in er nursing care erm mostly superivisory things, checking of medication, erm relieving trained staff when they go for breaks, really anything that's required of me.
	DC Code A	Okay so if there was anything untoward you would expect to be notified?
	Code A	I would, yes.
		Okay and depending on what sort of the problem was, you would obviously act on that?
	Code A	I would assist or help or whatever I could do.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. If it was a problem that required a doctor, what sort of things, examples could you give where a doctor would be called and what procedure would you follow in order to call one?
5.24	Code A	Erm if one of the members of staff were concerned about one of the patients erm if they felt it was urgent they would probably contact a doctor directly, different staff do different things erm some of them might call me to check the patient first erm if it's something we felt that the doctor could intervene with and would give medical care or advice then we'd contact them directly, if not we would monitor the patient and call them as we felt necessary.
	DC Code A	Right, okay. Just going over your sort of experience, how long have you been a trained nurse?
	Code A	I've been a trained nurse for nearly fourteen years.
		Okay, and what sort of areas have you covered in that time?
		I've only worked at really Gosport War Memorial Hospital...
		Oh, okay.
		...worked there for thirteen years.
		Okay so is that primarily with elderly patients?

739

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		So fourteen years experience has been based sort of covering...
		...The same type of patient.
		...same type of patient, yeah and how long have you been a senior staff nurse?
6.31	Code A	Er I think around three years.
		Okay. I've got the duty sheet somewhere, have you had a chance to look at them and remember what you were doing between the seventeenth and the twenty first?
	Code A	I've had a quick look.
		Thank you. Well I'll show you it now just to....
		Okay, yeah.
		...which is the duty sheet from August ninety eight and I think that's you...
	Code A	...That's me yep
		...there so looking down on the twentieth and is says hosp, which I guess is short fo hospital...
	Code A	...(inaudible) I was on duty.
		...so that mean's you're on duty at the hospital?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		At that time, okay so that would be the twentieth and the ...
7.12		...Twenty first and the twenty second.
		...obviously and the twenty second of August, okay. Do you have any memory of Mrs Code A?
	Code A	Only a vague recollection, I can recall the night she died, I remember the family being present on the ward and I can remember I think it was one of the Code A I couldn't say which one asked me if I saw another colleague would I...she had a book she wanted to pass on to one of my colleagues...
	Code A	...Oh right.
		...and would I do that...
		...Okay.
		...and that was really all I had to with either Mrs Code A or her family.
	Code A	Right, do you know who, what colleague that was?
		Er Staff nurse Code A
		Code A okay and do you know what the book was?
		Something to do with erm I think either spiritualism or that type

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 8

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		of thing. I think one of the daughters had been reading it during the course of visiting her mother and I think they chatted about it so one of the daughters thought she might like to read it once they'd finished.
8.16	DC Code A	Right, okay. So you actually went down to the...you were at the ward when.....
	Code A	...After she died.
		...after she died. Was that because you were notified by someone or...?
	Code A	...Yes.
		...were you already down there?
		I normally visit the wards after I've finished in minor injuries but I'm almost certain I would have been contacted, I would have visited the ward straight after, as soon as I'd finished in minor injuries.
	DC Code A	Yeah, okay. You obviously had this conversation with the daughter about the book?
	Code A	Yes.
		Do you recall any other conversation?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No.
		In particular any concerns she had about her Code A or any problems she had regarding the treatment or..?
8.56	Code A	No.
		No, okay. During the twentieth which is a Thursday and onto the Friday, when you start work do you have like a briefing at all with the wards at any point?
	Code A	Myself?
		Yeah, are you sort of notified about any particular problems with...?
	Code A	...Usually erm the, as I visit the wards the whoevers in charge of that ward will normally tell me of any patients they're concerned about or during the course of the night I will ask myself if they've got any patients they're concerned about.
	Code A	Right.
		As the patients don't often change I have a vague idea of many of the patients on the ward.
	Code A	So you build up a picture?
		Yeah.

763

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 10

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay, I mean do you ever other than the point where you were notified of Mrs Code A death, were you ever spoken to about her condition or any problems that the staff were having with her or with the family in any way?
9.57	Code A	I think I probably had been told by members of the staff that there were problems with the family but not of any specific problems.
	Code A	Right, okay it was nothing you had, obviously you didn't have any direct involvement with them and in terms of the medical side of it, in terms of Mrs Code A...
	Code A	...Yes.
		...Do you recall having any conversation about her condition or ....?
	Code A	...No.
		...any problems with that?
		Not that I can remember.
		Okay. Did you other than coming down seeing Mrs Code A after death, did you see her beforehand on the twentieth or the twenty first before she died?
	Code A	Erm I possibly might have looked in on her during the course of

764

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **11**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		the night...
	Code A	...Yeah.
		...not so I can remember.
10.43		Not so you can remember.
		Nothing sticks in my mind.
		Okay, alright. I think what we'll do now then is I've got obviously the health record for Mrs Code A which she's got the contact notes and the care notes. If you'd like to take a look through. As I understand it these contact notes are made by members of staff on the ward or..?
	Code A	...Yes.
		...obviously consultants or doctors who come in and have something to write. If you have a look and just see if there's any ones there that are relevant to you, anything that you've completed.
	Code A	(looking through documents). No, not in the contact record. (looking through again) nothing.
	Code A	Nothing there, okay.
		Nothing that I can see.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	When would you complete or you would have needed to complete a contact record, not just in this case but generally (inaudible)?
12.13	Code A	Really if I'd spoken to relatives erm to do with patients care, if I'd had any direct contact with the patient or if I'd taken any telephone calls.
	DC Code A	Right, okay. Would you complete it when you attended a patient and there was no change in her and she was asleep for example, would you feel the need to complete it then?
	Code A	All that would normally be completed would be a nursing care plan which would be dated and signed.
	Code A	Right, okay.
		The only time we make any comment is if there is any difference in the care required.
	DC Code A	Okay so if her condition has changed in any way or there's a difference to medication or something like that?
	Code A	Yeah that would probably have been recorded.
		That would be recorded?
		Yes.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 13

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	But generally if conidtions the same, still asleep or no change then you wouldn't necessarily record it?
	Code A	Record it, no.
		Okay, okay. Where you aware regarding Mrs Code A of the drugs she was being administered?
13.22	Code A	Yes, I think so.
		Okay, can you recall what...?
		...Erm diamorphine, midazolam and I can't remember off hand what else.
	DC Code A	Okay, well if I show you the prescription record here relating to Mrs Code A and perhaps if you can look and agree with me that looking at this there's four that were loaded on with a syringe driver?
	Code A	Yes.
		On the eighteenth, which is the hyoscine, midazolam...
		...Midazolam
		...the haloperidol...
		...Haloperidol
		...and the diamorphine?

767

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **14**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		Okay now as I understand it these initials here are the people that have actually loaded the driver and administered the drugs?
	Code A	Yes, yes.
		Okay, are there any entries there that are relevant to yourself?
14.19		No, not that I can see.
		Okay. In relation to this syringe driver, what are the thoughts behind using a driver and what are the advantages of using?
	Code A	Syringe drivers normally used for patients that can't take medication orally or to give continuous pain relief or continuous medication. It's a more erm how can I put it, it's a more constant form of medication instead of getting peaks and troughs you see, allergies or any other type of drug.
	DC Code A	Right, okay so as I understand it there's no time when the drugs will start wearing off for example and start feeling pain again, it gives a...
	Code A	...It shouldn't do, you can't, if the patients pain increases you could possibly get breakthrough pain where other medication might be required but the idea behind a syringe driver is that th

768

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 15

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		patient should remain pain free.
	DC Code A	So presumably then when you would administer a drug like a pain killer four hourly...
	Code A	...Yes.
15.23		...okay for the first couple of hours they're pain free and then apparently it starts to wear off so the idea of this then is to slowly administer it so they're pain free for that long?
	Code A	That's right.
		Okay. Would you mind just going over the drugs and just explaining what they're designed to do? Like an exam (laughs).
	Code A	Yeah (laughs). Erm oromorph is oral analgesia er morphine based, diamorphine is similar but given intravenaeously, subcutaneously or intromuscularly usually given through the syringe driver, hyoscine can be used, is usually used for drying up sort of respiratory secretions, can be given for erm abdominal pain, midazolam is a muscle relaxant erm some patients when they're dying tend to get twitchy or rigid and that helps to relax the body. Do you want me to go through (inaudible)?
	DC Code A	Yeah I think there's some duplications actually but yeah if you...

Signature(s) : DC Code A

769

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...Er haloperidol, haloperidol can be used as a sedative but I also believe it can be used as erm an anti-emetic as well, if a patients feeling sick or if you feel they're agitated that would be given, I thinks that's it really, it's mostly haloperidol on this side.
16.50	Code A	Yeah and there's a lactulose which is (inaudible)...
		Lactulose is given for..to regulate bowels...
		...Right, okay
		...as an empiriuant.
		Okay. Just looking at the doses for the diamorphine...
		...Yep.
		...and the other drugs...
		...forty milligrams, yep
		...forty milligrams to ....
		...to two hundred milligrams.
		...to two hundred, and obviously you've got the haloperidol which is five....
	Code A	...Haloperidol which is five to ten milligrams, midazolam twenty to eighty milligrams, hyoscine two hundred to eight hundred micrograms.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Right, okay does that mean that that's on a sliding scale or that there's some discretion there by whoever administered the drugs as to the amount?
17.34	Code A	To a degree it's normally discussed with the, the GP visits each morning during the week and it's normally discussed then, if we feel that we need to increase anything then we've got the leeway there should we need to.
	Code A	Right, so in another case then...
		...Yep.
		...over a..overnight a patient was starting to feel more pain for example how would you flag that up for the doctor, would you actually see the doctor in the morning?
	Code A	Yes if erm the patient was in a lot of pain during the night then I would probably contact a doctor during the night.
	Code A	Right.
		Erm but it we've got some leeway we coul...usually we have an idea of what the doctor wants us to do at some point during the patients care she would have given us an indication of what she wants or the nursing staff on the ward but generally it's first thing

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 18

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		in the morning...
	Code A	...Okay.
		...when she arrives.
18.35		And in August ninety eight that would have been Doctor Code A?
	Code A	Doctor Code A
		I'm right in saying she would come in on a daily basis?
		She does, not always every...not always at the weekend, I think if she's on call at the weekend then she come's in or if she's around she come's in...
	Code A	...Yeah.
		...but Monday to Friday she's in every day or (inaudible)
		Okay am I right in saying when it's out of hours there's, you either contact Doctor Code A or...?
	Code A	...Her surgery so I think there's only one GP in her surgery that is possibly on call but it's usually health call which is a deputising service.
	Code A	Yeah like a call out sort of scheme?
		Yes.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 19

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. In relation to the level of drugs that have been given as to how high an amount there is or how low an amount you know what sort of level are we talking about that's been administered?
19.24	Code A	Erm it's a moderate level.
		Okay and looking at those, those four drugs in particular...
		...Yes.
		...the fact they're on a driver, would you be in a position to comment on the condition of the patient, a patient if they're on that sort of type of drug on a driver?
	Code A	It would really depend on the patient erm I imagine she possibly would be unconscious but she might not be, probably asleep most of the time but rouseable.
	DC Code A	Mmm, okay. Did you see Mrs Code A 'cause you may be aware that she had two spells at the hospital, did you ever see her on the first sort of spell she was in the hospital?
	Code A	I might have done but I don't remember.
		You don't remember?
		No.
		Okay, because the question I was going to ask was could you

Signature(s) : DC Code A

773

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **20**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		comment on how it affected Mrs Code A, these drugs?
	Code A	Yes erm as I don't remember seeing her before I can't really comment.
	DC Code A	No, okay. Alright so the fact that they've got a sort of between forty and two hundred for example of diamorphine and five to ten, so it doesn't necessarily mean that the staff have got carte blanche to...
20.53	Code A	...No
		...increase it? They would have to consult with a doctor would they?
	Code A	They would do plus erm trained staff know that there is certain amounts that they can increase things by erm if they've, if erm Mrs Code A was rouseable and they needed to give her say oromorph for breakthrough pain that would be calculated into the increased dose for the following day.
	DC Code A	Right, okay. Okay, so I mean we've covered obviously consultations with the doctor and ...
	Code A	...Yes.
	DC Code A	...if you had a concern about type of drug, or how it was affecting

Signature(s) : DC Code A

774

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **21**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		her or breakthrough pain...
	Code A	...Yeah.
		...and this is another question just hypothetical.
21.43		Okay.
		If you were to speak to a doctor in the morning and course of treatment is prescribed by that doctor...
	Code A	...Yes.
		...and it's one that you don't necessarily agree with because of your observations, is there a procedure in place where you could make representations in order to try and reverse that decision within the hospital? Is there like hospital guidelines of how you would go about doing that?
	Code A	I think there must be but I can't recall being aware of one, I think I would say directly to the GP.
	Code A	Yeah, okay.
		I mean she's quite approachable...
		...Yeah
		...you've always been able to do that.
		Yeah and again I'm saying this hypothetically...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 22

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...Hypothetically I understand that.
		If that wasn't to happen, if you spoke to the GP and the GP said no this is how it's going to be and you clearly weren't happy with that are you aware of any procedure in place where you, you know is there a hierarchy you would go through in order to speak to other people?
22.42	Code A	If the patient was prescribed something that I wasn't happy about giving erm if it wasn't detrimental to their health I would not give it, if it was something the patient needed but I still wasn't happy about giving I would contact er probably the manager on call and ask for their advice.
	Code A	Right, is that the clinical manager?
		It would, during the night it would be erm manager on call....
		...Right.
		...so it could be anyone.
		It could be anyone, okay.
		If it was during the day, the clinical manager or the hospital manager.
	DC Code A	Mmm, okay, during your career have you ever had a problem

Signature(s) : DC Code A

776

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **23**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		with a course of treatment that's been prescribed by anybody at the hospital?
	Code A	Not that I can remember.
23.30		Okay. It's never something that's come up? That you've had an issue with?
	Code A	Erm I think er years and years ago when I first starting working at the hospital erm syringe drivers were first coming into use and it wasn't necessarily explained to us how they were going to be used and erm why the drugs were being used that type of thing and I think probably a number of us voiced our concerns to the doctor at the time and the staff and we got training sort of afterwards.
	Code A	So that was like a training issue?
		Yeah not really a (inaudible).
		A bit like the police really they bring something in and don't tell you until....
	Code A	...Yeah which is often the case.
		Okay. What training do you get then? I mean do you get a certificate or some sort of record that you've...?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 24

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	We get a yearly erm drug administration update...
		...Right.
		...at ward level and anything else is at the clinical manager's discretion or your own discretion, for palliative care drugs or drugs used in the syringe driver there are regular study days that we can attend and we're encouraged to do so.
24.44	Code A	Right, but that's more optional?
		Optional, yes.
		Okay, but you have a yearly....
		...Drug assessment.
		...drug assessment, okay. If you don't attend that I mean is it basically you're not authorised to use the driver or is it just...?
	Code A	I don't know to be honest because it's never come up (laughs)...
		...It's never (laughs), yeah, okay.
		...it's never arisen.
		Can I just clear one point up about the syringe driver (inaudible)
		Yeah, please do.
		Is it correct in saying that you don't have to be bed ridden to be on a syringe driver?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **25**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, people use them, ambulance people use them, people in the community use them.
	DC Code A	So you can walk around...
	DC Code A	...As I understand yeah, cancer patients can carry them around 'cause they're...
25.26	Code A	..Yes, I think hospice patients erm they might start off in the hospice with a syringe driver, get the pain control sorted out and then live a relatively comfortable life at home...
	Code A	...Yeah
		...over a period of time.
		Okay, yeah. Right, okay. Do you know who was sort of in charge and I accept what you're saying initially that you can't remember with...
	Code A	...Yeah.
		...with the family but you were sort of made aware that there was a problem with the family or there was some, some sort of problem with...
	Code A	...Yeah.
		...the Code A. Do you remember who was sort of in principal

Signature(s) : DC Code A

779

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 26

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		charge of Mrs Code A' treatment during that period of time?
	Code A	Nursing wise or doctor wise or...?
		Nursing and doctor wise?
		Erm I don't know who her named nurse was if that's what you mean...
26.14	Code A	...Right
		...so at night duty it would have been staff that were on because we have sort of a skeleton crew at night, you know we look after all patients equally.
	DC Code A	Yeah, yeah as I understand a named nurse is one who seems to have sort of some responsibility?
	Code A	Yes.
		But again obviously they have days off...
		...Yes.
		...and then it obviously falls to the ....
		...whoever
		...staff?
		Yes.
		Okay. What is the actual reasoning behind having a named

Signature(s) : DC Code A

780

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 27

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		nurse?
	Code A	So there's some continuity between relatives and patient and the nurse erm it's the one person they can speak to hopefully most of the time and the staff would have a familiar face to talk to and also that member of staff would also get to know the relatives perhaps better than if it was a different person every time.
27.10	Code A	Yeah, okay.
		You know build up a relationship of some sort.
		Yeah, so it's just to have a familiar face for the family and for the patient?
	Code A	Really, yes.
		Okay, right I think we've sort of gone over your, your role, there's just a few more questions I want to ask about the care notes...
	Code A	...Yeah
		...which are I think we'll go back a bit, we've covered the contact notes, we've obviously got the..I think that's the nursing care plan for nights isn't it...
	Code A	...Night care plan.

Signature(s) : DC Code A

781

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **28**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...what I'm showing you now?
		Yes
		And then we've got nutrition, constipation with a sort of (inaudible)...
	Code A	...Bowel chart.
		...bowel chart and then ...
		Hygeine
28.00		...personal hygeine?
		Yes.
		Okay, where are these notes kept when the patient is on the ward?
		Erm usually in the patients room, end of patients bed erm I believe Daedalus ward keeps there's at the end of the patients bed so they can be looked at before you attend to a patient.
	Code A	Right so you're able to see what's...
		..(inaudible) what the patient requires before you attend to the patient.
	DC Code A	Right, okay. Would you mind just taking a look through those and just see if those any relevant to yourself?
	Code A	Okay. (looking through documents). No.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **29**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Nothing there relevant to you?
		No.
		Okay. Now this is a general question, now obviously with this care plan there appears to be sort of a gap with the food and we've got on the twenty first, no food taken, then obviously goes back to the fourteenth which is when the previous time she was in. Is there any reasons that you're aware of why there would be gaps in these care plans?
29.18	Code A	I would imagine the staff just haven't had time to record what they have and haven't done.
	DC Code A	Okay, is there any other, I mean we've got the headings here, nutrition, constipation, is there any other care plan headings that maybe included in the health record?
	Code A	Mobility care plan erm any patient that, when the patient is first admitted it would be any problem that we would conceive the patient had that we could try to manage, mobility or lack of mobility would probably be a care plan.
	Code A	Right.
		So if a patient was bed bound it would give what type of nursing

Signature(s) : DC Code A

783

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **30**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		care we should give or equally if they were mobile how we would manage that patient, how we would protect their safety.
	DC Code A	Okay. So even if they were bed bound and there was obviously not a great deal you could do in terms of trying to remobilise you would still, there still should be a plan...
30.32	Code A	...There would be some type of care plan.
		Whose responsibility would that be to ensure that that plan is set out?
	Code A	The named nurse I would have thought.
		Right, okay so those forms should be set out?
		She should be in charge of the care plan and indicate what she wants, or flag up if she feels there's something lacking.
	DC Code A	Right so in terms of the mobility one and the others, would that be solely her decision as to...?
	Code A	...No it would be discussed with other members of the team. They would need to assess the patients mobility or lack of mobility and the type of treatment care she would require.
	DC Code A	Right, and would that include like Doctor Code A or any consultant?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **31**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Probably not, it might do but it would be mostly nursing care, I mean the nursing care plan so it would be whatever the nursing team would do.
	DC Code A	Yeah, okay. Okay, can you just go over again, we've covered it briefly but just go over the circumstances when you came down when Mrs Code A had died and you've mentioned the conversation with Mrs Code A. Can you just go over that and what you did during that time you came down?
	Code A	From what I can recall I visited the ward at some point after finishing in minor injuries so it would have been sometime after nine fifteen, nine er ten fifteen, ten thirty.
	Code A	And this is on the twenty first?
		On the twenty first erm I can recall erm seeing the family on the ward, I believe they were attending to Mrs Code A (inaudible) and must have spoken to Staff nurse Code A who's was in charge of the ward that night, she would have contacted me and informed me that Mrs Code A had died and I would have visited the ward and asked if there was anything I could do to help, or if they needed me in any way.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **32**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Mmm, okay. In that sort of case with Mrs Code A who you know obviously according to the notes, which obviously you weren't party to but death would have seem to have been expected.
	Code A	Yes.
		Would the doctor necessarily be notified at that time?
32.51		Not until the morning, not during the night, no.
		So in a normal procedure then, what would normally happen with the body?
	Code A	Erm death would be verified by a trained member of staff, two where possible but that's not always possible at night duty and then the body would go to a body store if it was an expected death.
	DC Code A	Okay and then what would happen in the morning?
	Code A	In the morning er the doctor would come and visit the body in the mortuary.
	DC Code A	Would they always come through the next day, what's the sort of time period that they sort of soon as possible, next day or...?
	Code A	I think it's as soon as possible or the next day but if it's during the

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **33**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		week Doctor Code A would be in during the day first thing in the morning, so I imagine she goes straight down.
	DC Code A	Okay just a couple of more questions, this is another general one in relation to sort of patient care. In relation to feeding and providing water for a patient what circumstances would cause a patient not to be given food and water?
33.57	Code A	If they weren't able to swallow, if erm or if they had a swallow problem we felt that given them food or water would be detrimental to their health.
	Code A	Right, okay. I take it that's for choking?
		Yeah, you know if their conscious levels were not good or they've had a stroke or for some reason they had a swallow problem so to prevent choking.
	Code A	Okay, would there be other ways of providing some sort of fluid?
		Fluids could be given subcutaneously or intravenously but we don't give, we don't have the training or the staff to give intravenous fluids.
	Code A	Right.
		We don't have medical cover, you know doctor cover at night

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 34

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		with...most of the time during the day so it's not done at Gosport War Memorial Hospital.
	DC Code A	Okay and what reasons would there be for not giving fluids subcutaneously?
	Code A	If it was not thought, if it was not felt that it was required by the doctor I would imagine. If erm it was not going to make any difference to the patients condition you know improve it or do anything.
35.10	DC Code A	Right.
	Code A	Then I imagine it wouldn't be given.
		And I ask this knowing that your sort of contact with Mrs Code A was minimal.
	Code A	Yes.
		But are you saying then in a case where a patient is dying and you know they've got drugs to give them a pain free death, a decision may be made that to hydrate them would actually be detrimental to them?
	Code A	Erm I think it would be considered inappropriate.
		Right. The reasons for that are?

Signature(s) : DC Code A

788

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **35**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Patients dying already and hydration would not really make any difference.
	Code A	It wouldn't actually improve their health?
		No.
		It would probably prolong it wouldn't it?
36.01		Possibly.
		Right, okay.
		It wouldn't really improve their condition.
		Okay, just a couple, couple more just to try and clear up a few things. We've talked about the handing over procedure in the morning where you, I mean would you talk to Doctor Code A on a daily basis during the week?
	Code A	I myself erm would see Doctor Code A on my own ward because I'm actually ward based although I'm in charge of the hospital at night.
	Code A	Right, okay.
		Otherwise it would probably be the day staff that hand over to Doctor Code A depends what time she arrives on each ward.
	DC Code A	Right, so to hand over to Doctor Code A would you necessarily

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **36**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		comment on Daedalus ward patients to Doctor Code A?
	Code A	Sometimes I have done.
		Sometimes and what reasons would that be for? Would that be because there's a particular problem with them or...?
	Code A	If I'm concerned about them in any way or felt they needed some change to their care or even if she's asked me, she's asked me before.
37.02	Code A	Oh what to have a look out for somebody...
		...Yeah
		...report back?
		Because she knows I visit the ward she might, you know she might well ask me about a patients condition, how have they been during the course of the night.
	DC Code A	Right, okay. . Do you recall having any conversation with Doctor Code A about Mrs Code A on the ...
	Code A	...No
		...Friday morning it would have been?
		Not that I can recall.
		No, okay. Is there anybody else involved in these handover?

Signature(s) : DC Code A

730

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 37

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Erm no because it's a reasonably informal type of thing, Doctor Code A would arrive on the ward and it would be just a few minutes erm and she would get her main handover from the day staff, we would handover to them and then they would handover in further detail. We do make comments sometimes if we feel medication needs changing or whatever, we do sometimes make comments in the ward diary on Dryad ward and I can't say the same for Daedalus I don't know what they do.
38.02	DC Code A	You don't know what they do?
	Code A	But that's usually just minor things that we might not have time to bring up at the handover.
	DC Code A	Okay so the handover could involve basically all the nursing staff?
	Code A	It's usually the nurse in charge of the day shift, she would do a round, visit each patient in turn.
	DC Code A	Okay
	Code A	Some would be discussed in the office and Doctor Code A from what I've seen usually likes to visit each patient.
	DC Code A	What about the clinical manager, where would..?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 38

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	That may well be the person who does the round with Doctor Code A if she's the nurse in charge of that ward that day then she probably or he would probably do that round.
	DC Code A	Okay but is it a case that it would vary from shift to shift who would do the round?
	Code A	Yes, yes.
38.52		Okay. Right I think we've covered everything we need to so far. Is there anything you would like to add?
	Code A	Don't think so.
		Okay. Just to sum up then really, your contact with Mrs Code A was minimal, you may have looked in on her on the Thursday night into Friday morning but that's not something that...?
	Code A	...It doesn't stick in my mind.
		...that doesn't stick in your mind?
		No, so
		And obviously you came down after death and had a conversation with Mrs Code A about the book, Code A for her?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 39

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		And that's basically your contact with the family?
		(inaudible) contact that I can recall.
		Okay, is there anything you'd like to clarify?
		Erm I don't think so, I'm sure there will be afterwards but not at the moment.
	DC Code A	I'm handing you a notice explaining the tape recorder procedure, I'll hand that to Mr Code A Complete the lower half and return before you leave the room and the time by my watch is eleven fifty eight and I'm turning the recorder off.
	DC Code A	It's ten fifty eight.
	DC Code A	Ten fifty eight, sorry.
		END OF INTERVIEW

Signature(s) : DC Code A

793

◆ Not relevant for contemporaneous notes

18

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A
DOB 31.12.51

Place of interview : **Parkgate Police Station**

Date of interview : **10 July 2000**

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Time commenced : **11.06** Time concluded : **11.50**

Duration of interview : **44 minutes** Tape reference numbers ◆ :

Interviewing Officers : **DC** Code A
DC Code A

Other persons present :

Tape Counter Times◆	Person Speaking	Text
	DC Code A	I'm now going to read out exactly why we're here, an explanation to what we're trying to achieve by these interviews. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Code A on the 21st August 1998, at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs Code A was unlawfully killed, as a result of a course of treatment that was embarked upon between the 17th and 21st August, whilst admitted to this hospital. We are seeking to interview those members of the nursing staff

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		who had a duty of care to Mrs Code A during that time and who in some cases may have provided her with direct medicine care or treatment, in order that an account can be obtained of particular circumstances and issues that existed between those dates.
		I emphasise that this is a search for fact and your account and answers will be carefully assessed in the light of information arising from other interviews with staff and general correspondence.
		As a result of this interview and several others, further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed.
		Now this next bit which basically relates to people who've got a Solicitor here, you know a Solicitor has been provided, Mr Code A with relevant material, prior to this interview commencing and I understand you have seen statements. .
	Code A	Yeah I've seen some statements.
		From Mrs Code A and Mrs Code A?
		Yes.

795

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 2

Record of interview of: Code A
DOB 31.12.51

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. I emphasise that you are not under arrest and you are free to leave at any time. Your right to free legal advice in private extends throughout the period you are at the Police Station, okay? Now the next bit is the caution.
	Code A	Mmm.
		(Coughs) Excuse me. 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?
	Code A	Yes.
		Do you understand the Caution?
		Yes I do.
		Okay. Now in relation to the legal advice, you've chosen not to .
		Yes.
		. . to have legal advice at this stage, is that correct?
		Yes.
		Okay. Is there any reason for that?
		I just don't think that I need to have a Solicitor with me. I don't feel in any danger in my job that er I need to have legal

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 3

Record of interview of: Code A

DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		representation.
	DC Code A	Okay. I will explain you do have the right at any time whilst you're here to consult with a Solicitor . .
	Code A	Yeah.
		. . . and that includes speaking to a Solicitor on the telephone.
		Mmm.
		Would you like to speak to a Solicitor now on the telephone?
		No.
		Okay. Right. There's quite. . there's quite a lot there. . .
		Mmm.
		. . but to sum it up really, I mean that is the allegation is that Mrs Code A was unlawfully killed. . .
	Code A	Mmm.
		. . that's the allegation by the Code A . .
		Mmm.
		Obviously we're here to . . as part of a team. . to investigate that allegation until it's um until it's conclusion, one way or the other.
	Code A	Mmm.
		And what we're obviously doing is. . . is . . is trying to chat and

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		talk to um all the members of staff to get accounts from them, not only with their dealings with Mrs Code A and the family, if it was relevant, but also their role and responsibilities and how that falls into Daedulus Ward as a whole.
	Code A	Mmm.
		Okay. We're not here to make any judgements on whether there's a particular problem with this that and the other. We're here to just collate that information. Any decision will be taken by . . will be assisted and taken by senior police officers along with an expert medical witness and the CPS.
	Code A	Mmm.
		So it's not going to be something. . a snap decision, you know. It will be a long carefully considered decision taken as to whether there's an issue there, or not. So either way. Okay?
	Code A	Mmm.
		What I'd like to do first of all is just to talk about your experience at Daedulus, what your role is, how long you've been there . .
	Code A	Mmm.
		. . and what your role actually entails at Daedulus Ward at

798

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		Gosport, if you could go over that for me.
	Code A	I've been at the hospital for nearly ten years, ten years this September, as a nursing auxillary, or Health Care Support Worker, as they're now known and we're just there to give back up really to the fully trained staff. We give hygiene care and um feeding, um basically that's it. We occasionally put the odd small dressings on, but otherwise that's mainly our care.
	DC Code A	Right, okay. What training do you receive in carrying out those . . those. . ?
	Code A	(inaudible) Well when I started I had to have two weeks training over at St Marys School of Nursing and we had time on one of the wards as well as time in the classroom, to go through all the issues; physiotherapy, death, um caring for people, keeping their dignity and how to feed people, feeding ourselves in fact you know horrible stuff to see how you got on being fed by somebody else. . .
	DC Code A	Oh.
	Code A	. . um we worked with physiotherapy for a day, then we all had a turn in going to our own ward where we would be working in our

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **6**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		own hospitals, for a day to see how that ward worked and about what facilities they had there. . .
	DC Code A	Mmm.
	Code A	. . as far as hoists and things are concerned. How to move people properly and um that was about it really. Er and then once we were in our job then I did an NVQ for about a year, that I had to do and then it's just Job Association . .
	Code A	Right, yeah.
		. . training really after that. We work with a trained nurse for a while until you feel sure that you know the job enough on your own.
	DC Code A	Okay. Okay, thanks for that. So you've been ten years at the, at Daedulus Ward. . ?
	Code A	Mmm.. . Yeah, ten years at War Memorial . .
		Oh ten years at War Memorial . .
		Because the Daedulus Ward has only been there for about six, seven years.
	DC Code A	Right, okay. How much of that time has been spent with elderly patients?

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Continual.
		Okay, so the whole ten years?
		Yeah.
		Have you had previous experience prior to joining Gosport?
		No, no I didn't. I worked in chemists before that.
		Oh right. Okay.
		. . and had children.
		All right. Thanks very much, okay. So just to sum that up then, I mean your role as an Auxillary Nurse or I mean they're they're now known as or some or now known as . .
	Code A	Health Care Support workers.
		Health Care Support Workers....
		That's right.
7.05		But that's pretty much the same thing?
		It is the same, it's just a modern name. . .
		So your role really is to assist the trained nursing staff?
		Yes, yeah. . .
		And caring for the patients welfare. . ?
		Yes.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **8**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	But you'll also give dressings to a minor . . . .
		Yes, small dressings, if there's any grazes, then you see a trained nurse and say, you know, what do you think of this and they'll say well just put a barclusiv on or whatever. .
	Code A	Yeah.
		. . and that's about it.
		Okay. All right. What I'd like to do now is go on to Code A Code A and just cover basically any dealings you've had with Mrs Code A. Now to help you I've got a copy of the duty sheet here for Daedulus Ward. Take a look at that.
	Code A	Huh huh.
		I think you're the third one down there.
		Yeah, that's right.
		Okay. I mean obviously the dates we are interested in at the moment is between the 17th . .
	Code A	Huh huh.
		. . .and the 20th, 21st of August.
		. . yeah, 21st . . . yeah.
		Okay. Can you tell me what DO stands for, which is lis. . .

802

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	That's Day Off.
		Day Off?
		Yeah.
		Okay. So you're . . .
		Day off on the 17th.
		Your first day would have been on the 18th?
		Yeah, which I was on a late duty.
		Which is what time?
		1.15 to 8.30.
		Okay and then we've got the 19th.
8.18		And on the 19th er I can't see what that is there, that would be an early, that would be 7.30 til 1, yeah 1.15. . 1.30 I would imagine.
	Code A	Okay and then we've got the 20th.
		Yeah, I'm an early again, 7.30 til 1.30 and the Friday I'm an early, 7.30 til 1.30.
	Code A	Okay, so four days out of that five you were on the ward. . .
		Yes.
		At some point.
		Yes.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

DOB Code A

Tape Counter Times ◆	Person Speaking	Text
8.41	DC Code A	Can you just go over for me your recollections of Mrs Code A during that time, any dealings you've had with her or with the family during that period of time?
	Code A	I didn't really have um I didn't have that much of a connection with her at that time um I presume this is the week that she came back from Haslar and she was in a single room. I .. I can't even remember actually dealing with her after she came back from Haslar. Um I did have one dealing with one of the Code A and I'm not sure which Code A it was, 'cos I was never quite sure who was who, but um she was very nice and her Code A was peaceful one day and the ward was busy as normal. We had received a lot funeral flowers that were on the nurses' station and she came out and asked me if she. . I would like her to put them into vases, split them up. I said yeah that would be very nice. Other than that she used to sit in the room most of the time and keep notes, but we don't know what the notes were of, she just used to keep writing and that.
	Code A	Right.
		That's all I know of her that week. I mean Mrs Code A most

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 11

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		of the time was peaceful in the room, in bed.
	Code A	Okay. So you're not sure of the daughter, which one it was?
		I'm not sure which daughter it was. I couldn't say which Code A was which, what name was which. . .
	Code A	. . but it was the one who was keeping notes?
		Yes, yeah.
		So am I right in saying you attended Mrs Code A to Mrs Code A during that period of time?
	Code A	During that week I don't think I did attend to her.
		No.
		I know that I did before she went into Haslar, um I can remember actually seeing her the morning after she slipped from the chair, because we were commenting on her hip . . .
	Code A	Right.
		. . me and one of the trained nurses at the time and um and I had been seeing to her up to that stage. I remember toileting her one day in the bathroom and um actually I met her Code A for the first time, because she came in to the bathroom because Mrs Code A was screaming . .

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A

DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Oh right.
		. . because she . . she was demented and deaf, very deaf. She did. . she used to scream and grab every time you did anything with her, because I mean she was demented, she was frightened, she doesn't know what's going on, she can't really hear what you're saying to her and we'd put her onto the toilet and we use an Oxford Stand Aid to help get them off, because we're not allowed to lift people and um this frightened her, so we were trying to tell her what we were doing and to put her into the chair and her daughter. . her grand daughter came into the bathroom and popped a sweet into her mouth and she said that's what you do and she quietened down and she was all right then . .
	Code A	Oh right.
		. . and that was the only time I saw the Code A, but um as I say when she came back from Haslar, she was er obviously, quiet, because we, we'd had to sedate her slightly because she was in a lot of pain . .
	Code A	Mmm.
		. . .she wasn't very well at all, but I don't actually remember going

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **13**

Record of interview of: Code A

DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		in and dealing with her while she was in that situation.
	DC Code A	Okay. Were you able to say there was. . . I mean you've obviously had some dealings on the .. on previous time . . .
	Code A	Mmm.
	DC Code A	. . and am I right in saying you would at least have seen her on basically between the 18th and 21st . .
	Code A	Oh yes, yes, yes, yeah I did.
		Are you able to comment on the differences in her condition?
12.03		She was um when she came back from Haslar she was obviously very poorly, I mean she had a chest infection and er so she was in bed where before she went to Haslar obviously she . . the Code A insisted that she was out in a chair all the time and she used to sit there and call and wail a lot of the time um, but we kept her in bed when she came back from Haslar, because she wasn't well from the time she came in she wasn't well. And then once the medication was given to her, she was very peaceful all the time.
	Code A	Right. Okay. Just . . um you've mentioned the time before . . .
		Mmm.

Signature(s) : ______________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **14**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Which obviously we're not sort of looking at, but we will go over it because it just gives us a bit of background. . um What sort of problems did you. . Did you encounter any problems with Mrs Code A in dealing with her the previous . . on the previous occasion?
	DC Code A	This is when she goes to the Gosport War Memorial after the hip operations.
	Code A	Yeah, yes, yeah.
		Prior to the dislocation.
		Yes, that's right. Yeah, um, yeah we used to have problems. The first day she came um we were told she would need to be nursed on a one to one and in actual fact um one of the girls that does the menus was asked to go and sit with her as soon as she came . .
	Code A	Mmm.
		. . sit in the room, because she was known to be someone that tried to get out of chairs and she fell a lot at the Nursing Home and then one of our other Health Care Support Workers was phoned to come in and sit with her that afternoon. Er then we found a chair and we found that by putting a foot rest under her

Signature(s) :

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **15**

Record of interview of: Code A

DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		feet at least that would keep her feet up and maybe stop her being inclined to want to try and stand, even though she couldn't. Um she called continually, although you couldn't understand what she was saying. Er she couldn't really understand what you were saying, through confusion or deafness, I'm not sure and to try and move her or do anything with her, she would wail, whether it was in pain or confusion, didn't know, and she would grab and dig her finger nails in and um basically that was it, you know. Really she was some . . . she was put in a room next to the office because we needed to keep an eye on her all the time, but obviously we couldn't be in the room with her all the time because we've got the majority of patients on our ward are 100% care, none of them can really do anything for themselves, so you have to divide your time up between everybody.
	Code A	Mmm. Were you on duty when she did fall?
		No, no I was on an early that day and er, but I was on an early the following day, the day after that she had slipped out of her chair.
14.43	Code A	Okay. You've mentioned that you took her to the toilet?
		Mmm. Yes.

809

Signature(s) : ______________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. How did you do that? How did you. . . ?
	Code A	Well, she was . . the chair that she was in was a chair, a big arm chair that had wheels on so we wheeled that in the bathroom, which was next door to her room and then we've got an Oxford Stand Aid and you put a padded sling round their back under their arms and it goes onto the sling and then their feet go onto the platform of the Stand Aid and then it works by remote control. It gradually brings them up into a standing position, so that you're able and that holds them there in place and then you're able to take their underclothes down and then you can wheel them over to the toilet and then lower them down onto the toilet and you do the same then bringing them up, but with people like Mrs Code A, we always kept the sling round her and the Stand Aid in front with brakes on so that they couldn't wriggle off the toilet you know, once they were on there, so she was quite safe to be on the toilet.
	Code A	Okay.
		So by that then were you able to say whether she was weight bearing . . .

810

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	She wasn't weight bearing at all.
	DC Code A	No.
	Code A	That's why we had to use it, because we're not allowed to lift people, or pull people around. We're not allowed to manhandle people.
	DC Code A	Right.
	Code A	So by using . . in her room she had an overhead hoist. We'd have to roll her to put the sling underneath and then put her onto the overhead hoist to put her into her chair, but that's not always . . you're not able to do that if they've got underwear on obviously when they need the toilet, so you've got to stand to get their underwear down and this hoist can be used on people that haven't had strokes, that are able to hold on with their arms.
	DC Code A	Okay. Okay, thank you. Can you tell me how the, the hierachy in the hospital works in terms of . . I understand there's a Doctor who comes in on a daily basis . . .
	Code A	Yes.
		Are you able to tell me how she . . what her responsibilities are on the ward and then down to the staff nurses, as you understand it.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **18**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah, um only that um that the duty Doctor on our ward comes in every morning, first thing, just after we've had report, to find out if there are any problems with any of the patients that need seeing to or if there's any drugs that need changing, um if someone's had a reaction to a drug, or maybe they're not getting enough relief from pain killers or whatever, or if someone's become chesty overnight and then if necessary then she'll go and see that patient and she will write up a prescription accordingly for treatment. Um any other problems then she passes on to the Head Consultant, Dr Code A who then on her visits that she does, her ward rounds, which are twice a week, she will then look into this and decide whether anything needs changing with this patient or what decisions are to be made.
	DC Code A	Right, so there's, there's, I mean do you know the name of the Doctor who was. . .
	Code A	Doctor Code A
	DC Code A	Doctor Code A?
	Code A	Yeah.
	DC Code A	So Doctor Code A would come in on a daily basis?

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 19

Record of interview of: Code A

DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		And then Doctor Code A would come in on a
		Twice a week.
		Twice a week?
		Yeah.
		And would that be to review what decisions had been made by Doctor Code A?
	Code A	No she, she would go round every single patient and see every single patient individually, looking at their notes and their drugs and talking to the patient, examining the patient or whatever, to see how things are going and what needs altering with their treatment.
	DC Code A	Mmm. Okay. In terms of er yourself as an Auxillary Nurse, do you get involved in these discussions over patient . . .
	Code A	No. No we don't. We . . at reports we pass on any changes that we see in patients, or if a patient seems to be in pain when we move them, or distressed in any way or agitated, we pass that on to our . . the Staff Nurses that are coming onto the next duty, if you like, and um the Ward Manager um each time we have a

813

Signature(s) : ____________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **20**

Record of interview of: Code A

DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		report, which is sort of two or three times a day, there's a report going on and um then they then pass that on to the Doctor. If necessary, if there's something that's urgent then they will phone the Doctor up at her surgery and state the problem and she will either come in to see them or recommend something's done.
19.11	DC Code A	Okay. So from what you're saying then, if you came across a problem . . .
	Code A	Mmm.
		. . what would you do? What would you . . .
		If I came across a problem . . .
		Yeah.
		I would pass it straight on to the Staff Nurse in charge on that duty.
	Code A	Okay and then obviously from there it would be a decision . . .
		Yeah, yeah, it would be passed on to the Doctor, or waited until the next morning if they think it's. . it's not that urgent.
	Code A	Yeah. Okay.
		Going onto the Consultant, Dr Code A. . .
		Mmm.

814

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **21**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Er, I take it, is it a he or a she?
	Code A	She.
	DC Code A	She. I take it she's in a position that if she felt um something had changed with the patient then she could er er prescribe a different medication course. . . ?. .
	Code A	Oh yes.
		Or something different without having a consultation with Dr Code A or is Dr Code A generally there when she does her two rounds?
	Code A	Dr Code A comes round on the rounds with her . . .
		Oh right, oh right.
		Always.
		I sh . . . .
		So anything that Dr Code A decides, she passes onto Dr Code A and it's all written down in the patient's notes.
	DC Code A	Oh, so Dr Code A doesn't come round on her own accord at a different time to Dr Code A? They . . .
	Code A	No, they're always together. Yeah, yeah.
	DC Code A	Right and what days does Dr Code A do these rounds?

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **22**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Mondays and Thursdays.
		Is it . . can you give us a time? Is it generally the same time?
		Er no, well it's always in the afternoon.
		Right.
		It's usually after report, usually about 2 o'clock on a Monday and same on a Thursday. At the moment it can be later because she does a stroke round one day and then a continuing care round the next day.
	Code A	Okay.
		So she just sees stroke patients one day and the continuing care patients the next, but if any, while she's there, if there's any problems with one of the other types of patients, then she will see that patient.
	DC Code A	Mmm. So I can take it with the lady Code A then that there was probably two visits by Dr Code A and Dr Code A that week?
	Code A	Together?
		Together, yeah.
		Yes.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **23**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Yeah and that'd be a bedside thing, looking at the notes at her bedside?
	Code A	Absolutely.
		Okay.
		Yeah.
		Okay. What do you understand about um the administration of drugs, whose responsibility it is, that is to, to prescribe and administer?
	Code A	To prescribe, um yes it's down to the Doctors to prescribe the drugs, Dr Code A and Dr Code A, or if Dr Code A can't be got hold of, if she's off duty, then another Doctor that's on duty from her surgery.
	Code A	Okay and who does it fall down to to administer?
		Administer? It's the Staff Nurse that's in charge of the ward at that time.
	DC Code A	Okay. In your role are you able to administer drugs?
	Code A	No. No. Nursing Auxilliaries don't. I, I know have done um a drug test and I can go and check controlled drugs, if there are no other trained nurses on, because sometimes there can only be one

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **24**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		trained nurse on and some of us are allowed to go and actually check the amounts and you know the times, to make sure that it's all been checked for . . .
	Code A	That would be the Drug Register, would it?
		Yes, controlled . . Yeah.
		Okay, but you're still not able to administer?
		Administer, no, no. We're not allowed to administer any drugs.
		Right. Okay.
		So I take it you're the like the counter signatory to the drugs that are taken out of the chemist and . . .
	Code A	Yeah, only yeah. The control, if there's no other trained nurse on the ward, yeah.
	Code A	What does that training tell that you've just done?
		Um, you're asked questions about what controlled drugs are and um what they, what effect they can have, er what side effects they can also have and um checking on what you know about quantities that can be given . . .
	Code A	Right.
		. . . and what you have to do to countersign these, what you have

818

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 25

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		to look for and what you have to do in what order. You have to check that it's the right patient, the date of birth, etc.
	DC Code A	Right, okay. I'm moving on from that, I mean one of the drugs that was prescribed to Mrs Code A was Diamorphine.
	Code A	Huh huh.
		Which I understand at the time you weren't trained to . . .
		No.
		. . to sort of assist in booking it out?
		No, no I wasn't.
		Have you received any training in what the effects of Diamorphine is?
	Code A	Yes, yeah.
		Okay, can you comment on what . what effects Diamorphine has on a parti. on a particular patient?
	Code A	It's, it's a pain killer, a strong pain killer .
		Okay
		. . and it just stops any pain generally.
		Right. Have you had any training on syringe drivers and their effects?

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **26**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, no actual training on syringe drivers, no. We see them working, but we don't have that training on them, because we don't deal with them.
	DC Code A	Are you aware of the reasons for putting a particular patient on a driver?
	Code A	Yes, I mean basically a syringe driver is there just to administer the relevant drugs constantly, people can be walking around with a syringe driver attached to them. A lot of cancer patients do.
	DC Code A	Okay, so are there advantages of using a syringe driver over say an injection? A single injection?
	Code A	Yes, yeah, because it's administered at a certain dose constantly, so you'd never have a fall off of the drug, where you give an injection, you can only give an injection once every so many hours and in that time the drug is gradually fading off, so the pain will come back. With a syringe driver it keeps that pain relief constant all the way through.
25:16	DC Code A	Okay. We've covered the consultation that Dr Code A would have with Staff Nurses . . .
	Code A	Yeah.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 27

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Does that get cascaded down to Auxilliary Nursers or . . .?
		We . . it's all passed down to us in report, yeah.
		Right, so you'll get . . if there's a particular problem with a particular patient . .
	Code A	Yes, yeah, everything's passed down . . yeah
		You'll get to know about it. Okay.
		We're all kept informed.
		Do you recall any such conversations regarding Code A Code A particularly on this second occasion, between the 17th and the 21st.
	Code A	Um, no, no. I knew that um her condition was such when she came back that she was rather poorly and um that also by then she wasn't really taking anything orally and um it was discussed with the Code A her going on a syringe driver, I think Code A actually discussed it with the Code A and to what effects this would have, how it would help to keep her more peaceful and what a syringe driver does. Most of the relatives are talked to about it and it's up to them then whether they decide they want their relative to have this relief or not.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **28**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. Did you have any conversation with the Code A regarding this course of treatment?
	Code A	No.
		Or did you have any conversation with any . . or did they make any comment that you heard or were part of . . .
	Code A	No.
		whether they voiced any concern or advice.
		they never seemed to voice any concern, they were very very nice, very friendly to us. We never, or I never seemed to have any problems with either of them. They were very friendly and they seemed quite happy, they never you know they never sort of came out and said I want this doing, I want that doing or why aren't you doing this? It was all . . it all seemed quite happy, amenable.
27.20	DC Code A	Okay. Was there anybody who was particularly responsible for Mrs Code A during this time, 17th to the 21st? Any member of staff who was . . .
	Code A	They have a named nurse, I can't remember who her named nurse was, but I know they have, every patient has a named nurse and when she's on duty, she will know what's going on with that

Signature(s) :

822

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **29**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		patient, she should make it her business to know the dealings with that patient and what's happening with that patient and um anything to do with their care, like turning or things like this, or whether you feed them or not, they will say whether you know, they need it done.
	DC Code A	Okay. We've obviously covered your sort of experience and training at the Ward, would that allow you to question any sort of care programme that had been set up for any particular patient?
	Code A	Yes. Yes, I mean, if we don't feel happy about something with a patient, then, yes at the reports we, we can voice our concerns and um we get the relevant answers or you know someone might say well that's an idea, you know, we'll see the Doctor, or . . . yes, always.
	DC Code A	Okay. Have you ever had um ever any cause to question any care programme that's been set up?
	Code A	No, I can't think that I ever have done. No, I honestly can't think that I've ever had cause to sort of judge whats being done to any patient. Most of our patients have very good care, I mean that's what the ward is there for. The nurses are trained for looking

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **30**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		after elderly people with big problems. .
	Code A	Mmm.
		. . and so you become used to noticing what is a big problem or not and how to deal with that. Also noticing the little things that lead to big problems, so no I've never found any need to . . they're all very caring and Doctor Code A's always been very attentive, very caring with the patients.
	Code A	Okay. During those few days . . .
		Mmm mm
		. . you say you can't recall attending Mrs Code A?
		No.
		Okay. Now as we, do you recall attempting to feed Mrs Code A at any time or . . .
	Code A	No.
		. . or trying, attempting to give her a drink?
		Not in that time, no, I don't.
		Okay.
		I think on the day she came back from Haslar, someone was attempting to give her some lunch at the time, but um I mean her

Signature(s) :

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **31**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		health was so bad and we don't really try and pump too much into patients that aren't responsive, because half the time it could be going into their lungs or whatever, you have to be very careful. I mean you give them sort of sips of water and we always give mouth care, that sort of thing, but um we listen to what the Doctor says and if they don't think we should be sort of er pushing to much fluids into a patient, then we don't.
30.41	DC Code A	Are you aware of any reasons why you wouldn't supply water, or attempt to give water?
	Code A	If a patient is unconscious, then we wouldn't attempt to give them anything orally, because their swallow reflex isn't there and half the time it's just taken into their lungs causing pneumonia or chest infections.
	DC Code A	You say unconscious, is that the same for people that are sedated?
	Code A	Yes, yeah, I mean if they're sedated, not, I mean some people when they're sedated . . .
	DC Code A	Is there a difference between unconsciousness and sedarion or is it like a parallel . . .
	Code A	No . . yes there is a difference, because someone can be sedated,

Signature(s) : ______________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 32

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		but they can still be aware that they are just slower if you like, more um peaceful, maybe um yeah, more calm . .
	DC Code A	Mmm.
	Code A	It depends what strength sedation we're talking about, where someone that's unconscious is asleep and unresponsive generally to what you're doing, unless you move them and they're in pain.
	DC Code A	Right would a sedated person possibly have the same problems as somebody who is unconscious, with regard to their swallowing reflex action?
	Code A	Yes.
		They would?
		Yes.
		So it would be . . the same rules apply to somebody who is sedated regarding food and water.
	Code A	Yeah you have to look to see. . we would still try. If someone is awake, but maybe um not so responsive, you have to try and see whether they are then swallowing and we are trained to a certain extent, the auxilliaries anyway, on what to look for, whether someone is swallowing or not and if we don't feel that that person

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **33**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		is swallowing, I mean we make sure they're sat up for a start. You can't give anything to anyone laying down.
●	DC Code A	Yeah.
	Code A	And if they're sat up and um they're swallowing, then yes, they are given food and water accordingly.
	Code A	Mmm.
		And with all old people we push fluids, greatly, on the ward, even to patients that maybe don't want to drink, it we try and push it, because it's necessary, but if someone's not swallowing it, then no, 'cos it just leads to . .
●	Code A	(inaudible)
		. . . more problems, yeah, drowning, literally.
		Mmm. Okay. What I'd like you to do now, I've got the Health Care, the Health Record notes for Mrs Code A I'm led to believe there's Care Plans that are completed, is that correct?
	Code A	Yes, that's right, yeah.
		I wonder if you could just look through the Contact Record and the Care Plans and then obviously there'll be some questions arising from those.

Signature(s) :

827

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **34**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Huh huh.
		If there's anything which is relevant to yourself, where you've written it, or . . .
	Code A	Okay.
		. . or told the Staff Nurse, about a particular problem that's been recorded on those forms as well.
34.29	Code A	Looking at this, this is the Bartel. . .
		Huh huh.
		Bartel index. .
		Yeah.
		and the water pressure sore prevention . .
		. . water. . pressure. . . mmm.
		Are these documents that you would refer to in your role?
		Yes. Yeah we do. That more or less tells us what the person is capable of doing and this also, the water low, tells us um what care we need to make for um any chance of pressure sores, pressure areas, that sort of thing.
	Code A	Now there's a rating given on each one?
		Yes.

828

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **35**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Which obviously these relate to Mrs Code A What would these tell you about Mrs Code A?
	Code A	That, well that she she needs full nursing care. The Bartel is only 3, so that's very low. It tells you that she has to be dressed totally, that she can't go upstairs, that she needs total help with hygiene. Transferring, here when she first came in, it said 1 to 2 people, but she couldn't wait there when we assessed her so that's why we put her under a hoist and kept her under a hoist, she wasn't a slim lady by any means. Feeding; she wasn't able to feed, which we knew. We fed her. Toileting again; we had to put her on the toilet, grooming, bladder - yeah she was continent that she could make you aware maybe that she wanted to spend a penny, but more often than not, she could be, you know she had to have a pad on, because more often than not, she would be damp and bowels were the same. She would sort of be agitated and we might think well that could be her bowels and put her on the toilet to see and the same with her water low, this is 27, which is very high indeed. As it says, 10 plus is at risk, 15 plus high risk, 20 plus very high risk. If their health isn't very good or they can't

829

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **36**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		move very well, their diet's poor, some incontinence, then you've got a chance of . . and their weight as well, whether they're fat, very thin or whatever, all adds up to whether they are at risk of pressure sores, so we have to check them over regularly, every time we see them, to make sure that they don't get pressure areas and they are nursed on an air bed then.
	DC Code A	Right.
	DC Code A	I've just noticed this actually, before, I mean we've commented on these forms with other staff at your place of work, I've just noticed that these are dated . . .
	Code A	.. the 11th . . .
		. . the 11th of August, so am I right in saying that as of the 11th of August, irrespective of the operation, she had post that and the hip dislocation after that, that she was considered to be a very dependant patient with regards to the Bartel index . . .
	Code A	Yes, yes.
		and also with regard to the Water Pressure. . . .
		Water Low, yeah.
		On the 11th August it was also assessed that she was very

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 37

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		susceptible to bed sores and stuff?
	Code A	Yes.
		Is that because of her lack of mobility and . . .
		Yes, lack of her mobility and also um her weight, her poor diet, because she wasn't eating very much.
	DC Code A	Would these have been matter of coursely reassessed on her second admission on 17th August, or would they look at these and say well there's no change?
	Code A	They, they, sometimes they can be. If a patient comes back and they're a lot better, for some . . or they've gone out and they've come back and they're a lot better, then they would be reassessed, but because she was more poorly when she came back and these were quite high, this one's quite low anyway, then the nurse in charge of her at the time probably hasn't thought it necessary, because we were keeping her in bed anyway.
	Code A	Right. Okay.
		Okay. I can't really judge that because that is something that the trained nurses always do.
	DC Code A	Qualified nurses, yeah.

Signature(s) : 831

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 38

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	But I mean looking at that myself, because coming back the second week . . .
	DC Code A	And we can say from what you've told us that even if Code A Code A name written on top of these sheets, if you were to give us a general guide about what this particular patient. . . that the state of a particular patient was, you could say that she was dependant?
	Code A	She needs . . .
		. . and susceptible to bed sores?
		Yes, she needs full nursing.
		Yeah.
		See we'll go onto the Nursing Care Plans (inaudible) and these are the forms that yourself and your colleagues would complete after they visit patients.
	Code A	That's right, yeah, after we've attended patients.
		If, if you look down this is referring to the nutrition chart . .
		Nutrition, 11/8 . .
		You'll see that . . .
		Now on the 14/8, yes. . .

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **39**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	And according to this one here, she received nutrition on the 14th..
	Code A	Yes, by myself.
		Is that your signature?
		That's myself, yes, porridge.
		Right, but then obviously according to this form, post ops she never received any food supplements for a whole week. Now we firmly believe that the lady probably was fed, but can you give us any reasons why this one wasn't filled in?
	Code A	I think at that time she wasn't in our, on our ward, was she?
		I think from the 14th to the 17th she was back at Haslar. .
		Yes.
		And then from the 17th onwards . . .
		Yeah
		She was on the ward, but er the nutrition charts show that she had no food.
	Code A	I can't comment on that because as I say I didn't really see much of her when she came back from Haslar.
	DC Code A	Okay, okay. As a personal thing to you, if you do give a patient food, do you always mark the nutrition form off?

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **40**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah, um generally I mean sometimes at lunch time if it's taking a long time to feed them and someone's just going off duty. .
	Code A	Yeah.
		. . . then maybe they might have handed it over and report oh they've not eaten or they've refused, but they don't necessarily you know, have time to write it in here, but it's passed on . . .
	Code A	Right.
		. . in the report.
		So am I right in saying, not every time, even if she was fed or wasn't fed, it may not have been recorded on the form
	Code A	It may not have been recorded.
		Right.
		Yeah and now a lot of our patients, if we need to give them a food chart or a fluid chart, that has to be kept up, but I don't believe that she actually had one at that time, because before she went in, she didn't need one, because we were feeding her and she was taking . . . .
	Code A	What's a food chart?
		A food chart, we have to put down on there for each meal, um it's

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **41**

Record of interview of: Code A
DOB Code A

Tape Counter Times ◆	Person Speaking	Text
		got breakfast, lunch and supper and you put down, tick, tick, whether they've had it or some, minimal or refused and a fluid chart, um is a chart that actually tells, you have to write down how much fluid they've taken at certain times of the day.
	Code A	Right.
		. . so that you can measure through the day how much fluid they've actually had.
	Code A	right.
		. . and if they haven't had enough, and it's necessary then they're given a sub cut or boosted with something.
	Code A	Sub cutaneous needle is that?
		Yeah, but that just depends on the health of the patient. Some patients after strokes may be not drinking enough and we feel they need more to keep them, their health up . .
	Code A	Okay.
		We've got to stop you there 'cos the tape's about to run out. Time is 11.50.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Place of interview : **Parkgate Police Station**

Date of interview : **10 July 2000**

Time commenced : **11.54** Time concluded : **12.12**

Duration of interview : **18 minutes** Tape reference numbers ◆ :

Interviewing Officers : **DC DC** Code A

Other persons present :

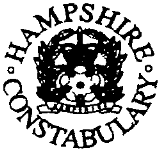
Tape Counter Times◆	Person Speaking	Text
	DC Code A	This is a continuation of the interview of Code A
		The time is 11.54.
		Can you just confirm Mrs Code A during the break we have not asked you any questions regarding Mrs Code A or the reason why you're here.
	Code A	Yeah, that's right.
		Okay, thank you. We'll remind you that you are under caution. .
		Huh huh.
		Right what we were discussing was the Care Plans and we discussed the Nutrition one, there's an entry there that's relevant

836

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		to you . . .
	Code A	Mmm mm.
		. . and now we go over to Constipation. Just one more question on the Nutrition . . .
	Code A	Mmm
		Can you recall on that occasion, you put there Porridge eaten . .
		Mmm.
		. . on the 14th, was that. . how did she eat that? Was that with your assistance or was she able . . .
	Code A	That was me feeding her.
		That was you spooning it, was it?
		Yes, spooning it into her mouth.
		Okay.
		When people like Mrs Code A are fed, I mean if you can remember, when (inaudible) is like feeding a baby, where she's got to be spoon fed. .
	Code A	Yes.
		. . and cupped round her mouth and put back in her mouth?
		Yes.

Signature(s) : ______________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 2

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	She was that dependant?
		Yes they are.
		Right and okay.
		Moving onto the constipation chart then . .
		Yeah, okay.
		I think that's your entry, relevant to you . .
		Yeah, I made it on the 14/8, just to say that she hadn't had her bowels open that morning.
	Code A	Right.
		Is that BNO, bowels not open?
		Yes, bowels not open, yeah.
		Would that chart be completed as well if her bowels were open?
		Yes.
		So if she did manage to go . .
		Yes, then it would be written in sometime later on in the day that she'd had her bowels open, pm or whatever.
	Code A	Okay. Again you may notice there are . . there's a gap . .
		Yes.
		Between the 14th and the 21st, I mean obviously she wasn't in the

838

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 3

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		hospital between the 14th and the 17th . . .
	Code A	Yeah.
		. . returning on the 17th . .
		Huh huh.
		Are there are reasons why that would be left blank? Why there wouldn't be an entry in there? Cos obviously in that one there would have to be either bowels not open or bowels open.
	Code A	Yeah, no only the fact that probably she wasn't on the ward and when she was a Haslar notes would have been made for her over there as to what her bowels were doing.
	Code A	Yes.
		. . and um, when she came back on the ward then er depending on their situation as to whether they have their bowels open or not, I mean when they're very poorly, they don't necessarily, if they're not taking anything orally, then they're not going to have their bowels open every day anyway.
	Code A	Mmm. Okay, but can you give an explanation why there wouldn't be an entry of some sort either way?
	Code A	No, I can't.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay. Moving on then we've got August '98 calendar . .
		Yes, this is the calendar that we have at the front of their Care Plan so that we can open the Care Plan straight away and see whether there's been any. . anything with their bowels or whether they've had a bath or anything like that, we always put on the front.. .
	Code A	Right.
		. . straight away, so it saves us having to flick through, so it's always entered on here and then on the individual sheets.
	DC Code A	Individual sheet, how . . these should relate to the bowels not opening then on the 12th, 13th and the 21st.
	Code A	Mmm 21st.
		Any of those down to you?
		No it doesn't look . . . no none of them are my writing. I actually put in on the 14th, but I didn't put it on the front.
	Code A	No.
		Because I. . when I fill these out, I don't tend to put bowels not open on the front, I don't see the necessity, I think that should only be marked down when they've performed and any negative

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		reactions are always put onto the paper inside.
	DC Code A	So I mean looking at that, it looks like her bowels weren't open at any time during the time she went in?
	Code A	No, that's right.
		Within the ward on both occasion?
		Yeah.
		I think, just to recollect what you said in the first interview, you remember taking her to the toilet?
	Code A	That was before she went to Haslar.
		So that could have been either on the . . when she came into Haslar on the 11th I believe. . .
	Code A	Yeah, but that, yeah. .
		. . . so (inaudible) three days at Haslar, er I think, what date have you recorded on yours, did you do that?
	Code A	14th.
		The 14th?
		Yeah, which would have been ther.
		Yeah, that day, yeah, then they were open that day, weren't they?
		No.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Oh they didn't, sorry.
		No, they weren't open that day, she, I mean since she came back from Haslar, I don't have any recollection . . .and before that then I mean we could put her on the toilet and she doesn't go, then its . . I mean you don't have to put down that you've actually put them on the toilet. .
	DC Code A	With Mrs Code A was there any indication from her that she did want to go to the toilet?
	Code A	Um, no not necessarily, I mean sometimes the Code A would come in say Code A needs to go to the toilet. .
	Code A	Mmm mm
		um. . probably just because she was agitated and sometimes, in the mornings, if she seemed more agitated then we would put her on the toilet, just to see if she was going to go. . .
	Code A	Right.
		. . but they don't always go then.
		Do you recall her going at any time?
		I can't honestly remember. I just remember the one time actually putting her in the bathroom on the toilet, I can't remember any

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		other time of actually putting her on the toilet.
	Code A	Okay, did she go then on that time?
		I can't remember. I just remember you know, the trouble it was actually using the Stand Aid with her and . . . okay. Yes (inaudible) on the 14th here. I washed her and I left her in bed. I don't know who else I was working with that day, I've just got my own name on, but I would have been working with somebody else as well that day.
	Code A	Right.
		Erm and she would have been . . .
		I see there's an entry . . there's another entry here on the 14th as the same time as your entry . . .
	Code A	Yeah, to say that the night staff had washed her bottom half . .
		Is that because she may have er . . .
		If she was wet, incontinent, during the night, or anything, or early morning, then they go round and check patients and change their pads. . .
	Code A	Right.
		. . and they wash their bottom half then.

Signature(s) : ____________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **8**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay, I mean is it, would people in their condition, like going back to the bed sores . .
	Code A	Yeah
		. . and everything, is that the sort of thing they do down. . .
		That's part of it, yeah, yeah . .
		Is it? So it could have been for that or. . .
		We do that. . intermittent, inter . . yeah, but the night staff every morning, go round all the patients that would be incontinent anyway . . .
	Code A	Right.
		. . and change their pads and give them a wash, freshen them up and then when we come in we then give them a full wash, change their nighties or get them dressed, get them out of bed.
		That's the drugs sheets which I wouldn't have any dealing with.
	Code A	Yeah I appreciate you don't . . just one quick question about . .
		Mmm.mm.
		As we understand it there's four drugs that were loaded onto the driver, which is Diamorphine . . .
	Code A	Yeah.

844

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Haloperidol . . Midazolam and Hyoscine.
		Yes.
		Okay. During your time at Gosport War Memorial Hospital, in relation to these drugs, have you become aware of their effects, what they . . ?
	Code A	Yes.
		. . seek to achieve?
		Yes.
		Okay. Can you go through them as to what your knowledge is . . and I accept that your not trained. . .
	Code A	I know that Hyoscine is usually put up for any patients that are very chesty, have got pneumonia or can't get rid of any mucus. It helps to dry up the mucus membranes, stops them filling up with fluid in the lungs.
	Code A	Right.
		Midazolam is usually a tranquiliser or such, it helps to calm them and um Diamorphine is the pain killer.
	Code A	Okay and the Haloperidol?
		I'm not sure with Haloperidol, I couldn't honestly answer you

845

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		with the Haloperidol.
	DC Code A	Are you able to say, you know, hypothetical case with a particular elderly patient and you're aware that there's a syringe driver, loaded with these drugs on. . .
	Code A	Mmm.
		What sort of condition that patient would be in?
		I would say that they were very very poorly and that they need something to help keep them comfortable.
	Code A	Would it be something where you'd say they're dying?
		Um, on our ward, most cases, yes, I would say that it's usually used nearer the end, because by that time the patient is in a lot of pain or distress or they are unable to take drugs orally or for the drugs to sustain them.
	DC Code A	On that point, you'll see that er the course of treatment was started on the . . with the four drugs loaded together syringe driver on the 18th is it, the 19th. I can't read it from here.
	Code A	Um just trying to see, 19th I think that is.
		That's the 19th.
		yeah, 19th.

846

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **11**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	This is the 18th.
		And the others are the 18th?
		Yes.
		But the Hyoscine had started being administered on the 19th, which we are led to believe, I mean we're Policemen, not medical staff, but the Hyoscine is normally administered a bit later, when they start getting a rattly chest?
	Code A	Yeah, yeah.
		I've forgotten my question now. Er. . . .I've gone completely off track. Oh sorry, are you aware, I know you're not qualified, maybe not to say, are you aware of any adverse side effects that those combination of drugs may have on an individual?
	Code A	The combination? No. No, not really. I mean they can make someone unconscious and somebody that is very frail then they would become asleep most of the time. I mean some of our patients aren't necessarily . . . obviously it depends to what quantities are used by different doctors. . .
	Code A	yeah.
		. . . um but they usually put up on the smallest dose necessary and

847

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 12

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		then if the patient is still in pain or distress or still getting bubbly, then each of those drugs relevant to their problem would be increased slowly you know to stop any of the problems.
	DC Code A	Again, I appreciate er, I don't think maybe I ought to ask you this question or not, but as. . would it be fair to say then that as of the 18th a decision had been made by somebody that this lady was very very ill and there was very little that we could do for her, other than make her comfortable and pain free?
	Code A	I couldn't honestly say.
		Okay.
		I'm not qualified to say.
		I just want to ask a slightly different question to that, because I recall you saying that you saw Mrs Code A in those last few days, although . . .
	Code A	Yeah.
		. . . . . you may not have necessarily attended to her.
		No.
		Was your perception, what was your perception of her?
11.33		That she was very very poorly.

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 13

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay, was your perception that she was dying?
		I would have said yes, that there wasn't you know she wasn't going to last very long.
	Code A	Right. Were you ever made aware of what she was dying of?
		Um, no. Generally you know they. . people become chesty and I think they die of different things on our ward, obviously, but um with old people that are ill like that, no, it's usually pneumonia or chest infection.
	DC Code A	Were you aware of anything that would have caused Mrs Code A to take a rapid downturn in terms of her health?
	Code A	Um, I would imagine it's the shock of what she went through more than anything. You see it a lot with people, if anybody's had to go to Haslar for any . . an operation or anything . . then. . I mean the stress that puts them through, even being transferred from one hospital to another, can alter their mental and physical state and they do become very stressed by . . and stress is a big killer anyway.
	Code A	Okay.
		I was actually surprised to see her come back from Haslar so

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 14

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		soon, because I know the daughter had said that she wasn't very well when she was in Haslar, to us one night when she came to collect some things and I did remark to one of my colleagues, I don't know if it was to the daughter as well, I hope that Haslar don't send her back too soon then, because quite often we have had people come in and you know the move has been too much for them. They're very elderly people and . . .
	DC Code A	Were you aware of any problems er that Mrs Code A encountered coming back from Haslar on the second occasion?
	Code A	No. No I haven't. I only heard through report that she wasn't on a canvas, that the ambulance crew hadn't put her onto a canvas or something.
	Code A	Were you present at that time on the ward?
		No, no.
		Okay. When did you first become aware that there was a.. . an issue as to how she been treated according to the Code A
	Code A	Recently. This year.
		Okay. Did you ever enter into any conversation or correspondence with the Code A after Mrs Code A death.

850

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 15

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No. No, I never got close to the Code A at all. I try not to unless I know someone previously to there, their relative coming in. I try to sort of just keep it professional.
	DC Code A	Were you aware of any other members of staff that may have got sort of correspondence or conversations with them after Mrs Code A had died?
	Code A	Not that I know of.
		Okay. Was there any um anything left, handed to the ward by the sisters or . . ?
	Code A	I can't remember. I mean sometimes relatives would leave chocolates and things like that for us. I can't honestly remember whether Mrs Code A family did or not.
	DC Code A	Okay. So just to sum up then. In terms of, like there's two blocks isn't there? There's the first time she was in and the second time?
	Code A	Yeah, yeah.
		In terms of her condition the first time and the second time . .
		Mm mmm.
		what were the differences as far as you could see?

831

Signature(s) : ____________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 16

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	The first time she was . . she was conscious, she was sitting up and she was very noisy, very confused.
	DC Code A	When you say noisy is that a pain noisy or is that . . ?
	Code A	Er it's sounds like they're in pain, but it doesn't . . . according to the Code A there was no pain there um that we could see. She . . sometimes if there's a lot of dementia they'll do it because that's the only way that they can communicate. Like a baby will do it and the same with moving or anything, you know, she would sort of grab out at anything. Er she didn't like being moved or rolled or anything really.
		The second time she came in she was, she looked very, very poorly. She was in bed, yes she didn't look at all well. She was someone that we would do intensive nursing on, you know that we would have to keep going and checking and turning and er . . .
	Code A	Okay.
		. . keeping an eye on her.
		Okay.
		That was the reason she was put in a room opposite the nurses station, so that she could be watched.

Signature(s) : ______________________

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	I think other people have said that, that there's individual rooms next to the station and they're set aside for the people that are the poorliest.
	Code A	Are poorly, yeah, yes, so that we can watch them all the time, even night staff at night, they sit at the nurses station and they can see and keep an eye on that person all the time.
	DC Code A	Okay. I've just got one quick question. Both of the Code A are aware, they were in the ward on one occasion, I mean would they assist at all in any part of the care of Mrs Code A?
	Code A	Before she went to Haslar I know that if they used to come in in the afternoon, obviously, and if they were there at supper time or whatever, then they would administer her supper and they would come and tell us if they thought that she needed the toilet or whatever, yeah.
16.46	DC Code A	Right. Okay. Is there anything you'd like to add, that you say you'd like to add?
	Code A	No, I don't think so, no. As I say, the Code A were very friendly and very nice to us, they never sort of gave us any cause for any problems. I mean some relatives will come up and keep

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 18

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		on Code A needs this, or Code A needs that or why aren't you doing this, but they didn't seem to . . .
	DC Code A	That's right, I know we're near the end of the tape now, but on that sort of issue, do you sometimes get problems with er relatives say, who get upset?
	Code A	Yes, yes we do.
		Is that like a natural thing that happens when their relatives are (inaudible\) and they tend to get upset with somebody like yourself or the nursing staff?
	Code A	Yeah. They get very, very caring about their parents or whoever it is and you know they tend to sort of want more doing for them or they don't want certain drugs, or they don't want this, don't want that, or they want us to feed them when they're asleep and things and you have to explain that, you know it's not a good thing, but they don't always take any notice and if the deem to want give their parents an icecream or whatever, there's nothing we can do about it, we have to let them do it.
	DC Code A	Mmm.
	Code A	But in general, most of the relatives are very good and you know

Signature(s) :

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 19

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		they come in if they've got any problems and talk to the trained nurses or Code A and discuss their problems and what's being done.
	DC Code A	But they generally accept that the standard of care and the prescriptions that are given are . . . .
	Code A	Oh yes, generally, yeah. I mean we get lots of biscuits and chocolates and cards from them. We've got loads of cards from relatives saying thank you for all the care and help that you've given.
	DC Code A	Okay.
	DC Code A	Is ther anything else you'd like to clarify that you said. . you'd like to clear up?
	Code A	No, I don't think so, no.
		Okay. I'll hand you a notice explaining about the tapes. The time by my watch is 12.12. I'm turning the recorder off.

Signature(s) :

◆ Not relevant for contemporaneous notes

GMC101149-0292

19

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

Place of interview : **Park Gate Police Station**

Date of interview : **20 June 2000**

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Time commenced : **10.39** Time concluded : **11.07**

Duration of interview : **28 minutes** Tape reference numbers ◆ : **44/00/029177**

Interviewing Officers : **DC** Code A, **DC** Code A

Other persons present : **Mr** Code A **- Saulet & Co Solicitors, Portsmouth**

Tape Counter Times◆	Person Speaking	Text
0.11	DC Code A	This interview is being tape recorded, I am DC fourteen eighty four Code A the other police officer present is...
	DC Code A	DC ninety two Code A.
	DC	I'm interviewing Code A. Please can you give your full name and date of birth?
	Code A	My name is Code A, date of birth Code A Code A
	Code A	Okay and also present is...
		Mr Code A from Saulet and Co Solicitors, Portsmouth, Legal Advisor.
	DC Code A	This interview is being tape recorded and being conducted at Park

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		Gate Police Station. The time is ten thirty nine (10.39) and the date is Tuesday the 20th of June, 2000. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes and I must remind you that at any time throughout the interview you're entitled to legal advice, okay, so that means the interview can be delayed at any time should you want to discuss anything, all you need to do is just make it clear and we'll obviously leave the room and let you do that. Right the reason we're here is Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Code A on the twenty first of August nineteen ninety eight at Gosport War Memorial Hospital. The investigation centers around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the seventeenth and the twenty first of August whilst admitted to that hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs Code A during that time and who in some cases may have provided her with direct nursing care or treament in order that an account can be

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **2**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		obtained in particular circumstances and issues that existed between those dates. I emphasise that this is a search for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews from staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. You solicitor has been provided with relevant material prior to this interview commencing and I'll emphasis again that you're not under arrest and you're free to leave at any time, your right to free legal advice in private extends throughout the period you're at the police station, okay. The next part 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. That's the caution, do you understand that?
2.51	Code A	Yes.
		And what I've said?
		Yes.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **3**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	So far, okay. What I will emphasise is that myself and DC Code A are obviously complete layman when it comes to the medical profession, no decision will be taken by or at least without a consultation of people who have the due knowledge and experience to make those sort of judgements and recommendations so it's not a case of a police officer sitting somewhere and saying that's clearly wrong when they're not really in a position to do so without seeking that advice. Okay that's why we're here. What I'd like to do is just go over some background really, to start off with your professional qualifications and experience and what your role is at the hospital, if you could sort of just run through that for me.
3.51	Code A	I am a registered general nurse, and also a midwife althought I haven't actually practiced as a midwife. I've been at Gosport War Memorial for eighteen years come next month erm as night sister in charge of the hospital erm I have responsibility for the safety of the building at night, for the staff, and for the patients.
	DC Code A	Right.
	Code A	I also cover minor injuries at night 'cause we have a minor

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		injuries department that's open twenty four hours so when a minor injury comes in I see to the patients er if there's any medical problems in any of the wards I deal with those. Any staff ask for advice and help with anything I see, I go to the ward and erm speak to the staff and as I say if there's any problems they come to me.
4.50	Code A	Okay, right thank you. So do you work permanent nights?
		I work permanent nights, yes I work four nights a week.
		Okay and that is your responsibility? When you're at work you are responsible for the hospital?
	Code A	For the hospital.
		Okay, alright so what sort of..can you give me examples of scenarios that you would be made aware of by the various wards in relation to patients?
	Code A	Well there's er a patient deteriorated suddenly er the patient became ill in the night erm a patient was poorly and er relatives were there and wanted advice, er I'm trying to think, just really anything to do with treatment of the patients.
	DC Code A	So if a particular patient took an unexpected or a quite quick sort

Signature(s) : DC Code A

860

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		of down turn in their health then you'd be made aware. What would be your responsibility then, if you're made aware of something like that?
6.08	Code A	Erm well I'd probably decide that a doctor needed to be informed.
		Okay and what procedure whould you follow to do that?
		Well depending on the ward er Sultan Ward where I actually base myself is a GP ward, ...
	Code A	...Right
		...it's just above Daedalus ward, er each patient who comes in comes under their own general practictioner and I would contact the emergency number for that doctor and 99% of the time it would be Health Call based at Cosham. On Daedulus and Dryad ward which are the elderly care wards, they come under the care of Doctor Code A's practice er it would be a case of ringing the emergency number there and if they weren't on at night they usually transfer to Health Call at Cosham as well.
		Right, so it's a call out system?
	Code A	Yeah, we don't actually have a doctor on the premises.
		Right, okay. In your role on nights, do you ever get involved in

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		discussions on or assessing the treatment that has been prescribed to a particular patient?
7.12	Code A	Well if someone's not happy about it, yes I would be notified hopefully.
	DC Code A	Right, okay and again the procedure would be to contact a doctor?
	Code A	Yeah.
		Okay, right obviously as I say this relates to Code A and the time we're sort of looking at is between the seventeenth and twenty first of August. Are you able to remember what you were doing?
	Code A	Really cannot remember.
		Okay, but you were on duty during August?
		I believe I was, I haven't, I mean I was sort of off duty briefly for that week...
	Code A	...Right.
		...so I can't remember but I normally work the Sunday night to Thursday morning.
	DC Code A	Okay.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	So whatever the days were during that, that period of time was during these days then yes I'd be on duty.
	Code A	I think the seventeenth was a Monday, wasn't it?
		Yeah.
		Friday the twenty first.
		(inaudible)
		Did you have any contact with Mrs Code A?
		Not directly, no.
		Not directly. Did you have...
		Not even indirectly.
		...Okay, well that was the next thing, did you have any contact with any members of staff from Daedalus in relation to Mrs Code A?
	Code A	Not that I can remember.
		Okay.
		I've been racking my brains since I...
		...Yeah.
		...heard about this coming up.
		Yeah, okay.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **8**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
8.37	DC Code A	If anybody had mentioned anything to you, any concerns or anything, would that be documented anywhere on the patients notes or anything?
	Code A	Not necessarily, no.
		No.
		If it was a concern I felt needed something to be done about, yeah then yes it would have been.
	DC Code A	Yeah, yeah so if there was any incident brought to your attention for anything about a particular patient which somebody was concerned about, then more often than not it would be documented?
	Code A	Yeah it should be.
		It shoule be, yeah on the patients care notes?
		Yeah
		And if that was the case would that be down to yourself to document that or down to the...
	Code A	...Not necessarily, usually the nurse in charge of the ward would do that.
	DC Code A	...would do that and would just log that you'd been there and

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		what decisions...
9.20	Code A	...Yeah
		...yeah, okay. Okay so as far as you can remember, I appreciate it's two years ago...
	Code A	...I know
		...you don't recall having any sort of contact at all with Mrs Code A directly or indirectly?
	Code A	As I say I've been try...all I can remember I don't know if it was at the time or a week or so later that there was problems with the relatives but I personally wasn't medically involved...
	Code A	...Okay.
		...I think the two sisters were squabbling together or something.
		Right, where did you hear that from?
		From the nursing staff.
		So it's something that was just going round?
		Yeah, it was just something that was going round yeah.
		Okay.
		But as I say it's part of my duties, I go to each ward during the night at some point.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Yeah, okay. We're obviously looking at the use of the syringe driver just trying to get explainations about what it's uses are and benefits and everything, perhaps you could explain the system for the syringe driver, what it is and what you know what it's benefits are?
10.40	Code A	Erm the syringe driver is made by Greyspin er it's er used to control symptoms in patients, er it's administered via a syringe in a pump and the drugs are given in the syringe and the particular syringe driver that we use, it administers the drugs over a twenty four hour period.
	DC Code A	Okay and what are the benefits of using that as opposed to oral drugs or syringe?
	Code A	Well usually the syringe driver is started where the patients can't take anything orally.
	DC Code A	Right.
	Code A	For whatever reason, they're either unable to swallow erm or they've got er vomiting, nausea in which case if you give something orally they'll just bring it back up again, also the patients very thin, you can't keep injecting them with drugs

Signature(s) : DC Code A

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 11

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		'cause obviously their muscles aren't er are depleted so you can't give them a injection properly...
		...Right.
11.46	Code A	...whereas with the syring driver the tubings attached to the syringe and there's a small needle at the end, very fine needle which is just placed under the skin and secured in place.
	DC Code A	Okay and so it, the drugs as I understand it sort of are pumped out at regular intervals...
	Code A	...Yeah there's a battery, there's a battery inside the syringe driver.
	Code A	Okay. What training is given to staff do you know to use it? Well all staff that work the syringe drivers have training sessions on syringe drivers, there's also regular updates.
	Code A	Right. Those updates take the form of ...? ...Small sessions about an hour a session. Right, okay. And it's usually given by other staff themselves, or erm palliative care staff from (inaudible).
	DC Code A	Mmm, okay.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
12.35	DC Code A	On that issue, are the..the training that they get are they certificated in any way or are they...do they get a rubber stamp on their CV because they've got this syringe driver trained or...
	Code A	...We usually get a certificate when they complete these courses.
		And are the courses held locally or do they have to go anywhere?
		Sometimes they're held locally, sometimes they have to go either to QA.
	Code A	I take it it's not a major course or anything, it can't...
		...No it's not, no.
		...it can't be a...so they do, they can put that sort of thing on a CV, I am syringe driver trained so to speak?
	Code A	Well officially, yes they could.
		Yeah.
		Okay. Moving onto palliative care then, you've just mentioned that, what's your sort of definition of what that means and ...?
	Code A	Well erm what's palliative care, keeping patients comfortable, pain free, er symptom free really if you like, erm until the end comes.
	DC Code A	Okay. So am I right in saying that it's for people who appear to

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 13

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		be dying?
13.53	Code A	Mmm.
		In pain or distress...
		...Yeah, yeah
		...and that's a means of insuring that that pain...
		...Yes that's very kindly, yes
		...sorry the death is pain free as much as possible, okay.
		Who's decision will it be to put a patient on the palliative care course of treatment?
	Code A	Well it would be the doctors.
		The doctors that you show (inaudible)...
		...Sometimes with discussion with the staff.
		Yeah, so in your capacity as a, like the main person at the hospital during the course of the night you coudn't make that sort of decision?
	Code A	No.
		No so it's got to be...
		...Unless there was drugs written up...
		Yeah

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **14**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...but that would be written up on the doctors instructions.
		Yeah, right.
14.43		I mean obviously I couldn't put a patient on that course of treatment myself it would have to be done by a doctor.
	DC Code A	But is it, is it...am I right in saying though that in some cases the doctor can prescribe drugs that don't have to be administered at that time but should the nursing staff feel that well things are deteriorating, we better put her on this drug, on that drug then the doctor doesn't have to be consulted at all because she's already made that decision prior to that?
	Code A	Yeah, yeah.
		Right,
		But usually there would be a discussion that you would ensure that there had been a discussion with the relatives.
	Code A	Yeah.
		Beforehand.
		Yeah.
		Usually they are made aware of that anyway.
		Yeah.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 15

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
15.30	DC Code A	What I'd like to do is if you're able to, is show you the prescription register, or the prescription log here for Mrs Code A and I just sort of would like you to have a look at that for me. Now as we understand there was four drugs on the driver?
	Code A	Yeah.
		Which as I say I appreciate that you had no input in this but it's purely from your professional role if you could just help us with, the four drugs we understand are diamorphine, haloperidol...
	Code A	...Yeah.
		...midazolam, and hyoscine I'll be able to say that I reckon by the end of the week.
	Code A	Yeah very good.
		That's the one I have problems with it.
		I wonder if you could just go through each one, and just talk through what they're set to achieve and what there effects are?
	Code A	Yeah,well the thing is she was already started on oromorph...
		...Right.
		...orally, she'd been having that so judging by how much of a

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 16

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		dosage she had in twenty four hours relates to the starting dose of the diamorphine in the syringe driver so she was started on forty milligrams, and if needed that would have been increased if necessary but I see it hasn't, it was kept at forty milligrams.
17.02	Code A	Okay.
		So that's the diamorphine. Haloperidol....
		...Am I right in saying that the diamorphine is a pain relief?
		Yes, yeah. Er it's the best analgesic you know to relieve the pain relief in them stages. Haloperidol, that's a drug which is an anti-enetic and it also has a sedative effect as well, I don't really quite know whether they go together. Hyoscine is a drug that dries up secretions, sometimes when the patients coming to the end they normally get very bubbly and it can be quite noisy and it can be quite distressing, I hasten to add not for the patient for the relatives to listen to because I don't believe the patients are aware at this time erm and hyoscine is given and that's quite an accepted dosage. Midazolam erm that's another sedative drug, it's very good for terminal restlessness and I believe it has a small anti-enetic effect as well.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
18.18	Code A	What does that mean the anti-enetic?
		Anti-sickness.
		Oh right.
		Yeah so they're quite nor, it's quite normal for these drugs to be used in a syringe driver altogether.
	Code A	Okay. Are you able to comment on the amounts prescribed?
		Well as I say the forty milligrams diamorphine er the amount that, the forty milligrams because the oromorph had been given more or less regularly, thirteenth, yeah they would have counted how much oromorph she would have had in the twenty four hours and depending how much there's a chart that we refer to and that gives the starting dose for the diamorphine.
	Code A	Right
		So that forty milligrams is fine, haloperidol five milligrams that's typical dose, that's fine, hyoscine four hundred micrograms and that's fine as well and midazolam yeah.
	DC Code A	Am i right in saying that the quantity of diamorphine is that a strong amount, to kill strong pain or is it like a small amount just to...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 18

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
19.31	Code A	It's a small amount actually for a syringe driver when she's been having oromorph previously...
	Code A	Yeah.
		...if someone hadn't been having the oromorph previously they would have been on a smaller dose of diamorphine maybe twenty, maybe thirty milligrams over twenty four hours.
	DC Code A	So on..for pain relief would it be correct in saying that Mrs Code A wasn't in a great amount of pain so to speak, if they had to change, they haven't increased the dosage...
	Code A	...I would have said she would be having moderate pain to help that ...
	Code A	...Yeah but I mean there's no increase at all to...
		...No there's been no increase in the diamorphine so obviously the pain was well controlled with the dosage she was getting...
	Code A	...That's right
		...if it hadn't have been it would have been commented on and it would have been increased.
	Code A	And you say that the four medicines together...
		...Yeah

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **19**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
20.20	Code A	...and it's not unusual for someone....
		...It's not unusual at all.
		...involved in palliative care?
		It's not unusual at all.
		Are you aware of any adverse side effects that the four drugs together or two of the drugs together or whatever may have on a patient?
	Code A	No.
		No.
		No, I would think she had a very peaceful end.
		Mmm, okay.
		I appreciate that you haven't seen or you didn't see Mrs Code A but I wonder if you are able to comment on having looked at these four drugs on the syringe driver, is that something that's an example of palliative care, those four drugs together...
	Code A	...Yes
		...if you were to look at that, you would...
		...Yes I don't see anything out of the ordinary about it at all.
		Okay. I mean are you able to say whether that's, looking at it

Signature(s) : DC Code A

875

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **20**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		someone who's not going to get better that's someone who is dying and being given a peaceful...
21.24	Code A	...Yes
		...or pain free...
		...Yes
		...path through? Okay, thank you.
		Just another general question. Are you aware of any of those four drugs which are not licenced for subcutaneous use?
	Code A	The oral licence was subcutaneous use.
		As far as your aware?
		Yes.
		Okay. When would these drugs be reviewed in terms of effects they were having on patients?
	Code A	Daily.
		It would be daily and who would....
		...Or as any problems arise.
		Right.
		For example if a patient showed signs of still being in pain that would be increased...

Signature(s) : DC Code A

876

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **21**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay.
22.21		And I'm right in saying though the doctor in relation to the diamorphine, the prescription is forty to two hundred...
	Code A	...Forty to two hundred, yeah.
		...so if the nurse in charge that night felt that the dose needed to be increased she...
	Code A	...Yeah
		...could have done it with...
		...Yeah
		...no problem at all...
		...no problem
		...because it was authorised, but it wasn't?
		No
		In this case.
		It didn't need to be.
		No
		In fact none of them had been increased, thy've all stayed the same.
	Code A	Yeah.

877

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 22

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
22.49	Code A	Okay, so who would do that sort of review, daily review?
		Well it's just part of your normal work.
		Right, okay. What I'm getting at is I know their GP wards aren't they or Daedalus is a GP..?
	Code A	Daeda...no, yeah, no Daedalus is an elderly care ward.
		Right
		The clinical erm er medical side is covered by Doctor Code A who is herself a GP that she, it's extra duties that she takes on.
	Code A	Yeah, okay. Would it be part of her duties to review daily...?
		...Well she comes in daily anyway so I assume yes, I assume she would have.
	DC Code A	I appreciate that you're nights so you wouldn't actually be part of that review process?
	Code A	No.
		Okay, if you had something come in overnight which felt, you felt was something the doctor ought to be aware of, where would that be recorded?
	Code A	In the nursing notes.
		It would be in the nursing notes. Is that the contact record, if I

878

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **23**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		show you?
23.58	Code A	Each ward is a different...
		...I know, there seems to be so many
		...paperwork.
		Something like this?
		Yes, it would, I'll tell you where you put it, here.
		It would be a summary of general problems...
		...Yeah
		...and doctor whoever was reviewing would obviously pick that up in the morning?
	Code A	Yes it would be mentioned to her.
		Okay. Again another general question in relation to hydrating patients, can you talk me through the reasons why someone wouldn't be able to take on food or water, some of the examples?
	Code A	Er if they had kidney problems, if they're in renal failure obviously if you hydrate them, if you give fluids the kidneys aren't going to be able to cope with it...
	Code A	...Right.
		...so effectively you're drowning the patient by giving them the

Signature(s) : DC Code A

879

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **24**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		fluids.
	Code A	Okay. So that would apply obviously to orally and ....?
25.05		...Yes any form of hydration.
		...yeah, okay. Have you ever, we've talked about who sort of provides, prescribes the drugs and the treatment, have you ever had concerns over treatment provided or medication provided to a particular patient?
	Code A	Er not that I can think of, no.
		Okay, if you did are you aware of any procedures, hospital procedures in place that you would be able to make your representations known?
	Code A	Well for example if I wasn't able to read a prescription properly I wouldn't give the drug until I had erm I had it checked out by a doctor in which case I would phone the doctor concerned.
	Code A	Right, okay and in, on occasions when, which you have just said that there hasn't been but if there was a scenario where you had been, or a patient had been prescribed drugs...
	Code A	...Yeah
		...and you felt that wasn't appropriate for whatever reason and

880

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **25**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		you went back to the doctor and discussed it and you know the answer you were given wasn't satisfactory to you...
26.30	Code A	...Yeah
		...are you aware of any procedure in place where you would go from there to trying redress the...?
	Code A	...We have a risk event...
		Right
		...that we could fill in.
		Oh, okay and where does that go through, what junction?
		Er just each ward has a risk event form, it's if any accidents hap...it covers anything really untoward er the patient has an accident it's filled in, if there's a medical error er or whatever a drug administration error er that form would be filled in, copies kept in the ward, a copy sent to the senior manager er a copy sent over to personnel.
	DC Code A	Mmm, okay and I take it any issues coming out from that would be dealt with by you know if there was...
	Code A	...If there was, yeah, it would be dealt with.
		...who would pick that up? Are you aware of....

Signature(s) : DC Code A

881

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **26**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...Well I would have thought the manager of the hospital would pick that up.
27.27	DC Code A	Right, okay. Okay so....
	DC Code A	I can't think of anything else.
	DC Code A	No, right I think we've covered everything we need to cover. Oh just a couple of quick questions on general notes. As we understand it because obviously we've been speaking other people the contact notes or the yellow, the buff coloured one is mainly for changes in, I'll show you here, it's called a contact record, if I find the paperwork, this one here.
	Code A	Yeah.
		As we understand it would tend to be for times when there's changes in health?
	Code A	Well th, this is what they do on Daedalus ward...
		...Right
		...in the other wards they use this one.
		Oh it changes doesn't it?
		Yeah, I'm afraid it's not.
		So it's not a standard...?

582

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 27

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	..No.
		...Right.
28.45		The other wards use mainly this size, something of significant events.
	Code A	So anything significant would go on there?
		Yeah
		But obviously that wouldn't include things like giving her a cup of tea or a patient a cup of tea.
	Code A	No, no, no, each patient has care plans at the end of their bed.
		Right
		And any nursing procedures that are done every, actually recorded in the care plans.
	DC Code A	Okay, can you give us some examples of what would be on those care plans? What sort of...
	Code A	Er patients have been washed, if they'd been helped with erm toileting er that sort of thing really...
	DC Code A	...and all those sort of things should be included on the care plan?
	Code A	...on the care plans.
	DC Code A	Okay, alright I think that's about it.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **28**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Mmm, mmm.
	DC	Okay. Is there anything you would like to add that you feel we ought to be aware of?
	Code A	No I don't think so, I just think it's sad that it comes to this.
		Okay, is there anything you'd like to clarify? Anything you've said that you feel we haven't quite grasped or understood?
	Code A	No I don't think so.
		Okay, right I'll hand you a notice explaining the tape recorder procedure. The time by my watch is 11.07. I'm turning the recorder off.
		END OF INTERVIEW

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

GMC101149-0322

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A
D.O.B. Code A

Place of interview : **Park Gate Police Station**

Date of interview : **03 July 2000**

Police exhibit no. :
Number of pages :
Signature of interviewing officer producing exhibit :

Time commenced : **10.55** Time concluded : **11.23**

Duration of interview : **28 Minutes** Tape reference numbers ◆ :

Interviewing Officers : **DC** Code A, **DC** Code A

Other persons present : Code A - **Solicitor**

Tape Counter Times◆	Person Speaking	Text
	DC Code A	This interview is being tape recorded, I am DC Code A the other police officer present is.......
	DC Code A	DC Code A
	DC Code A	The date is Monday the 3rd of July, year 2000 and the time by my watch is 10.55. I'm interviewing Code A Please can you give your full name and date of birth?
	Code A	Code A 27.12.41.
		Okay, thank you and also present is..........
		Code A that's Code A's solicitor.
		Okay. The interview is being conducted in the interview room at Park Gate Police Station. At the end of the interview I'll give you

885

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		a notice explaining what will happen to the tapes which will explain exactly what we do with the three tapes that we have here, okay. I'm now going to read out a set introduction just to try and explain why we're here and what we're aiming to achieve by these interviews, okay. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Code A on the 21st of August 1998 at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs Code A 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 Code A 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 emphasise that this is a search for fact and your account and answers will be carefully assessed in light of information

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **2**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		arising from other interviews with staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. You solicitor has been provided with relevant material prior to this interview commencing. I do emphasise that you are not under arrest and you're free to leave at any time, your right to free legal advice in private extends throughout the period you're at the police station. 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. Now that last bit was the caution, okay do you understand that?
2.36	Code A	Yeah
		Okay, it's quite harshly worded isn't it but it's to summarise it really it's just, we will ask you questions relating to procedures, your recollection of various events if you're able to give them. We're not here to sort of challenge you or have a go at you about

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 3

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		various things or you know surely you can remember this, that's not why we're here, we're here to get an account from you if you can remember that. That's why we're here, we're not here to make decisions on whether that's right or wrong because we're not in a position to do so and any decision that is taken regarding anybody at the hospital will be taken with full consultation from the medical expert. You know it's not going to be a police officer on his own saying well, I don't really understand but that doesn't look right to me sort of thing, you know it's going to be a proper consultation period before any decision is taken so as I say at this stage it's for us to try and gather as much information as we can, okay. What I'd like to do first of all if, what I'd like you to do if you could is to just go through your role at the hospital particularly in August 1998, what your job is, and what that entails basically.
	Code A	I'm a health erm care support worker and I assist the trained staff erm looking after the patients like erm we wash the patients, erm and generally look after their care.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay and that role is health care support worker?
		Yeah
		That's what it's known as, okay and that's what you were doing in August '98?
	Code A	Yeah, yeah.
4.32		How much experience have you had in...?
		I've been health care support worker at Gosport War Memorial for 26 years.
	Code A	Oh right so quite some time?
		Yeah.
		Is that all been on the same ward or...?
		Erm well when the old hospital was there erm I worked on all three wards, children's, male and female...
	Code A	Right.
		...when the new hospital was built I was put on Daedalus ward which I've been on ever since the new hospital was built.
	DC Code A	Okay and in particular to elderly patients, what's your experience in treat, in dealing with the elderly?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	I've worked with them for years.
		For years, okay, what throughout your 26 ye...?
		Yeah.
		...26 years?
		(inaudible) as well as, well in the old hospital we had the younger ones but erm since we started in the new hospital that ward has been particular for elderly patients...
5.30	Code A	Right, okay.
		...stroke care patients.
		Yeah, okay. In terms of the ward at Daedalus what, I mean obviously I've mentioned the elderly, I'm aware that elderly patients are there, what does the ward actually comprise of though in terms of patients coming in?
	Code A	Er the stroke patients er fractured femur erm sen, some senile dementia's mainly stroke...
	Code A	Mainly stroke.
		...It would be a stroke or rehab...
		Okay.

Signature(s) : DC Code A

830

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **6**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...we try and get them back on their feet.
		Right, okay. Now how is the hospital run, and the ward run in terms of treatment prescribed and...who would take responsibility for prescribing treatment?
	Code A	The ward manager, Philip and erm staff nurses on duty.
6.31		So that would be Code A?
		Yeah, he's the main, he's the manager, he's the ward manager...
		Right.
		...erm and then the staff nurses and senior staff nurses under him.
		Right, okay. Are you aware that, is there a doctor that is responsible for the ward, are you aware of that comes in?
	Code A	Well on night duty we don't see a lot of doctors at all...
		Right.
		...but I do, I do know that Doctor Code A comes in and I think there's a Doctor Code A that comes in but on night duties we don't always meet them...
	Code A	Okay.
		...and you know no, not with them we don't meet those.

Signature(s) : DC Code A

891

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	You don't...
		No, unless something, anything crops up, something crops up in the night and we needed a doctor, we have to phone erm say the erm it's like a GP thing or the health care, Cosham.
	Code A	That's not the old call out roster is it?
		Yeah.
7.32		...people on duty throughout the evening aren't they?
		Yeah.
		(Inaudible)
		I, I think they do that, yeah.
		Okay so what sort of duties do you tend to work, you say nights, what hours would you do?
	Code A	Yeah, erm I get there at quarter past eight until quarter to eight in the morning.
		Right, okay. Now in terms of the patients, I mean what stage are they at, at that stage, are they mainly in bed or is there...?
		Most of them are, most of them are, yeah and then what we do is...do you want to know what I do?

832

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 8

Record of interview of: Code A

D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes please.
		Yeah, when we come on we usually, the first thing we do is we go round and check every patient in every bed, put those to bed that are not, make sure they're clean and erm settled and then the staff nurse follows us round with their night sedation or night drugs, whatever they've got to have.
	Code A	Right.
		And usually they settle through the night.
		Yeah, yeah, okay. Moving onto Code A, now do you have any recollection of Mrs Code A?
	Code A	Only a few things I told Mr Code A that I could vaguely remember...
	Code A	Okay.
		...so I don't know whether to say them because I'm not definitely sure.
8.53	DC Code A	Well we can always qualify them by saying you're not definitely sure, I mean what sort of things are we talking about, just conversations you've had or...?

Signature(s) : DC Code A

803

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **9**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah, yeah, when I was on duty that particular week erm when I came on duty erm I cannot remember Mrs Code A I'll be honest I cannot remember her, we have a lot of elderly....
	Code A	Yeah.
		...it's a job to remember that but the only thing that brought it to mind was erm I can remember a conversation with one of the nurses erm when I went to do a patient erm that this patient had been brought back on erm from Haslar on a sheet and not er canvas erm what are they called...
9.47	Code A	Stretchers
		Stretchers
		...stretchers, yeah I can remember that conversation, I cannot remember the patient.
	Code A	So that was a conversation with another member of staff?
		It was another member of staff.
		Yeah.
		And that...
		What's brought that to your thoughts is that because you've read

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		the notes?
	Code A	Yeah, yes erm it's just something that, just something that's unusual.
	Code A	Mmm, some...
		Doesn't often happen.
		Can you explain I mean when me and Code A were first told about being brought back in a sheet, we weren't sure exactly what that meant, can you just explain what this sheet ....?
	Code A	I don't know...
		No.
10.29		...I don't know, I know when they're on a canvas there's two poles that go through and then they put the canvas on the bed and the patient is transferred...
	Code A	Yeah.
		...but what they meant about bringing her back on a sheet I don't know...
	Code A	Right.
		...I don't know.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **11**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay, okay you had some other memories for ...?
		Just little things that triggered off in my mind when I was reading the statement erm I can remember a patient with a haematoma but I couldn't honestly say on here that it was definitely that patient but it is a very, very unusual thing to happen...
	Code A	Right.
		Right
		...So it could very well have been this particular patient, I'm not prepared to say that it definitely was because I really can't remember...
	Code A	That's fine.
11.15		...I can remember a patient with a haematoma.
		Like I said to you before we're here to establish fact, if you don't know and you can't remember then that's fine, it's just that me and Code A you know....
	Code A	I can't even remember Mrs Code A really but these little things that have cropped up have just sort of triggered in the back of my mind because they're unusual.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yeah.
		Yeah. Haematoma's are unusual are they or..?
		Yeah that's the first time I've ever seen, in all my years I've seen a big...
	Code A	Oh right so you remember seeing a patient?
		Yes I remember seeing a patient with a haematoma.
		Right, can you briefly describe you've got your hands up obviously the tape can't see your hands, can you briefly describe what this I mean...
	Code A	It's like, it's like a, it's like a huge bloodblister.
		Right. I mean when you say huge, how big is huge?
		Couple of inches, couple of inches.
		Is that like a circular one, like two inches diameter or something?
12.09		I can't remember I just remember...
		Yeah.
		.. I just remember seeing it on her hip, by the hip.
		Okay and so...
		Whether it was...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **13**

Record of interview of: Code A

D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Code A or not you can't remember?
		No.
		Yeah and it was by a hi, the hip of the patient?
		Yeah.
		Can you remember if it was left or right?
		No, (inaudible)
		Okay, okay. Is there any other recollections you have?
		No, when I was reading through erm the statements I erm, I did recall vaguely the two, her Code A and I vaguely remember, I don't know if I was told or I actually saw her doing it but one of the Code A was always writing and I do remember that because it's unusual, people don't...we do have relatives in at night that sit with their dying relatives...
		Yeah.
13.09	Code A	...and they do stay overnight and we usually make them comfortable, make them tea, is there anything they want, go in check the patient make sure it's al, you know he or she's all right but erm this particular, particular lady was doing an awful lot of

Signature(s) : DC Code A

898

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **14**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		writing and that's what triggered it off in my mind again because it was...
	Code A	It's unusual
		...it's not a usual thing for a relative to do.
		Do you know what she was writing about?
		No..
		No.
		...no, no, but I can just bare, you know...
		Yeah.
		...it's such a long time ago.
		Did you have any conversations with the tw, I think there was two women who may have been there at...?
	Code A	Code A
		Code A
		I must have done, I can't remember but I would, I would have done as I was on night duty....
13.57	Code A	Yeah.
		...for those three nights...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **15**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay.
		...I would have erm gone in and seen them and spoken to them and made them tea...
	Code A	Yeah.
		...erm made sure they were all right, were they comfortable in the chair they were going to sleep in if they were staying overnight er.
	Code A	But there's nothing, nothing...
		I can't remember anything, no.
		...specifically you remember?
		No
		Okay. I just want to quickly, I've got the duty sheet here from august the (inaudible) '98...
	Code A	Yes.
		...I think can you just confirm for me when you were on?
14.31		Yeah I was on Tuesday, Wednesday, and Thursday, 18, 19, and 20.
	DC Code A	Yeah, okay.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

Record of interview of: Code A

D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	(inaudible)
		Are you, obviously when you come on duty I'm aware that there's changes of shifts, there's handovers...
	Code A	Yeah.
		...as a health care support worker do you get involved in those handovers?
	Code A	Yeah, yeah.
		And I understand it would be a sort of general conversation about...
	Code A	It is yeah, we, all of those coming in on duty go into the office and the trained staff on days that's handing over to our trained staff on nights and there's usually 2 or 3, mainly 2 most of the time health care support workers on night and we sit in there and have a report on every patient.
	DC Code A	Right, okay and again appreciating what you've told me already, do you recall any sort of conversation about Mrs Code A or any conversation about a particular patient?
15.37	Code A	No I can't, I can't remember anything about that.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **17**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay, all right, okay. Now during the night turns you tend to get involved in sort of you say making sure they're clean, do you get involved in sort of the feeding and washing?
	Code A	Erm we usually do that in the mornings erm at night erm we just make sure they're comfortable, they're not in pain, they're asleep, erm some, some patients have to be turned and if you know...
	Code A	Right.
		...but erm (inaudible) not all patients obviously...
		Okay.
		...and in the mornings we usually before the night staff go off we usually wash every patient and put clean nighties on if they need and what have you.
	DC Code A	Okay. Would that be completed anywhere? Would you fill in a record that you'd fed or washed somebody?
	Code A	Yeah.
	DC Code A	Okay and where would that go on to?
	Code A	Goes on the care plans.
	DC Code A	Right, okay. When are those care plans actually set up...

Signature(s) : DC Code A

902

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **18**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
16.50	Code A	Yeah.
		...for what reason?
		Well usually when we, lets say two of us went into a patient and washed a patient usually as we come out the door one of us writes it in the care plan that we, we've seen to that patient.
	DC Code A	Right, okay. Now in terms of feeding or providing water, would there be occasions when you wouldn't complete it?
	Code A	Oh yeah, yeah, yeah sometimes we don't, don't write it in like if we've been into a patient and we've given them a sip of water, a drop of water, drop of squash...
	Code A	Then you don't...
		...you don't write down every single tiny little thing.
		Right what about if food is refused or waters refused?
		Well with food you wouldn't get it on, you wouldn't feed them on nights because they've had their supper and they're settled and in the morning, I mean they don't have their breakfast until eight o'clock...
	DC Code A	Right, back in...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **19**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...so we don't get involved with food.
17.48		So you wouldn't get involved in that at all?
		No, no.
		Right, okay.
		I take it on nights then you're more like a, I appreciate you do your rounds every...
	Code A	Well all the time.
		...all the time is it?
		Yeah.
		But you're like a responsive team?
		Yeah.
		To people (inaudible).
		Just ensuring they're comfortable overnight...
		That's right, yeah. The majority of them mostly unless they're in pain.
	DC Code A	Obviously if there comes a point with and this is a question on procedure not specifically about Mrs Code A, if there was a point where there was a problem with a patient, they took a bit of

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **20**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		a downturn in health or some other problem, what would you do? What would you be expected to do?
18.32	Code A	If I went to a patient and I wasn't happy with the patient I would go to the staff nurse and then she would come and have a look erm and she would deal with the problem.
	Code A	Okay so it immediately goes to the qualified member of staff?
		Yeah, oh yeah.
		Okay and then obviously I take it from there if it was something she was concerned about then...
	Code A	She would go to the night sister or the night duty sister or...
		..Right, yeah.
		...senior staff nurse that's acting up for the sister, night sister.
		And then from there?
		Then a doctor would be...
		A doctor would be called out if appropriate?
		Yeah.
		Okay. Now I appreciate that you're not qualified in administering drugs...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **21**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No.
		...syringe drivers, needles, you're not qualified to do any of that?
		No, no.
19.29		Have you ever had a problem with treatment that's been prescribed to a patient?
	Code A	No, I've never known any trouble.
		Okay.
		No.
		The question I'm really asking have you ever, has someone ever prescribed something and you thought well I don't agree with that?
	Code A	No, I've never thought that.
		Okay. Are you aware of a procedure in place in the hospital if that were to happen?
	Code A	Well I've never come across it so I wouldn't know.
		You wouldn't know?
		No.
		Okay but what would you do if...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **22**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Well if I was unhappy with...
		...Yeah.
		...well I would see the staff nurse.
19.59		Okay.
		Go straight back to the staff nurse or else the duty sister.
		Right so you just go up the hierarchy again?
		Yeah, yeah.
		Okay. Just want to show you the care plan, you may have had an opportunity to see one I'm not sure.
	Code A	I've seen one.
		Okay sort of from there. I understand that first one is a, that that's for nights isn't it if I'm right?
	Code A	Erm (inaudible)
		I just wonder if you could take a look through those few pages, just see if there's any entries that are relevant to you or anything that you know you were present or you can sort of pad out a bit more if you can remember?
	Code A	That's on the 12th, I wasn't on the 12th, I wasn't on the 14th. No I

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **23**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		think that was day staff.
	Code A	Oh right
		That was what the day staff worked.
		Okay. Then we've got the other ones here haven't we which there's nutrition...
21.29	Code A	Yeah we're are not here with their meals.
		Yeah again the constipation one you would only complete if there was something that happened?
	Code A	(inaudible) at night.
		Right.
		And that would only be filled in if she had her bowels open at night. Now this is the one sometimes we write on, if we wash them...
	Code A	Right.
		...and blanket bath them, made them comfortable we often write on here but this is the sort of thing we write.
	Code A	And you're referring to the health care...
		The general, general care at night.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **24**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...Yeah.
		I don't know who's signatures they are but...
		But there's none there...
		...I must, I must have worked with them if I was on those nights.
		But you say you're normally work in pairs and one, one of you write...
22.26	Code A	There's usually, usually two auxiliaries and the staff nurse on the ward, on very rare occasions you'll get three...
	Code A	Yeah.
		...not aux, well I still call them auxiliaries...
		If you're lucky.
		...but they're health care support workers I can't get used to the change and erm there's usually two of us and the staff nurse. Staff nurse when we come on goes round and does the drugs and checks the patients, two auxiliaries go round and they put people to bed, wash them, get them into bed and make them comfortable and then in the morning we usually go round and we wash them while staff's doing her things like erm drugs and erm feeds and

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **25**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		different things you know going to the (inaudible)...
	Code A	Yeah.
		...erm then we go round and we wash the patients, we make them comfortable, change beds erm change their clothes, if relatives are there we usually make them a cup of tea and make sure...
	Code A	Yeah.
23.23		I think we're happy that with in the case of Code A that the last few days of her life she was in bed all the time. What sort of care and help would you give somebody like her?
	Code A	Well we would have checked, we would have checked her, made sure that she wasn't incontinent, erm I don't know if she had a catheter or not, I don't know erm made sure she was comfortable but if Mrs Code A had this bad hip I'm sure we wouldn't have moved her around too much...
	Code A	Right
		...because of the hip, we would have been very careful with her...
		Yeah.
		...anybody that's had a hip replacement or anything to do with the

Signature(s) : DC Code A

910

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **26**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		hips we have to be very careful.
	Code A	Yeah, okay and similar question if a patient is, perhaps you can tell me circumstances when you, I know you're on nights and you wouldn't actually get involved with this but in terms of perhaps of water, of drinks when you wouldn't provide someone with drinks?
24.35	Code A	You wouldn't provide it if they were unconscious.
		Right, okay.
		Erm if Mrs Code A had woken up in the night and needed sips of drink for one her Code A were probably there with her...
	Code A	Yeah.
		...but two we would, if we thought, if we think a person needs a drink in the night then they get one.
	Code A	Yeah.
		Right, okay but if they are unconscious?
		No, you wouldn't...
		You wouldn't do, why would that be?
		Can we just clarify that, I don't think it's unconscious, is sedated

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **27**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
		a better word rather than unconscious?
	Code A	Yeah, yeah.
		Yeah.
		And why would that be, it's a silly question perhaps but...
		(inaudible) I mean they're not with you, they, they'd probably choke.
	Code A	Mmm, okay. Right, yeah you've sort of given us your recollections at the time you know the stuff that your memory's been jogged by, by the statements. Do you recall any conversations and you may have heard of this sort of second hand from someone else the sisters had with other members of staff, in particular to any correspondence they had with other members of staff or...?
25.54	Code A	No..
		No.
		No, I can't remember anything.
		Okay, right. So just to summarise then really you don't remember Mrs Code A at all?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **28**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, I can't.
		We've looked through the care plan, there's nothing there that is relevant to yourself?
	Code A	No.
		You were on nights, for three nights in that, in that time we're interested in?
	Code A	Yes.
		So they're may have been a chance you'd attended to her but ...
		I probably did.
		...with another member of staff but...
		With another member of staff, yeah.
		...but that's, you can't actually reme...you do recall seeing a patient with a haematoma which is like a big bloodblister but you can't say whether that was Mrs Code A?
	Code A	No.
		And you sort of heard second hand from someone that they weren't very happy with the treatment, was that right, I have heard that...

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **29**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	The transfer.
		...the transfer...
		The transfer.
		...yeah...
		Yeah, but that was...
		...there was a problem with the transfer?
		...that was through another colleague so...
		Yeah, yeah, okay but again you weren't party to that ....
		No
		...transfer, you weren't there or...?
		No, no, no I wasn't there when she came back.
		You may have had conversations with the sisters, sis yeah well they are sisters but Code A of Mrs Code A but again...
	Code A	Yeah.
		...there's nothing significant that you can recall?
		No, no I did probably speak to them I wouldn't have left them there on their own without talking to them...
	DC Code A	Yeah, yeah.

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **30**

Record of interview of: Code A
D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...but I can't remember.
		Right, okay and one of them was writing a lot and...
		Yes.
		...you found that quite....
		Yeah.
		...unusual?
		Yeah.
		So I take it by what you've said to us that Mrs Code A wasn't a noticeable patient, she did nothing, there was nothing regardless that was untowards or that stands out in your memory above any other patient that you dealt with, if nothing....
	Code A	No.
		No.
		I don't think, no I can't remember.
27.54		Right.
		Right and just one final ques, just I think I may have asked this but I'll just cover it again. In relation to the administration of drugs, you're not covered to do that at all?

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **31**

Record of interview of: Code A

D.O.B. Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, we don't do that.
		Have you got any background in administrating drugs...
		No.
		...on previous wards or..?
		No.
		No, okay.
		No.
		Right (inaudible) okay. Is there anything you'd like to add?
		No, that's about it.
		Okay, is there anything you'd like to clarify, anything you've said you'd like to...feel, explain further what you haven't understood or..?
	Code A	No, that's all I know.
		Okay, I'll hand you a notice explaining the tape recording procedure which I'm sure Mr Code A will assist with you, complete before we leave the room. The time by my watch is 11.23 and I'm turning the recorder off.
		END OF INTERVIEW

Signature(s) : DC Code A

◆ Not relevant for contemporaneous notes

MG11(T)

HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of : Code A

Age if under 18 : **Over 18** (if over 18 insert 'over 18')

Occupation : **Health Care Support Worker**

This statement (consisting of 2 pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature : Code A **Dated the 31 July 2000**

1. I am a Health Care Support Worker employed by Portsmouth Hospitals NHS Trust at Gosport War Memorial Hospital. I have worked in this capacity for 18 months. Prior to that I worked for Match Nursing Agency in Portsmouth and as a bank nurse at various hospitals and nursing homes. I have 17 years experience as a Health Care Support Worker. In August 1998 I worked in Daedalus Ward as I do at the present time. Daedalus Ward provides continuing care and slow stream stroke rehabilitation for frail elderly patients. In August 1998 Daedalus Ward comprised eight single bed rooms and four 4-bed rooms i.e. capacity for 24 patients in total, as it does today. My duties as a Health Care Support Worker are to assist in the general care of patients, washing, dressing and feeding. My role is to assist the qualified nursing staff who supervise me. As a Health Care Support Worker I do not make decisions as to how a patient is nursed. I am not involved in decisions concerning medication or the provision of intravenous drips. If I identify any problem with a patient's care I refer to qualified nursing staff.

2. I have checked the on-duty rota for August 1998. My on duties between 11 August 1998 and 21 August 1998 the period covering the late Mrs Code A two admissions to Daedalus Ward were as follows;

917

Signed : Code A Signature witnessed by : ____________________

MG11A(T)(cont.)

HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Continuation of Statement of : Code A

11-16 August 1998 I was working elsewhere for Match Nursing Agency.

17 August 1998 I worked at Gosport War Memorial Hospital as a bank nurse on a late shift 1.15 p.m.-8.30 p.m.

18, 19 and 20 August I was not working.

21 August 1998 I worked at Gosport War Memorial Hospital as a bank nurse on a late shift 1.15 p.m.-8.30 p.m.

3. I do recall the patient the late Mrs Code A and her Code A Code A. On 17 August 1998 I came on duty at 1.15 p.m. for a late shift. At handover I was briefed about Mrs Code A. I was told that she had a fall during her previous admission to Daedalus Ward and had been returned from Haslar Hospital to Daedalus Ward without a canvas. It was suspected that Mrs Code A' hip had dislocated and Dr Code A had ordered an x-ray. A staff nurse (I cannot remember which one) asked me to take Mrs Code A to the x-ray department for her x-ray. The x-ray department telephoned to say that they were ready for her. One of the porters and I took Mrs Code A to the x-ray department by wheeling her bed along the corridor. Mrs Code A was present and accompanied us. She wanted to come into the x-ray room. However the radiographer asked her to remain outside. Mrs Code A was settled and cried out only when the x-ray plate was placed underneath her. I spoke to her, comforted her and she settled down. I asked the radiographer whether I could take the x-ray report back to the ward. The radiographer said that she would telephone the ward with the report. The porter and I took Mrs Code A back to Daedalus Ward accompanied by Mrs Code A I do not recall any further involvement with Mrs Code A on 21 august 1998 when I worked a late shift. I have examined Mrs Code A' case records. I have not made any entries.

Signed : Code A Signature witnessed by :

MEDICO-LEGAL REPORT

Re: Code A

Prepared by:

Professor Code A MA, FRCP
Consultant Physician, Freeman Hospital
Newcastle upon Tyne
Professor of Pharmacology of Old Age, University of Newcastle upon Tyne

For: **Hampshire Constabulary**

Date: **12th December 2001**

Contents

8 Introduction and remit of the report
9 Report on Code A
10 Report on Code A
11 Report on Code A
12 Report on Code A
13 Report on Code A
14 Opinion on clinical management at Gosport War Memorial Hospital
15 Appendix 1 – Pharmacology of opiate and sedative drugs
16 Appendix 2 – British National Formulary guidelines on prescribing in palliative care and prescribing in the elderly

Introduction and Remit of the Report

8.1 I am Professor of Pharmacology of Old Age in the Wolfson Unit of Clinical Pharmacology at the University of Newcastle upon Tyne, and a Consultant Physician in Clinical Pharmacology at Freeman Hospital. I am a Doctor of Medicine and care for patients with acute medical problems, acute poisoning and stroke. I have trained and am accredited on the Specialist Register in Geriatric Medicine, Clinical Pharmacology and Therapeutics and General Internal Medicine. I provide medical advice and support to the Regional Drugs and Therapeutics Centre Regional National Poisons Information Service. I was previously clinical head of the Freeman Hospital Care of the Elderly Service and have headed the Freeman Hospital Stroke Service since 1993. I undertake research into the effects of drugs in older people. I am co-editor of the book 'Drugs and the Older Population' and in 2000 was awarded the William B Abrams award for outstanding contributions to Geriatric Clinical Pharmacology by the American Society of Clinical Pharmacology and Therapeutics. I am a Fellow of the Royal College of Physicians and have practised as a Consultant Physician for nine years.

8.2 I have been asked by Detective Superintendent Code A of Hampshire Constabulary to examine the clinical notes of five patients (Code A Code A) treated at the Gosport War Memorial Hospital and to apply my professional judgement to the following:

- The gamut of patient management and clinical practices exercised at the hospital
- Articulation of the leadership, roles, responsibilities and communication in respect of the clinicians involved
- The accuracy of diagnosis and prognosis including risk assessments
- An evaluation of drugs prescribed and the administration regimes
- The quality and sufficiency of the medical records
- The appropriateness and justification of the decisions that were made
- Comment on the recorded causes of death
- Articulate the duty of care issues and highlight any failures

1.3 I have prepared individual reports on each case and an additional report commenting on general aspects of care at Gosport War Hospital from a consideration of all five cases.

1.4 I have been provided with the following documents by Hampshire Constabulary, which I have reviewed in preparing this report:

- Comment on the recorded causes of death
- Letter DS Code A dated 15th August 2001
- Terms of Reference document
- Hospital Medical Records of Code A Code A
- Witness statements by Code A
- Report of Professor Code A
- Transcripts of police interviews with Gosport War Memorial staff Dr Code A Mr Code A

- Transcript of police interviews with Royal Hospital Haslar staff Dr Code A and Code A Code A
- Transcript of interviews with patient transfer staff Mr Code A and Mr Code A
- Transcript of police interviews with or statements from following medical and nursing staff: Dr Code A Code A

Code A

Course of Events

2.1 Code A was Code A years old when admitted as an emergency via the Accident & Emergency Department to Haslar Hospital on 29Th July 1998. She had fallen onto her right hip and developed pain. At this time she lived in a nursing home and was diagnosed as having dementia. She had experienced a number of falls in the previous 6 months and the admission notes comments "*quality of life has ↓↓ markedly last 6/12*". She was found to have a fracture of the right neck of femur. An entry in the medical notes by Surgeon Commander Code A Consultant orthopaedic surgeon dated 30 July 1998 states '*After discussion with the patient's daughters in the event of this patient having a cardiac arrest she is NOT for cardiopulmonary resuscitation. However she is to be kept pain free, hydrated and nourished.*' Surgery (right hemiarthroplasty) was performed on 30 July 1998.

2.2 On 3rd August she was referred for a geriatric opinion and seen by Dr Code A Consultant Physician in Geriatrics on 3rd August 1998. In his letter dated 5th August 1998 he notes she had been on treatment with haloperidol and trazadone and that her Code A thought she had been 'knocked off' by this medication for months, and had not spoken to then for 6-7 months. Her mobility had deteriorated. Her Code A commented to Dr Code A that she had spoken to them and had been brighter mentally since the trazadone had been omitted following admission. Dr Code A found Mrs Code A to be confused but pleasant and cooperative, unable to actively lift her right leg from the bed but appeared to have little discomfort on passive movement of the right hip. He commented '*I understand she has been sitting out in a chair and I think that despite her dementia, she should be afforded the opportunity to try to re-mobilise her.* He arranged for her transfer to Gosport War Memorial Hospital.

2.3 Following Dr Code A's entry in the notes on 3rd August two further entries are made in the medical notes by the on call house officer (Dr Code A?) on 8th August 1998. Dr Code A was asked to see Mrs Code A who was agitated on the ward. She had been given 2mg haloperidol and was asleep when first seen at 0045h. At 02130 hr a further entry records Mrs Code A was '*noisy and disturbing other patients n ward. Unable to reason with patient. Prescribed 25mg thioridazine'*. A transfer letter for Sergeant Code A, staff nurse to the Sister in Charge dated 10th August 1998 describes Mrs Code A status immediately prior to transfer and notes '*Is now fully weight bearing, walking with the aid of two nurses and a zimmer frame. Code A needs total care with washing and dressing eating and drinking. Code A is continent, when she becomes fidgety and agitated it means she wants the toilet. Occasionally incontinent at night, but usually wakes.*

2.4 On 11th August 1998 Mrs Code A was transferred to Daedalus ward. Dr Code A writes *in the medical notes "Impression frail demented lady, not obviously in pain, please make comfortable. Transfers with hoist, usually continent, needs help with ADL Barthel 2. I am happy for nursing staff to confirm death"*. The summary admitting nursing notes record "*now fully weight bearing and walking with the aid of two nurses and a Zimmer frame*". On 12th August the nursing notes record "*Haloperidol given at 2330 as woke from sleep. Very agitated, shaking and crying. Didn't settle for more than a few*

minutes at a time. Did not seem to be in pain" .On 13th August nursing notes record *"found on floor at 1330h. Checked for injury none apparent at time. Hoisted into safer chair. 1930 pain Rt hip internally rotated, Dr* Code A *contacted advised Xray am and analgesia during the night. Inappropriate to transfer for Xray this pm."*

2.5 On 14th August 1998 Dr Code A wrote *'sedation/pain relief has been a problem. Screaming not controlled by haloperidol 1g ? but very sensitive to Oramorph. Fell out of chair last night. R hip shorter and internally rotated,* Code A *nurse and not happy. Plan Xray . Is this lady well enough for another surgical procedure?"* A further entry the same day states *"Dear* Code A *further to our telephone conversation thank you for seeing this unfortunate lady who slipped from her chair and appears to have dislocated her R hip. Hemiarthroplasty was done on 30-8-98. I am sending Xrays. She has had 2.5ml of 10mg/5ml oramoroph at midday. Many thanks".*

2.6 Following readmission to Haslar hospital Mrs Code A underwent manipulation of R hip under iv sedation (2 mg midazolam) at 1400h. At 2215h the same day she was not responding to verbal stimulation but observations of blood pressure, pulse, respiration and temperature were all in the normal range. A further entry on 17th August by Dr Code A (House Officer) states *"fit for discharge today (Gosport War Mem) To remain in straight knee splint for 4/52. For pillow between legs (abduction) at night."* A transfer letter to the nurse in charge at Daedalus ward states *"Thank you for taking Mrs* Code A *back under your care… was decided to pass an indwelling catheter which still remains in situ. She has been given a canvas knee immobilising splint to discourage any further dislocation and this must stay in situ for 4 weeks. When in bed it is advisable to encourage abduction by using pillows or abduction wedge. She can however mobilise fully weight bearing".*

2.7 Nursing notes record on 17th August " 1148h *returned from R.N.Haslar patient very distressed appears to be in pain. No canvas under patient – transferred on sheet by crew."* Later that day at 1305h *"in pain and distress, agreed with* Code A *to give her* Code A *Oramorph 2.5mg in 5ml".* A further hip Xray was performed which demonstrated no fracture. Dr Code A writes on 17th August 1998 *"readmission to Daedalus ward. Closed reduction under iv sedation. Remained unresponsive for some hours. Now appears peaceful. Can continue haloperidol, only for Oramorph if in severe pain. See* Code A *again"* and on 18th August *"still in great pain, nursing a problem, I suggest sc diamorphine/ haloperidol/midazolam. I will see* Code A *today. Please make comfortable".* Nursing notes record *"reviewed by Dr* Code A *for pain control via syringe driver".* At 2000h *"patient remained peaceful and sleeping. Reacted to pain when being moved – this was pain in both legs".* On 19th August the nursing notes record *"Mrs* Code A *comfortable"* and in a separate entry *"apparently pain free"*. There are no nursing entries I can find on 20th August. I can find no entries in the nursing notes describing fluid or food intake following admission on 17th August.

2.8 The next entry in the medical notes is on 21st August by Dr Code A *"much more peaceful. Needs hyoscine for rattly chest"*. The nursing notes record *"patient's overall condition deteriorating. Medication keeping her comfortable"*. A staff

nurse records Mrs [Code A]s death in the notes at 2120h later that day. The cause of death was recorded as bronchopneumonia.

2.9 Medication charts record the following administration of opiate, analgesic and sedative drugs during Mrs [Code A]s first admission to Haslar Hospital.
29 July 2000h Trazadone 100mg (then discontinued)
29 July to 11th August. Haloperidol 1mg twice daily
30 July 0230h Morphine iv 2.5mg
31 July 0150h morphine iv 2.5mg
1905h morphine iv 2.5 mg
1 Aug 1920h morphine iv 2.5mg
2 Aug 0720h morphine iv 2.5mg
Cocodamol two tablets as required taken on 16 occasions at varying times between 1-9th August

2.10 Medication charts record the following administration of opiate, analgesic and sedative drugs during Mrs [Code A] second admission to Haslar Hospital
14 Aug 1410h midazolam 2mg iv
15 Aug 0325h cocodamol two tablets orally
16 Aug 0410h haloperidol 2mg orally
0800h haloperidol 1mg orally
1800h haloperidol 1mg orally
2310h haloperidol 2mg orally
!7 Aug 0800h haloperidol 1mg orally

2.11 Medication charts record the following administration of opiate and sedative drugs on Daedalus ward:

11 Aug	1115h	5mg/5ml Oramorph
	1145h	10 mg Oramorph
	1800h	1 mg haloperidol
12 Aug	0615h	10 mg Oramorph haloperidol
13 Aug	2050h	10mg Oramorph
14 Aug	1150h	10mg Oramorph
17 Aug	1300h	5mg Oramorph
	?	5 mg Oramorph
	1645h	5mg Oramorph
	2030h	10mg Oramorph
18 Aug	0230h	10mg Oramorph
	?	10mg Oramorph
	1145h	diamorphine 40mg/24hr, haloperidol 5mg/24hr midazolam 20mg/24hrby
19 Aug	1120h	diamorphine 40mg/24hr, haloperidol 5mg/24hr midazolam 20mg/24hr, hyoscine 400microg/24hr
20 Aug	1045h	diamorphine 40mg/24hr, haloperidol 5mg/24hr midazolam 20mg/24hr, hyoscine 400microg/24hr
21 Aug	1155h	diamorphine 40mg/24h, haloperidol 5mg/24hr midazolam 20mg/24hr, hyoscine 400microg/24hr

Opinion on patient management

Leadership, roles, responsibilities and communication in respect of the clinicians involved

2.12 Primary responsibility for the medical care of Mrs [Code A] during her two admissions to Gosport Hospital lay with Dr [Code A] as the consultant responsible for his care. My understanding is that day-to-day medical care was delegated to the clinical assistant Dr [Code A] and during out of hours period the on call doctor based at the Queen Alexander Hospital (statement of Dr [Code A] in interview with DC [Code A] and DC [Code A]). Primary responsibility for the medical care of Mrs [Code A] during her two admissions to Queen Alexandra Hospital lay with Surgeon Commander [Code A] Consultant Orthopaedic Surgeon. Junior medical staff were responsible for day-to-day medical care of Mrs [Code A] whilst at Queen Alexandra Hospital. Ward nursing staff were responsible for assessing and monitoring Mrs [Code A] and informing medical staff of any significant deterioration.

2.13 Dr [Code A] Consultant Geriatrician was responsible for assessing Mrs [Code A] and making recommendations concerning her future care following her orthopaedic surgery, and arranged transfer to Gosport Hospital for rehabilitation.

Accuracy of diagnosis and prognosis including risk assessments

2.14 The initial assessment by the orthopaedic team was in my opinion competent and the admitting medical team obtained a good history of her decline in the previous six months. Surgeon Commander [Code A] discussed management options with the family and a decision was made to proceed with surgery but for Mrs [Code A] to not undergo cardiopulmonary resuscitation if she sustained a cardiac arrest, with a clear decision to keep Mrs [Code A] pain free, hydrated and nourished. There are good reasons to offer surgery for a fractured neck of femur to very frail patients with dementia even when a high risk of peri-operative death or complications is present. This is because without surgery patients continue to be in pain, remain immobile and nearly invariably develop serious complications such as pneumonia and pressure sores, which are usually fatal. From the information I have seen I would, as a consultant physician/geriatrician recommended the initial management undertaken. I consider it good management that the trazadone as discontinued when the history from the daughters suggested this might have been responsible for decline in the recent past.

2.15 After Mrs [Code A] was stable a few days following surgery it was appropriate to refer her for a geriatric opinion, and Dr [Code A] rapidly provided this. Dr [Code A]s assessment was in my opinion thorough and competent. He identified the potential for her to benefit from rehabilitation. I would consider his decision to refer her for rehabilitation despite her dementia to be appropriate. An elderly care rehabilitation, rather than an acute orthopaedic ward is in general a preferable environment to undertake such rehabilitation. It is implicit in his decision to transfer her to Gosport War Memorial Hospital that she would receive rehabilitation there and not care on a continuing care ward without input from a rehabilitation team. Dr [Code A] in an interview with DC [Code A] and DC [Code A] describes Daedalus ward as "*Back in '98 .. Daedalus was a continuing care ward with 24 beds of which 8 beds were for slow stream stroke*

rehabilitation". Although Mrs Code A had a fractured neck of femur and not stroke as her primary problem requiring rehabilitation I would assume, in the light of Dr Code A's letter that she was transferred to one of the 8 slow stream rehabilitation beds on Daedalus ward.

2.16 The transfer letter from Sergeant Code A provides a clear description of Mrs Code A's status at the time of transfer. The observation that she was walking with the aid of two nurses and a zimmer frame, and the usual cause of agitation was when she needed to use the toilet are relevant to subsequent events following transfer to Gosport Hospital. The use of a Barthel Index score as a measure of disability is good practice and demonstrates that Mrs Code A was severely dependent at the time of her transfer to Gosport Hospital.

2.17 The initial entry by Dr Code A following Mrs Code A transfer to Daedalus ward does not mention that she has been transferred for rehabilitation, and focuses on keeping her 'comfortable' despite recording that she is "*not obviously in pain*". The statement '*I am happy for nursing staff to confirm death*" also suggests that Dr Code A's assessment was that Mrs Code A might die in the near future. Dr Code A in her statement to DS Code A and DC Code A confirms this when she states "*I appreciated that there was a possibility that she might die sooner rather than later*". Dr Code A refers to her admission as a "*holding manoeuvre*" and her statement suggests a much more negative view of the potential for rehabilitation. She does not describe any rehabilitation team or focus on the ward and suggests her transfer was necessary because she was not appropriate for an acute bed, rather than her being appropriate for rehabilitation- "*.her condition was not appropriate for an acute bed. ....seen whether she would recover and mobilise after surgery. If as was more likely she would deteriorate due to her age, her dementia, her frail condition and the shock of the fall followed by the major surgery, then she was to be nursed in a clam environment away from the stresses of an acute ward*". In my opinion this initial note entry and the statement by Dr Code A indicate a much less proactive view of rehabilitation, less appreciation than Dr Code A of the potential for Mrs Code A to recover to her previous level of functioning, and probably a failure to appreciate the potential benefits of appropriate multidisciplinary rehabilitation to Mrs Code A. This leads me to believe that Dr Code A's approach to Mrs Code A was in the context of considering her as a continuing care patient who was likely to die on the ward. It was not wrong or incorrect of Dr Barton to believe Mrs Code A might die on the ward, but I would consider her apparent failure to recognise Mrs Code A's rehabilitation needs may have led to subsequent sub-optimal care.

2.18 There are a number of explanations and contributory factors that may have led to Dr Code A possibly not recognising Mrs Code A's rehabilitation needs in addition to her nursing and analgesic needs. First she may have not clearly understood Dr Code A's assessment that she needed rehabilitation. In her statement Dr Code A states " *Dr Code A was of the view that, despite her dementia, she should be given the opportunity to try to remobilise*" which suggests Dr Code A may not have considered the necessity for Mrs Code A to receive Physiotherapy as a necessary part of her opportunity to remobilise. Second the ward had both continuing care and rehabilitation beds and these patients may require very different care. It is not uncommon for "slow stream" rehabilitation beds to be in the same ward as continuing care beds, but it does

require much broader range of care to meet the medical and social needs of these patients. I would anticipate that some patients would move from the slow stream rehabilitation to continuing care category. Dr Code A describes the existence of fortnightly multidisciplinary ward case conference suggesting there was a structured team approach that would have made Dr Code A and nursing staff aware of rehabilitation needs of patients. In Mrs Code A's case no such case conference took place because she became too unwell in a short period. Third Dr Code A may not have received sufficient training or gained adequate experience of rehabilitation or geriatrics despite working under the supervision of Dr Code A. Dr Code A states that Dr Code A was "*an experienced GP*" who had rights of admission to a GP ward and that Dr Code A had admitted patients "*under her care say for palliative care*". Experience in palliative care may possibly have influenced her understanding and expectations of rehabilitating older patients.

2.19 The assessment of Mrs Code A's agitation the following day on 12th August was in my opinion sub-optimal. The nursing records state that she did not appear to be in pain. There is no entry from Dr Code A this day but in her statement she states which I have some difficulty in interpreting: "*When I assessed Mrs Code A on her arrival she was clearly confused and unable to give any history. She was pleasant and co-operative on arrival and did not appear to be in pain. Later her pain relief and sedation became a problem. She was screaming. This can be a symptom of dementia but could also be caused by pain. In my opinion it was caused by pain as it was not controlled by Haloperidol alone. Screaming caused by dementia is frequently controlled by this sedative. Given my assessment that she was in pain I wrote a prescription for a number of drugs on 11th August, including Oramorph and Diamorphine. This allowed nursing staff to respond to their clinical assessment of her needs rather than wait until my next visit the following day. This is an integral part of team management. It was not in fact necessary to give diamorphine over the first few days following her admission but a limited number of small doses of Oramorph were given totalling 20mg over the first 24 hours and 10mg daily thereafter. This would be an appropriate level of pain relief after such a major orthopaedic procedure*".

2.20 I am unable establish from the notes and Dr Code A's statement whether she saw Mrs Code A in pain after she wrote in the notes and then wrote up the opiate drugs later on the 11th August, or if she wrote up these drugs after seeing her when she was not in pain, because she considered she might develop pain and agitation. In either case there is no evidence that the previous information provided by Sergeant Code A that Mrs Code A usually required the toilet when she was agitated was considered by Dr Code A Screaming is a well-described behavioural disturbance in dementia (Dr Code A was clearly aware of this), which can be due to pain but is often not. In some cases it is not possible to identify a clear precipitating cause although a move to a new ward could precipitate such a behavioural disturbance. I would consider the assumption by Dr Code A that Mrs Code A screaming was due to pain was not supported by her own recorded observations. There is no evidence from the notes that Dr Code A examined Mrs Code A in the first two days to find any evidence on clinical examination that pain from her hip was the cause of her screaming. If the screaming had been worse on weight bearing or movement of the hip this would have provided supportive evidence that her screaming was

due to hip pain. Staff Nurse [Code A] in her interview with DC [Code A] and DC [Code A] states that the nursing staff had considered the need for toileting and other potential causes of Mrs [Code A] screaming.

2.21 Mrs [Code A] pain following surgery had been controlled at Haslar hospital by intermittent doses of intravenous morphine and then intermittent doses of cocodamol (paracetamol and codeine phosphate). Dr [Code A] did not prescribe cocodamol or another mild or moderate analgesic to Mrs [Code A] to take on a prn basis when she was transferred. This makes me consider it probable that Dr [Code A] prescribed prn Oramorph, diamorphine, hyoscine and midazolam when she first saw Mrs [Code A] and she was not in pain. If this is the case it is highly unusual practice in a patient who has been transferred for rehabilitation, was not taking any regular or intermittent analgesics for 36 hours prior to transfer, and had last taken two tablets of cocodamol. In a rehabilitation or continuing care ward without resident medical staff I would consider it reasonable and usual practice to prescribe a mild or moderate analgesic to take on an as required basis in case further pain developed. In Mrs [Code A]s case a reasonable choice would have been cocodamol since she had been taking this a few days earlier without problems. I do not consider it was appropriate to administer intermittent doses of oramorph to Mrs [Code A] before first prescribing paracetamol, non-steroidal anti-inflammatory drugs or mild opiate. It is not appropriate to prescribe powerful opiate drugs as a first line treatment for pain not clearly due to a fracture or dislocation to a patient such as Mrs [Code A] 12 days following surgery. Dr [Code A]s statement that diamorphine and oramorph were appropriate analgesics at this stage following surgery when she had been pain free is incorrect and in my opinion would not be a view held by the vast majority of practising general practitioners and geriatricians.

2.22 The management of Mrs [Code A] when sustained a dislocation of her hip on 13th August was in my opinion sub-optimal. The hip dislocation most likely occurred following the fall from her chair at 1330h. The nursing notes suggest signs of a dislocation were noted at 1930h. If there was a delay in recognising the dislocation I would not consider this indicates poor care, as hip fractures and dislocations can be difficult to detect in patients who have dementia and communication difficulties. Mrs [Code A] suspected dislocation or fracture was discussed with the on-call doctor, Dr [Code A], who I would assume is a medical house officer. Given the concern about a fracture or dislocation I would judge it would have been preferable for her to b transferred to the orthopaedic ward that evening and be assessed by the orthopaedic team. I certainly consider the case should have been discussed with either the on call consultant geriatrician or the orthopaedic team. The benefits of transfer that evening in a patient where it was highly probable a fracture or dislocation were present would have been Mrs [Code A] could have received manipulation earlier the following morning and possibly that same evening, and that traction could have been applied even if reduction was not attempted.

2.23 Mrs [Code A] was found to have a dislocation of her right hip and this was manipulated under intravenous sedation the same day. Although she was initially unresponsive, most probably due to prolonged effects of the intravenous midazolam, 3 days later on 17th August she was mobilising and fully weight bearing and not requiring any analgesia. Although there are few medical note entries, the management at Haslar hospital during this period

appears to be appropriate and competent. Shortly after transfer back to Daedalus ward Mrs [Code A] again became very distressed. The nursing notes indicate there was an incorrect transfer by the ambulance staff of Mrs [Code A] onto her bed. Repeat dislocation of the right hip was reasonably suspected but not found on a repeat Xray. My impression is that this transfer may have precipitated hip or other musculoskeletal pain in Mrs [Code A] but that other causes of screaming were possible.

2.24 Intermittent doses of oral morphine were first administered to Mrs [Code A] again without first determining whether less powerful analgesics would have been helpful. On 18th August Dr [Code A] suggested commencing subcutaneous diamorphine, haloperidol and midazolam. The diamorphine and midazolam had been prescribed 7 days earlier. An infusion of the three drugs was commenced later that morning and hyoscine was added on 19th August. Both Dr [Code A]'s notes and the nursing notes indicate Mrs [Code A] was in pain, although it is not clear what they considered was the cause of the pain at this stage, having excluded a fracture or dislocation of the right hip. Dr [Code A] states in her prepared statement "*... it was my assessment that she had developed a haematoma or large collection of bruising around the area where the prosthesis had been lying while dislocated*".

2.25 Although there are no clear descriptions of Mrs [Code A]s conscious level in the last few days, her level of alertness appears to have deteriorated once the subcutaneous infusion of diamorphine, haloperidol and midazolam was commenced. It also seems that she was not offered fluids or food and intravenous or subcutaneous fluids were not considered as an alternative. My interpretation is that this was most probably because medical and nursing staff were of the opinion that Mrs [Code A] were dying and that provision of fluids or nutrition would not change this outcome. In her prepared statement Dr [Code A] states "*As their [Code A] was not eating or drinking or able to swallow, subcutaneous infusion of pain killers was the best way to control her pain.*" and "*I was aware that Mrs [Code A] was not taking food or water by mouth*". She then goes on to say "*I believe I would have explained to the [Code A] that subcutaneous fluids were not appropriate*".

Evaluation of drugs prescribed and the administration regimens

2.26 The decision to prescribe oral opiates and subcutaneous diamorphine to Mrs [Code A] initial admission to Daedalus ward was in my opinion inappropriate and placed Mrs [Code A] at significant risk of developing adverse effects of excessive sedation and respiratory depression. The prescription of oral paracetamol, mild opiates such as codeine or non-steroidal anti-inflammatory drugs such as ibuprofen, naproxen would have been appropriate oral and preferable with a better risk/benefit ratio. The prescription of subcutaneous diamorphine, haloperidol and midazolam infusions to be taken if required was inappropriate even if she was experiencing pain. Subcutaneous opiate infusions should be used only in patients whose pain is not controlled by oral analgesia and who cannot swallow oral opiates. The prescription by Dr [Code A] on 11th August of three sedative drugs by subcutaneous infusion was in my opinion reckless and inappropriate and placed Mrs [Code A] at serious risk of developing coma and respiratory depression had these been administered by the nursing staff. It is exceptionally unusual to prescribe subcutaneous infusion of these three drugs with powerful effects on conscious level and respiration to

frail elderly patients with non-malignant conditions in a continuing care or slow stream rehabilitation ward and I have not personally used, seen or heard of this practice in other care of the elderly rehabilitation or continuing care wards. The prescription of three sedative drugs is potentially hazardous in any patient but particularly so in a frail older patient with dementia and would be expected to carry a high risk of producing respiratory depression or coma.

2.27 I consider the statement by Dr Code A "*my use of midazolam in the dose of 20mg over 24 hours was as a muscle relaxant, to assist movement of Mrs Code A for nursing procedures in the hope that she could be as comfortable as possible. I felt it appropriate to prescribe an equivalence of haloperidol to that which she had been having orally since her first admission.*" Indicates poor knowledge of the indications for and appropriate use of midazolam administered by subcutaneous infusion to older people. Midazolam is primarily used for sedation and is not licensed for use as a muscle relaxant. Doses of benzodiazepine that produce significant muscle relaxation in general produce unacceptable depression of conscious level, and it is not usual practice amongst continuing care and rehabilitation wards to administer subcutaneous midazolam to assist moving patients.

Quality and sufficiency of the medical records

2.28 The medical and nursing records relating to Mrs Code A admissions to Daedalus ward are in my opinion not of an adequate standard. The medical notes fail to adequately account for the reasons why oramorph and then infusions of diamorphine and haloperidol were used. The nursing records do not adequately document hydration and nutritional needs of Mrs Code A during her admissions to Daedalus ward.

Appropriateness and justification of the decisions that were made

2.29 There are a number of decisions made in the care of Mrs Code A that I consider to be inappropriate. The initial management of her dislocated hip prosthesis was sub-optimal. The decision to prescribe oral morphine without first observing the response to milder opiate or other analgesic drugs was inappropriate. The decision to prescribe diamorphine, haloperidol and midazolam by subcutaneous infusion was, in my opinion, highly inappropriate.

Recorded cause of death

2.30 The recorded cause of death was bronchopneumonia. I understand that the cause of death was discussed with the coroner. A post mortem was not obtained and the recorded cause was certainly a possible cause of Mrs Code A's death. I am surprised the death certificate makes no mention of Mrs Code A's fractured neck of femur or her dementia. It is possible that Mrs Code A died from drug induced respiratory depression without bronchopneumonia present or from the combined effects of bronchopneumonia and drug-induced respiratory depression. Mrs Code A was at high risk of developing pneumonia because of the immobility that resulted following her transfer back to Daedalus ward even if she had not received sedative and opiate drugs. Bronchopneumonia can also occur as a secondary complication of opiate and sedative induced respiratory depression. In the absence of post-mortem, radiological data (chest Xray) or recordings of Mr Code A's respiratory rate I would consider the recorded cause of death of bronchopneumonia was possible. However given the rapid decline in

conscious level that preceded the development of respiratory symptoms (rattly chest) I would consider it more likely that Mrs [Code A] became unconscious because of the sedative and opiate drugs she received by subcutaneous infusion, that these drugs caused respiratory depression and that Mrs [Code A] died from drug induced respiratory depression and/or without bronchopneumonia resulting from immobility or drug induced respiratory depression. There are no accurate records of Mrs [Code A] respiratory rate but with the doses used and her previous marked sedative response to intravenous midazolam it is highly probable that respiratory depression was present.

Duty of care issues

2.31 Medical and nursing staff on Daedalus ward had a duty of care to deliver medical and nursing care to attempt to monitor Mrs [Code A] and to document the effects of drugs prescribed. In my opinion this duty of care was not adequately met. The prescription of diamorphine, midazolam and haloperidol was extremely hazardous and Mrs [Code A] was inadequately monitored. The duty of care of the medical and nursing staff to meet Mrs [Code A]s hydration and nutritional needs was also in my opinion probably not met.

Summary

2.32 [Code A] was a frail older lady with dementia who sustained a fractured neck of femur, successfully surgically treated with a hemiarthroplasty, and then complicated by dislocation. During her two admissions to Daedalus ward there was inappropriate prescribing of opiates and sedative drugs by Dr [Code A] These drugs in combination are highly likely to have produced respiratory depression and/or the development of bronchopneumonia that led to her death. In my opinion it is likely the administration of the drugs hastened her death. There is some evidence that Mrs [Code A] was in pain during the three days prior to her heath and the administration of opiates can be justified on these grounds. However Mrs [Code A] was at high risk of developing pneumonia and it possible she would have died from pneumonia even if she had not been administered the subcutaneous sedative and opiate drugs.

Code A

Course of Events

3.1 Mr Code A was Code A years old when admitted to Dryad ward, Gosport Hospital under the care of Dr Code A Dr Code A had assessed him on a number of occasions in the previous 4 years. A letter dated 2nd December 1994 from Dr Code A Clinical Assistant, indicates Parkinson's disease had been diagnosed in the mid 1980s and that he was having difficulties walking at this time. In 1998 it was noted he had experienced visual hallucinations and had moved into Merlin Park Rest Home. His weight was 69Kg in August 1998. In July 1998 he was admitted under the care of Dr Code A Consultant in Old Age Psychiatry to Mulberry Ward A and discharged after 6 weeks to Code A Nursing Home. He was assessed to have Parkinson's disease and dementia, depression and myelodysplasia. Dr Code A in a letter dated 1 September 1998 summarises her assessment of Mr Code A when she saw him on Mulberry Ward A on 27 August 1998 before he was discharged to Code A Nursing Home. At this time he required 1-2 people to transfer and was unable to wheel himself around in his wheelchair. She commented that more levodopa might be required but was concerned it would upset his mental state. She arranged to review him at the Dolphin Day Hospital.

3.2 On 21st September 1998 he was seen at the Dolphin Day Hospital by Dr Code A who recorded *'very frail, tablets found in mouth, offensive large necrotic sacral sore with thick black scar. PD - no worse. Diagnoses listed as sacral sore (in N/H), PD, old back injury, depression and element of dementia, diabetes mellitus –diet, catheterised for retention. Plan – stop codanthramer and metronidazole. looks fine. TCI Dyad today –aserbine for sacral ulcer – nurse on side – high protein diet – oramorph prn if pain. N/Home to keep bed open for next 3/52 at least. Pt informed of admission agrees. Inform N/Home Dr Code A and social worker. Analgesics prn.'* He was admitted to Dyad ward. An entry by Dr Code A on 21 September states *'make comfortable, give adequate analgesia. Am happy for nursing staff to confirm death'.* On 24th September Dr Code A has written *'remains unwell. Code A has ??? again today and is aware of how unwell he is. sc analgesia is controlling pain just. I am happy for nursing staff to confirm death.'* The next entry by Dr Code A is on 25th September *'remains very poorly. On syringe driver. For TLC'.*

3.3 Medication charts record the following administration of opiate and sedative drugs:

21 Sep 1415h Oramorph 5mg
1800h Coproxamol two tablets
(subsequent regular doses not administered)
2015h Oramorph10mg
21 Sep 2310h Diamorphine 20mg/24hr, midazolam 20mg/24hr infusion sc
22 Sep 2020h Diamorphine 20mg/24hr, midazolam 20mg/24hr infusion sc
23 Sep 0925h Diamorphine 20mg/24hr, hyoscine 200microg/24hr midazolam 20 mg/24hr infusion sc
2000h Diamorphine 20mg/24hr, hyoscine 200microg/24hr midazolam 60mg/24hr infusion sc
24 Sep 1055h Diamorphine 20mg/24hr, hyoscine 800microg/24hr midazolam 80mg/24hr infusion sc
25 Sep 1015h Diamorphine 60mg/24hr, hyoscine 1200mg/24hr

midazolam 80mg/24hr infusion
26 Sep 1150h Diamorphine 80mg/24hr, hyoscine 1200mg/24hr
midazolam 100mg/24hr infusion
Sinemet 110 5 times/day was discontinued on 23rd September

3.4 The nursing notes relating to the admission to Dyad ward record on 21st Sept '*remained agitated until approx 2030h. Syringe driver commenced as requested* (unclear who made this request) *diamorphine 20mg, midazolam 20mg at 2300. Peaceful following*". On 22nd Sep '*explained that a syringe driver contains diamorphine and midazolam was commenced yesterday evening for pain relief and to allay his anxiety following an episode where* Code A *tried to wipe sputum on a nurse saying he had HIV and going to give it to her. He also tried to remove his catheter and empty the bag and removed his sacral dressing throwing it across the room. Finally he took off his covers and exposed himself.*'

3.5 On 23rd Sep '*Has become chesty overnight to have hyoscine added to driver.* Code A *contacted and informed of deterioration. Mr* Code A *asked is this was due to the commencement of the syringe driver and informed that Mr* Code A *was on a small dosage which he needed.*' A later entry '*now fully aware that* Code A *is dying and needs to be made comfortable. Became a little agitated at 2300h, syringe driver adjusted with effect. Seems in some discomfort when moved, driver boosted prior to position change*.' On 24th Sept '*report from night staff that* Code A *was in pain when attended to, also in pain with day staff – especially his knees. Syringe driver renewed at 1055*". On 25th Sept '*All care given this am. Driver recharged at 1015 –diamorphine 60mg, midazolam 80mg and hyoscine 1200mcg at a rate of 50mmols/hr. Peaceful night - unchanged, still doesn't like being moved.*' On 26th September '*condition appears to be deteriorating slowly*'.

3.6 On 26th September staff nurse Code A records death at 2315h. Cause of death was recorded on the death certificate as bronchopneumonia with contributory causes of Parkinson's disease and Sacral Ulcer.

Opinion on patient management

Leadership, roles, responsibilities and communication in respect of the clinicians involved

3.7 Primary responsibility for the medical care of Mr Code A during his last admission lay with Dr Code A as the consultant responsible for his care. She saw Mr Code A 5 days before his death in the Dolphin Day Hospital, and 2 days before his death on Dyad ward. My understanding is that day-to-day medical care was the responsibility of the clinical assistant Dr Code A and during out of hours period the on call doctor based at the Queen Alexander Hospital. Ward nursing staff were responsible for assessing and monitoring Mr Code A and informing medical staff of any significant deterioration.

Accuracy of diagnosis and prognosis including risk assessments

3.8 Initial assessment by Dr Code A was comprehensive and appropriate with a clear management plan described. The nursing staff record Mr Code A was agitated following admission on 21st September. Dr Code A had prescribed prn (intermittent as required) oramorph for pain. Nursing staff made the decision to administer oramorph but there is no clear recording in the nursing notes that he

was in pain or the site of pain. The nursing entry on 22nd Sept indicates a syringe driver was commenced for 'pain relief and to allay anxiety. Again the site of pain is not states. My interpretation of the records is that the nursing staff considered his agitation was due to pain from his sacral ulcer. The medical and nursing teams view on the cause of Mr Code A s deterioration on 23rd September when he became 'chesty' are not explicitly stated, but would seem to have been thought to be due to bronchopneumonia since this was the cause of death later entered on the death certificate. The medical and nursing staff may not have considered the possibility that Mr Code A s respiratory symptoms and deterioration may have been due to opiate and benzodiazepine induced respiratory depression. The nursing staff filed to appreciate that the agitation Mr Code A experienced on 23rd Sept at 2300h may have been due to the midazolam and diamorphine. It was appropriate for nursing staff to discuss Mr Code A 's condition with medical staff at this stage.

3.9 When Dr Code A reviewed Mr Code A on 24th September the notes imply that he was much worse that when she had seen him 3 days earlier. There is clear recording by Dr Code A that Mr Code A was in pain. The following day the diamorphine dose was increased three fold from 20mg/24hr to 60mg/24hr and the dose was further increased on 26th September to 80mg/24hr although the nursing and medical notes do not record the reason for this. The notes suggest that the nursing and medical staff may have failed to consider causes of agitation other than pain in Mr Code A or to recognise the adverse consequences of opiates and sedative drugs on respiratory function in frail older individuals.

Evaluation of drugs prescribed and the administration regimens

3.10 The prescription of oramorph to be taken 4 hourly as required by Mr Code A was reasonable if his pain was uncontrolled from cocodamol. I consider the decision by Dr Code A to prescribe and administer diamorphine and midazolam by subcutaneous infusion the same evening he was admitted was highly inappropriate, particularly when there was a clear instruction by Dr Code A that he should be prescribed intermittent (underlined instruction) doses of oramorph earlier in the day. I consider the undated prescription by Dr Code A of subcutaneous diamorphine 20-200mg/24hr prn, hyoscine 200-800microg/24hr and midazolam 20-80mg/24hr to be poor practice and potentially very hazardous. In my opinion it is poor management to initially commence both diamorphine and midazolam in a frail elderly underweight patient such as Mr Code A. The combination could result in profound respiratory depression and it would have been more appropriate to review the response to diamorphine alone before commencing midazolam, had it been appropriate to commence subcutaneous analgesia, which as I have stated before was not the case.

3.11 In my opinion it is doubtful the nursing and medical staff understood that when a syringe infusion pump rate is increased it takes an often appreciable effect of time before the maximum effect of the increased dose rate becomes evident. Typically the time period would be 5 drug half-lives. In the case of diamorphine this would be between 15 and 25 hours in an older frail individual.

Quality and sufficiency of the medical records

3.12 In my opinion the medical and nursing records are inadequate following Mr Code A's admission to Dryad ward. The initial assessment by Dr Code A on 21st September is in my opinion competent and appropriate. The medical notes following this are inadequate and do not explain why he was commenced on subcutaneous infusions of diamorphine and midazolam. The nursing notes are variable and at times inadequate.

Appropriateness and justification of the decisions that were made

3.13 An inappropriately high dose of diamorphine and midazolam was first prescribed. There was a failure to recognise or respond to drug induced problems. Inappropriate dose escalation of diamorphine and midazolam and poor assessment by Dr Code A. The assessment by Dr Code A on 21st September 1998 was thorough and competent and a clear plan of management was outlined. There is a clear note by Dr Code A that oramorph was to be given intermittently (PRN) for pain and not regularly. It is not clear from the medical and nursing notes why Mr Code A was not administered the regular cocodamol he was prescribed following the initial dose he received at 1800h. following admission. It is good practice to provide regular oral analgesia, with paracetamol and a mild opiate, particularly when a patient has been already taking this medication and to use prn morphine for breakthrough pain. I consider the prescription by Dr Code A on admission of prn subcutaneous diamorphine 20-200mg/24hr prn, hyoscine 200-800microg/24hr and midazolam 20-80mg/24hr to be unjustified, poor practice and potentially very hazardous. It is particularly notable that only hours earlier Dr Code A had written that oramorph was to be given intermittently and this had been underlined in the medical notes. There is no clear justification in the notes for the commencement of subcutaneous diamorphine and midazolam on the evening following admission. If increased opiate analgesia was required increasing the oramorph dose and frequency could have provided this. I would judge it poor management to initially commence both diamorphine and midazolam. The combination could result in profound respiratory depression and it would have been more appropriate to review the response to diamorphine alone before commencing midazolam.

3.14 I am concerned by the initial note entry by Dr Code A on 21st September 1998 that she was happy for nursing staff to confirm death. There was no indication by Dr Code A that Mr Code A was expected to die, and Dr Code A does not list the reason she would have cause to consider Mr Code A would die within the next 24 hours before he was reviewed the following day by medical staff. In my opinion it is of concern that the nursing notes suggest the diamorphine and midazolam infusions were commenced because of Mr Code A's behaviour recorded in the nursing entry on 22nd September.

3.15 Hyoscine was commenced on 23rd September after Mr Code A had become 'chesty' overnight. I consider it very poor practice that there is no record of Mr Code A being examined by a doctor following admission on 21st September, and a decision to treat this symptomatically with hyoscine appears to have been made by the medical staff. At this stage Mr Code A's respiratory signs are likely to have been due to bronchopneumonia or respiratory depression resulting in depressed clearance of bronchial secretions. A medical assessment was very necessary at this

stage to diagnose the cause of symptoms and to consider treatment with antibiotics or reduction in the dose of diamorphine and midazolam.

3.16 Again I consider it very poor practice that the midazolam was increased from 20mg/24hr to 60mg/24 hr at 2000h on 23rd September. There is no entry in the medical notes to explain this dose increase. The decision to triple the midazolam dose appears to have been made by a member of nursing staff as the nursing notes record "*agitated at 2300h, syringe driver boosted with effect*."

3.17 A medical assessment should have been obtained before the decision to increase the midazolam dose was made. At the very least Mr Code A's problems should have been discussed with on call medical staff. Mr Code A's agitation may have been due to pain, where increasing analgesia would have been appropriate, or hypoxia (lack of oxygen). If Mr Code A's agitation was due to hypoxia a number of interventions may have been indicated. Reducing the diamorphine and midazolam dose would have been appropriate if hypoxia was due to respiratory depression. Commencement of oxygen therapy and possibly antibiotics would have been appropriate if hypoxia was due to pneumonia. Reducing the dose diamorphine or midazolam would have been indicated if hypoxia was due to drug-induced respiratory depression. The decision to increase the midazolam dose was not appropriately made by the ward nursing staff without discussion with medical staff.

3.18 When Mr Code A was reviewed by Dr Code A on 24th September he was very unwell but there is not a clear description of his respiratory status or whether he had signs of pneumonia. At this stage Dr Code A notes Mr Code A is in pain, but does not state the site of his pain. It is not clear to me whether the subsequent alteration in infusion rate of diamorphine, hyoscine and midazolam was discussed with and sanctioned by Dr Code A or Dr Code A. I consider the increase in midazolam from 60mg/24 hr to 80mg/24 hr was inappropriate as a response to the observation that Mr Code A was in pain. It would have been more appropriate to increase the diamorphine dose or even consider treatment with a non-steroidal anti-inflammatory drug. The increase in midazolam dose to 80mg/24 hr would simply make Mr Code A less conscious than he already appears to have been (there is not a clear description of his conscious level at this stage).

3.19 The increase in hyoscine dose to 800microg/24 hr is also difficult to justify when there is no record that the management of bronchial secretions was a problem. The subsequent threefold increase in diamorphine dose later that day to 60mg/24 hr is in my view very poor practice. Such an increase was highly likely to result in respiratory depression and marked depression of conscious level, both of which could lead to premature death. The description of Mr Code A, was that analgesia was 'just' controlling pain and a more cautious increase in diamorphine dose, certainly no more than two fold, was indicated with careful review of respiratory status and conscious level after steady state levels of diamorphine would have been obtained about 20 hours later. A more appropriate response to deal with any acute breakthrough pain is to administer a single prn (intermittent) dose of opiate by the oral or intramuscular route, depending on whether Mr Code A was unable to swallow at this time.

3.20 The increase in both diamorphine dose and midazolam dose on 26th September is difficult to justify when there is no record in the medical or nursing notes that Mr [Code A]'s pain was uncontrolled. Although it is possible to accept the increase in diamorphine dose may have been appropriate if Mr [Code A] was observed to be in pain, I find the further increase in midazolam dose to 100mg/24hr of great concern. I would anticipate that this dose of midazolam administered with 80mg/24hr of diamorphine would be virtually certain to produce respiratory depression and severe depression of conscious level. This would be expected to result in death in a frail individual such as Mr [Code A] I would expect to see very clear reasons for the use of such doses recorded in the medical notes.

3.21 I can find no record of Mr [Code A] receiving food or fluids following his admission on 21st September despite a note from Dr [Code A] that Mr [Code A] was to receive a 'high protein diet'. There is no indication in the medical or nursing notes as to whether this had been discussed, but given that Mr [Code A] was admitted with the intention of returning to his Nursing Home (it was to be held open for 3 weeks) I would expect the notes to record a clear discussion and decision making process involving senior medical staff accounting for the decision to not administer subcutaneous fluids and/or nasogastric nutrition once Mr [Code A] was commenced on drugs which may have made him unable to swallow fluids or food.

Recorded causes of death

3.22 The recorded cause of death was bronchopneumonia with contributory causes of Parkinson's disease and sacral ulcer. A post mortem was not obtained and the recorded causes were in my opinion reasonable. It is possible that Mr [Code A] died from drug induced respiratory depression without bronchopneumonia present or from the combined effects of bronchopneumonia and drug-induced respiratory depression. Mr [Code A] was at high risk of developing pneumonia even if he had not received sedative or opiate drugs, bronchopneumonia can occur as a secondary complication of opiate and sedative induced respiratory depression. In the absence of post-mortem, radiological data (chest Xray) or recordings of Mr [Code A]'s respiratory rate I would consider the recorded cause of death of bronchopneumonia as reasonable. Even if the staff had considered Mr [Code A] had drug-induced respiratory depression as a contributory factor, it would not be usual medical practice to enter this as a contributory cause of death where the administration of such drugs was considered appropriate for symptom relief.

Duty of care issues

3.23 Medical and nursing staff on Dryad ward had a duty of care to deliver medical and nursing care to attempt to heal Mr [Code A]'s sacral ulcer and to document the effects of drugs prescribed. In my opinion this duty of are was not adequately met and the denial of fluid and diet and prescription of high doses of diamorphine and midazolam was poor practice and may have contributed to Mr [Code A]'s death.

Summary

3.24 In summary although Mr [Code A] was admitted for medical and nursing care to attempt to heal and control pain from his sacral ulcer, Dr [Code A] and the ward staff appear to have considered Mr [Code A] was dying and had been admitted for terminal care. The medical and nursing records are inadequate in documenting his clinical state at this time. The initial prescription of subcutaneous diamorphine, midazolam and hyoscine by Dr [Code A] was in my view reckless. The dose increases undertaken by nursing staff were inappropriate if not undertaken after medical assessment and review of Mr [Code A]. I consider it highly likely that Mr [Code A] experienced respiratory depression and profound depression of conscious level due to the infusion of diamorphine and midazolam. I consider the doses of these drugs prescribed and administered were inappropriate and that these drugs most likely contributed to his death through pneumonia and/or respiratory depression.

Code A

Course of Events

4.1 Code A was Code A years old when admitted under the care of Dr Code A by her general practitioner on 31st July 1998 from Addenbrooke Rest Home to Phillip Ward, Department of Medicine for Elderly People, at the Queen Alexandra Hospital, Portsmouth. The general practitioner referral letter states "*This demented lady has been in this psychogeriatric care home for a year. She had a UTI early this week and has not responded to trimethoprim. Having fallen last night, she is not refusing fluids and is becoming a little dry*." The medical admitting notes record she was taking prozac (fluoxetine) syrup 20 mg once daily, codanthramer 5-10ml nocte, lactulose 10ml once daily zopiclone 1.875 or 3.75mg nocte and promazine syrup 25mg as required. On examination she had a fever and bilateral conjunctivitis but no other significant findings. The admitting doctor diagnosed a urinary tract infection and commenced intravenous antibiotics to be administered after a blood culture and catheter specimen of urine had been obtained. The following day DNR (do not resuscitate) is recorded in the notes. On 3rd August 1998 the medical notes record the fever had settled, that she was taking some fluids orally, was taking the antibiotic Augmentin elixir orally and receiving subcutaneous fluids. The notes then record (date not clear) that her Mental Test Score was 0/10 and Barthel 1/20 (indicating severe dependency). Mrs Code A was to be transferred to Daedalus NHS continuing care ward on 6th August 1998 with a note that her bed was to be kept at Addenbrooke Rest Home.

4.2 Following transfer on 6th August an entry in the medical notes states "*Transferred from Phillips Ward. For 4-6/52 only. On Augmentin for UTI*". Dr Code A writes on 10th August 1998 '*Barthel 2/20. Eating and drinking better. Confused and slow. Give up place at Addenbrooke's. R/V* (review) *in 1/12* (one month) *–if no specialist medical or nursing problems D* (discharge) *to a N/Home. Stop fluoxetine*'. The next entry is by Dr Code A on 21st August "*Marked deterioration over last few days. sc analgesia commenced yesterday. Family aware and happy*". The final entry is on the same day at 1830h where death is confirmed. The most recent record of the patient's weight I can find is 56Kg in April 1994.

4.3 The nursing notes, which have daily entries during her one week stay on Phillip ward note she was catheterised, was confused at times and was sleeping well prior to transfer. The nursing notes on Daedalus ward record "6/8/98 *Transferred from Philip ward QAH for 4-6 weeks assessment and observation and then decide on placement. Medical history of advanced dementia, urinary tract infection and dehydration*" and that she was seen by Dr Code A. The nursing assessment sheet notes *"does have pain at times unable to ascertain where"*. The nutrition care plan states on 6th August 1998 "*Due to dementia patient has a poor dietary intake*". And dietary intake is recorded between 12th August and 18th August but not before or following these dates. Nursing entries in the contact record state on 17th August 1998 "*Condition has generally deteriorated over the weekend Code A seen- aware that Code A condition is worsening, agrees active treatment not appropriate and to use of syringe driver if Mrs Code A is in pain*". There is no entry in the notes on 20th August or preceding few days indicating Mrs Code A was in pain.

4.4 A nursing entry on 21st August 1998 at 1255h states "*Condition deteriorating during morning.* Code A *and* Code A *visited and stayed. Patient comfortable and pain free*". There are a number of routine entries in the period 6th August 1998 to death on 21st August 1998 in nutrition, pressure area care, constipation, catheter care, and personal hygiene. The nursing care plan records no significant deterioration until 21st August where it is noted death was pronounced at 2120h by staff nurse Code A. Cause of death was recorded as bronchopneumonia.

4.5 The drug charts records that Dr Code A prescribed as a regular daily review (not intermittent as required) prescription diamorphine 20-200mg/24hr, hyoscine 200-800microg/24hr and midazolam 20-80mg/24hr all to be administered subcutaneously. The prescription is not dated. Drugs were first administered on 20th August, diamorphine at 30mg/24hr and midazolam 20mg/24hr from 1350h and then again on 21st August. Mrs Code A had not been prescribed or administered any analgesic drugs during her admission to Daedalus ward prior to administration of the diamorphine and midazolam infusions. During the period 16th-18th August she was prescribed and received zopiclone (a sedative hypnotic) 3.75mg nocte and co-danthramer 5-10ml (a laxative) orally.

Opinion on patient management

Leadership, roles, responsibilities and communication in respect of the clinicians involved

4.6 Primary responsibility for the medical care of Mrs Code A during her admission to Daedalus ward lay with Dr Code A as the consultant responsible for her care. She saw Mrs Code A on 10th August 1998, 11 days prior to her death. My understanding is that day-to-day medical care was the responsibility of the clinical assistant Dr Code A and during out of hours period the on call doctor based at the Queen Alexander Hospital. Ward nursing staff were responsible for assessing and monitoring Mrs Code A and informing medical staff of any significant deterioration.

Accuracy of diagnosis and prognosis including risk assessments

4.7 The initial diagnosis of a urinary tract infection and dehydration was reasonable and appears correct. Mrs Code A had a diagnosis of dementia, which there was clear evidence for. The entry by Dr Code A on 10th August 1998 provides a reasonable assessment of her functional level at this time, and a plan to review appropriate placement in one month's time. No diagnosis was made to explain the deterioration Mrs Code A is reported to have experienced around 15th August. There is no medical assessment in the notes following 10th August except documentation on 21st August 1998 of a marked deterioration. There is no clear evidence that Mrs Code A was in pain although she was commenced on opiate analgesics.

Evaluation of drugs prescribed and the administration regimens

4.8 No information is recorded in the medical or nursing notes to explain why Mrs Code A was commenced on diamorphine and hyoscine infusions. In my opinion there was no indication for the use of diamorphine and hyoscine in Mrs Code A. Other oral analgesics, such as paracetamol and mild opiate drugs could and should first have been tried, if Mrs Code A was in pain, although there is no evidence that she was. If these were inadequate oral morphine would have

been the next appropriate choice. From the information I have seen in the notes it appears the diamorphine and midazolam may have been commenced for non-specific reasons, perhaps as a non-defined palliative reasons as it was judged she was likely to die in the near future.

4.9 I consider the undated prescription by Dr Code A of subcutaneous diamorphine 20-200mg/24hr prn, hyoscine 200-800microg/24hr and midazolam 20-80mg/24hr to be poor practice and potentially very hazardous. I consider it poor and hazardous management to initially commence both diamorphine and midazolam in a frail elderly underweight patient with dementia such as Mrs Code A The combination could result in profound respiratory depression and it would have been more appropriate to review the response to diamorphine alone before commencing midazolam, had it been appropriate to commence subcutaneous analgesia, which as I have stated before was not the case.

Quality and sufficiency of the medical records

4.10 The medical and nursing records during her stay on Daedalus ward are inadequate not sufficiently detailed, and do not provide a clear picture of Mrs Code A's condition. In my opinion the standard of the notes falls below the expected level of documentation on a continuing care or rehabilitation ward. The assessment by Dr Code A on 10th August 1998 is the only satisfactory medical note entry during her 15 day stay on Daedalus ward.

Appropriateness and justification of the decisions that were made

4.11 As discussed above I do not consider the decision to commence diamorphine and hyoscine was appropriate on the basis of the information recorded in the clinical notes.

Recorded causes of death

4.12 There was no specific evidence that bronchopneumonia was present, although this is a common pre-terminal event in frail older people, and is often entered as the final cause of death in frail older patients. I am surprised the death certificate did not apparently refer to Mrs Code A's dementia as a contributory cause. It is possible Mrs Code A's death was due at least in part to respiratory depression from the diamorphine she received, or that the diamorphine led to the development of bronchopneumonia. However since there are no clear observations of Mrs Code A's respiratory observations it is difficult to know whether respiratory depression was present Mrs Code A deteriorated prior to administration of diamorphine and midazolam infusion, and in view of this, my opinion would be that although the opiate and sedative drugs administered may have hastened death, and these drugs were not indicated, Mrs Code A may well have died at the time she did even if she had not received the diamorphine and midazolam infusions.

Duty of care issues

4.13 Medical and nursing staff on Daedalus ward had a duty of care to deliver medical and nursing care, to monitor, and to document the effects of drugs prescribed to Mrs Code A In my opinion this duty of care was not adequately met, the prescription of diamorphine and midazolam was poor practice and this may have contributed to Mrs Code A's death.

Summary

4.14 In my opinion the prescription of subcutaneous diamorphine and midazolam was inappropriate, and probably resulted in depressed conscious level and respiratory depression, which may have hastened her death. However Mrs Code A was a frail very dependent lady with dementia who was at high risk of developing pneumonia. It is possible she would have died from pneumonia even if she had not been administered the subcutaneous sedative and opiate drugs.

Code A

5.1 Mr Code A was Code A years old man when he was admitted to Queen Alexandra Hospital on 22nd September 1998 after he sustained a proximal fracture of the left humerus. He was treated with morphine, initially administered intravenously and then subcutaneously. He developed vomiting. On 24th September he was given 5mg diamorphine and lost sensation in the left hand. On 29th September an entry in the medical notes states "*ref to social worker, review resus status. Not for resuscitation in view of quality of life and poor prognosis*".

5.2 On 7th October the notes record he was "*not keen on residential home and wished to return to his own home*". Dr Code A Consultant in Old Age Psychiatry on 8th October 1998, saw him. Dr Code A's letter on 8th October notes that Mr Code A had been sleepy and withdrawn and low in mood but was now eating and drinking well and appeared brighter in mood. His Barthel score was 5/20. Dr Code A noted he had a heavy alcohol intake during the last 5 years. At the time he was seen by Dr Code A her was prescribed thiamine 100 mg daily, multivitamins two tablets daily, senna two tablets daily, magnesium hydroxide 10 mls twice daily and paracetamol 1g four time daily. On examination he had mildly impaired cognitive function (Mini Mental State Examination 24/30). Dr Code A considered Mr Code A might have developed an early dementia, which could have been alcohol related, Alzheimer's disease or vascular dementia. An antidepressant trazadone 50mg nocte was commenced. Dr Code A states at the end of her letter "*On the practical side he may well require nursing home care though at the moment he is strongly opposed to that idea I shall be happy to arrange follow up by our team once we know when and where he is going to be discharged*". On 13th October the medical notes record a ward round took place, that he required both nursing and medical care, was at risk of falling and that a short spell in long-term NHS care would be appropriate. Reviewing the drug charts Mr Code A was taking regular soluble paracetamol (1g four times daily) and codeine phosphate 30mg as required for pain. Between 8th and 13th October Mr Code A was administered four doses of 30mg codeine. Mr Code A's weight in March 1997 was 93Kg

5.3 On the 14th October Mr Code A was transferred to Dryad Ward. An entry in the medical notes by Dr Code A reads "*Transfer to Dryad ward continuing care. HPC fracture humerus. needs help with ADL (*activities of Daily Living*), hoisting, continent, Barthel 7. Lives with wife. Plan further mobilisation*". On 16th November the notes record; '*Decline overnight with S.O.B. o/e ? weak pulse. Unresponsive to spoken work. Oedema ++ in arms and legs. Diagnosis ?silent MI, ? decreased __ function. ↑frusemide to 2 x 40mg om* '. On 17th October the notes record '*comfortable but rapid deterioration*'. On 18th October staff nurse Code A records death at 2340h. Cause of death is recorded as congestive cardiac failure.

5.4 Nursing notes state in the summary section on 14th October "*History of left humerus fracture, arm in collar and cuff. Long history of heavy drinking. LVF chronic oedematous legs. S/B Dr Code A Oramorph 10mg/5ml given. Continent of urine – uses bottles*". On 15th October "*Commenced oramorph 10mg/5ml 4 hrly for pain in L arm. Code A seen by sis. Code A who explained Code A's condition is poor*". An earlier note states "*settled and slept well*". On 16th October "*seen by Dr Code A an as deteriorated over night. Increase*

*frusemide to 80mgdaily. For A.N.C (*active nursing care*)*". Later that day a further entry states "*Patient very bubbly chest this pm. Syringe driver commenced 20mg diamorphine, 400mcgs hyoscine. Explained to family reason for driver*". A separate note on 16th October in the nursing care plan states "*More secretions – pharyngeal – during the night, but* Code A *hasn't been distressed. Appears comfortable*". On 17th October 0515h "*Hyoscine increased to 600mcgs as oro-pharyngeal secretions increasing. Diamorphine 20mg.*" Later that day a further entry states "*Slow deterioration in already poor condition. Requiring suction very regularly – copious amounts suctioned. Syringe driver reviewed at 15.50 s/c diamorphine 40mg, midazolam 20mcgs, hyoscine 800 mcgs*". A later note states "*night: noisy secretions but not distressing* Code A *Suction given as required during night. Appears comfortable*". On 18th October "*further deterioration in already poor condition. Syringe driver reviewed at 14:40 s/c diamorphine 60mg, midazolam 40mg, hyoscine 1200mcg. Continues to require regular suction*".

5.5 The medication charts record administration of the following drugs:
14 Sep 1445h oramorph 10mg
2345h oramorph 10mg
16 Sep 1610h diamorphine 20mg/24 hr, hyoscine 400 microg/24hr subcutaneous infusion
17 Sep 0515h diamorphine 20mg/24hr, hyoscine 600 microg/24hr
1550h diamorphine 40mg/24hr, hyoscine 800 microg/24hr midazolam 20mg/24hr
18 Sep 1450h diamorphine 60mg/24hr, hyoscine 1200 microg/24hr midazolam 40mg/24hr
Frusemide was administered at a dose of 80mg daily at 0900h on 15th and 16th October. An additional 80 mg oral dose was administered at an unstated time on 16th October.

Opinion on patient management

Leadership, roles, responsibilities and communication in respect of the clinicians involved

5.6 Responsibility for the care of Mr Code A during his admission to Dryad ward lay with Dr Code A as the consultant responsible for his care. My understanding is that day to day medical care was delegated to the clinical assistant Dr Code A and during the out of hours responsibility was with the on call doctor based at Queen Alexandra Hospital. Ward nursing staff were responsible for assessing and monitoring Mr Code A and informing medical staff of any significant deterioration.

5.7 Dr Code A was responsible for assessing Mr Code A and making further recommendations concerning his future care when he was seen at Queen Alexandra Hospital.

Accuracy of diagnosis and prognosis including risk assessments

5.8 Dr Code A assessed Mr Code A on 14th October the day he was transferred to Dyad ward. There was a plan to attempt to improve his mobilisation through rehabilitation. There is no record of any significant symptomatic medical problems, in particular any record that Mr Code A was in pain in the medical

notes. The nursing notes suggest Mr Code A was prescribed oramorph for pain in his arm following his admission to Dryad Ward. He was prescribed paracetamol to take as required but did not receive any paracetamol whilst on Dryad Ward.

5.9 Mr Code A deteriorated on 15th September when he became short of breath. The working diagnosis was of heart failure due to a myocardial infarct. I do not consider the assessment by the on call doctor of Mr Code A was adequate or competent. There is no record of his blood pressure, clinical examination findings in the chest (which might have indicated whether he had signs of pulmonary oedema or pneumonia). In my opinion an ECG should have been obtained that night, and a Chest Xray obtained the following morning to provide supporting evidence for the diagnosis. Mr Code A was admitted for rehabilitation not terminal care and it was necessary and appropriate to perform reasonable clinical assessments and investigations to make a correct diagnosis.

5.10 Following treatment Mr Code A was noted to have had a rapid deterioration. The medical and nursing teams appear to have failed to consider that Mr Code A s deterioration may have been due to the diamorphine infusion. In my opinion when Mr Code A was unconscious the diamorphine infusion should have been reduced or discontinued. The nursing and medical staff failed to record Mr Code A s respiratory rate, which was likely to have been reduced, because of respiratory depressant effects of the diamorphine. The diamorphine and hyoscine infusion should have been discontinued to determine whether this was contributing to his deteriorating state. There is no record of the reason for the prescribing of the midazolam infusion commenced the day before his death. At this time the nursing notes record he was comfortable. Mr Code A did not improve. The medical and nursing teams did not appear to consider that the diamorphine, hyoscine and midazolam infusion could be a major contributory factor in Mr Code A s subsequent decline. The infusion should have been discontinued and the need for this treatment, in my opinion unnecessary at the time of commencement, reviewed.

Evaluation of drugs prescribed and the administration regimens

5.11 The initial prescription and administration of oramorph to Mr Code A following his transfer to Dryad ward was in my opinion inappropriate. His pain had been controlled with regular paracetamol and as required codeine phosphate (a mild opiate) prior to his transfer, and in the first instance these should have been discontinued.

5.12 I am unable to establish when Dr Code A wrote the prescription for subcutaneous diamorphine 20-200mg/24hr, hyoscine 200-800microg/24hr, and midazolam 20-80mg/24hr as these are undated. The administration of diamorphine and hyoscine by subcutaneous infusion as a treatment for the diagnosis of a silent myocardial infarction was in my opinion inappropriate. The prescription of a single dose of intravenous opiate is standard treatment for a patient with chest pain following myocardial infarction is appropriate standard practice but was not indicated in Mr Code A s case as he did not have pain. The prescription of an initial single dose of diamorphine is appropriate as a treatment for pulmonary oedema if a patient fails to respond to intravenous diuretics such as frusemide. Mr Wilson was not administered intravenous

frusemide or another loop diuretic. Instead only a single additional oral dose of frusemide was administered. In my opinion this was an inadequate response to Mr [Code A]s deterioration. The prescription of continuous subcutaneous infusion of diamorphine and hyoscine is not appropriate treatment for a patient who is pain free with a diagnosis of a myocardial infarction and heart failure. When opiates are used to treat heart failure, close monitoring of blood pressure and respiratory rate, preferably with monitoring of oxygen saturation is required. This was not undertaken.

5.13 The increase in diamorphine dose to 40mg/24hr and then 60mg/24 hr in the following 48 hours is not appropriate when the nursing and medical notes record no evidence that Mr [Code A] was in pain or distressed at this time. This was poor practice and potentially very hazardous. Similarly the addition of midazolam and subsequent increase in dose to 40mg/24hr was in my opinion highly inappropriate and would be expected to carry a high risk of producing profound depression of conscious level and respiratory drive.

Quality and sufficiency of the medical records

5.14 The initial entry in the medical records by Dr [Code A] on 14th October is reasonable and sufficient. The subsequent entries relating to Mr [Code A]s deterioration are in my opinion inadequate, and greater detail and the results of examination findings should have been recorded. No justification for the increases in diamorphine, midazolam and hyoscine dose are written in the medical notes. The nursing notes are generally of adequate quality but I can find no record of fluid and food intake by Mr [Code A]

Appropriateness and justification of the decisions that were made

5.15 I consider the prescription of oramorph was inappropriate. The subsequent prescription and administration of diamorphine, hyoscine and midazolam was highly inappropriate, not justified by information presented in the notes and could be expected to result in profound depression of conscious level and respiratory depression in a frail elderly man such as Mr [Code A].

Recorded causes of death

5.16 The recorded cause of death was congestive cardiac failure. The limited clinical information recorded in the absence of a chest Xray result or post-mortem findings, suggest this may have been the cause of Mr [Code A]s death. However in my opinion it is highly likely that the diamorphine, hyoscine and midazolam infusion led to respiratory depression and/or bronchopneumonia and it is possible that Mr [Code A] died from drug induced respiratory depression.

Duty of care issues

5.17 Medical and nursing staff on Dryad ward had a duty of care to deliver appropriate medical and nursing care to Mr [Code A] and to monitor the effects of drugs prescribed. In my opinion this duty of care was not adequate. The administration of high doses of diamorphine and midazolam was poor practice and may have contributed to Mr [Code A]s death.

Summary

5.18 Mr [Code A] was a frail elderly man with early dementia who was physically dependent. Following his admission to Dryad ward he was, in my opinion, inappropriately treated with high doses of opiate and sedative drugs. These drugs are likely to have produced respiratory depression and/or the development of bronchopneumonia and may have contributed to his death.

Code A

6.1 Code A was Code A years old when admitted as an emergency on 6th February 1998 to the Department of Medicine for Elderly People at Queen Alexandra Hospital. The medical notes record that she had experienced a general deterioration over the last 5 days was complaining of nausea and reduced appetite and was dehydrated. She had felt 'depressed' during the last few weeks. On admission she was taking ramipril 5mg once daily (a treatment for heart failure and hypertension), frusemide 40mg once daily (treatment for fluid retention), digoxin 125microg once daily (to control irregular heart rate), sotalol 40 mg twice daily (to control irregular heart rate), aspirin 75 mg once daily (to prevent stroke and myocardial infarction) and sertraline 50mg once daily (an antidepressant commenced by her general practitioner on 26th January 1998). A discharge summary and medical notes relating to an admission in May 1997 states that she was admitted with acute confusion, had reduced movement on the right side and was discharged back to her residential home on aspirin. No admitting diagnosis is recorded in the clerking notes written by Dr Code A on 6th February 1998 but they record that *"patient refuses iv fluids and is willing to accept increased oral fluids"*.

6.2 On 7th February 1998 the medical notes record an opacity seen on the chest Xray and sate *"mood low. Feels frightened – doesn't know why. Nausea and ??. Little else. Nil clinically."* An increased white cell count is noted (13.0) and antibiotics commenced. A subsequent chest Xray report (undated) states there is a 5cm mass superimposed on the left hilum highly suspicious of malignancy. The medical notes on 11 February 1998 record this at the Xray meeting. On 12th February 1998 the notes record (? Dr Shain) *'In view of advanced age aim in the management should be palliative care. Charles Ward is suitable. Not for CPR'.* On 13th February the notes record *'remains v low Appears to have 'given up' d/w son re probably diagnosis d/w RH (residential home) re ability to cope'.* The notes record *'son agrees not suitable for invasive Tx* (treatment*). Matron from RH visiting today will check on ability to cope.'*

6.3 On 19th February the notes record she fell on the ward and experienced minor cuts. On 16th February *'gradual deterioration, no pain, confused. For Charles Ward she could be discharged to community from Charles Ward'.* On 19th February the notes summarise her problems *'probable Carcinoma of the bronchus, previous left ventricular failure, atrial fibrillation, digoxin toxicity and a transient ischaemic attack, that she was sleepy but responsive, states that she is frightened but doesn't know why. Says she has forgotten things, not possible to elicit what she can't remember, low MTS (mental test score). Plan encourage oral fluids, s/c fluid over night if tolerated. Continue antidepressants'*. On 18th February the medical notes state *"No change. Awaiting Charles Ward bed"*.

6.4 The nursing notes record she was confused but mobilised independently. On 19th February she was transferred to Charles Ward instead of the preferred option of a bed at Gosport Hospital, which the notes record was full ('no beds'). The Queen Alexandra Hospital medical notes record a summary of her problems on 19th February prior to transfer as follows " *Diagnosis CA bronchus probable [no histology] Diag based on CXR. PMH 95 LVF + AF 95 Digoxin toxicity 97 TIA. Admitted 6.2.98 general deterioration CXR ? Ca Bronchus.*

Well defined O lesion. Exam: sleepy but responsive answers appropriately. States that she is frightened but doesn't know why. Says she has forgotten things. Not possible to elicit what she can't remember. Low MTS" and *"Feels in general tired and very thirsty. Plan encourage oral fluids, s/c fluid overnight is tolerated continue antidepressants".*

6.5 The medical notes on 23rd February record diagnoses of depression, dementia, ? Ca bronchus, ischaemic heart disease and congestive heart failure. On 25th February Dr Code A records in the medical notes *"confused and some agitation towards afternoon – evening try tds* (three times daily) *thioridazine, Code A in Gosport, transfer to Gosport 27/2, heminevrin prn nocte'.* A further entry states *'All other drugs stopped by Dr Code A*

6.6 Mrs Code A was transferred to Dryad ward at Gosport War Memorial Hospital on 27th February 1998. Dr Code A writes in the medical notes *"Transfer to Dryad ward continuing care, Diagnosis of Ca Bronchus on CXR on admission. Generally unwell off legs, not eating, bronchoscopy not done, catheterised, needs help with eating and drinking, needs hoisting, Barthel 0. Family seen and well aware of prognosis. Opiates commenced. I'm happy for nursing staff to confirm death".* The nursing notes state she was admitted for *'palliative care'*, that she had a urinary catheter (inserted on 22nd February 1998) was incontinent of faeces, and was dependent for washing and dressing but could hold a beaker and pick up small amounts of food. Barthel Index was 2/20. The nursing action plan states *'encourage adequate fluid intake'.* On 28th February an entry in the medical notes by Dr Code A (duty GP) record *'asked to see: confused. Feels 'lost' agitated esp. night/evening, not in pain, to give thioridazine 25mg tds regular, heminevrin noct.* The nursing notes record she was very distressed and that she was administered thioridazine and Oramorph 2.5ml.

6.7 On 2nd March Dr Code A records *'no improvement on major tranquillisers. I suggest adequate opioids to control fear and pain; Son to be seen by Dr Code A today'.* A subsequent entry by Dr Code A on the same day states *' spitting out thioridazine, quieter on prn sc diamorphine. Fentanyl patch started today. Agitated and calling out even when staff present (diagnoses) 1) Ca Bronchus 2) ? Cerebral metastases. -ct* (continue) *fentanyl patches.'* A further entry by Dr Code A that day records *'Code A seen. Concerned about deterioration today. Explained about agitation and that drowsiness was probably due in part to diamorphine. He accepts that his mother is dying and agrees we continue present plan of Mx* (management)".

6.8 On 2nd March the nursing notes record *"commenced on Fentanyl 25mcg this am. Very distressed this morning seen by Dr Code A to have and diamorphine 5mg i/m (intramuscular) same given 0810h by a syringe driver.* A further entry the same day states *"S/B Dr Code A Diamorphine 5mg i/m given for syringe driver with diamorphine loaded".* On 3rd March a rapid deterioration in Mrs Code A's condition is recorded *'Neck and left side of body rigid – right side rigid,* At 1050h diamorphine and midazolam were commenced by syringe driver. Death is recorded later that day at 2130h, 4 days following admission to Dyad ward.

6.9 The prescription charts (which are incompletely copied in notes made available to me) indicate she received the following drugs during this admission Two doses of intramuscular diamorphine 5 mg were administered at 0800 and 1500h (date not visible)

28 Feb 1998	1300h thioridazine 25mg
	1620h oramorph 5mg
	2200h heminevrin 250mg in 5ml
1 Mar 1998	0700h thioridazine 25 mg
	1300h thioridazine 25 mg
	2200h heminevrin 250mg
2 Mar 1998	0700h thioridazine 25mg
	0800h fentanyl 25microg
3 Mar 1998	1050h diamorphine 20mg/24hr, midazolam 20 mg/24hr by subcutaneous infusion

On 27th February Dr Code A prescribed thioridazine 25mg (prn tds) and Oramorph (10mg/5ml) 4hrly prn. On 2nd March Dr Code A prescribed fentanyl 25microg patch (x3 days) to take as required (prn). On 3rd March Dr Code A prescribed diamorphine 20-200mg/24hr, hyoscine 200-800ucg/24hr and midazolam 20-80mg/24hr by subcutaneous infusion.

The notes do not indicate that the fentanyl patch was removed and I would assume this was continued when the diamorphine and midazolam infusion was commenced.

Opinion on patient management

Leadership, roles, responsibilities and communication in respect of the clinicians involved

6.10 Primary responsibility for the medical care of Mrs Code A during her admission to Dryad Ward lay with Dr Code A as the consultant responsible for his care. She saw Mrs Code A 2 days before her transfer to Dryad ward and two days following her admission, the day before she died. My understanding is that day-to-day medical care was the responsibility of the clinical assistant Dr Code A and during out of hours period the on call doctor based at the Queen Alexander Hospital. Ward nursing staff were responsible for assessing and monitoring Mrs Code A and informing medical staff of any significant deterioration.

Accuracy of diagnosis and prognosis including risk assessments

6.11 The assessment and management of Mrs Code A at Alexandra Hospital was in my opinion competent and considered. From the information in the clinical notes I would agree with the diagnosis of probable carcinoma of bronchus. The decision to prescribe an antidepressant was in my opinion appropriate. Prior to transfer to Dryad ward she was not in pain but was transferred for palliative care. Although Mrs Code A was clearly very dependent and unwell, it is not clear why Dr Code A prescribed opiates to Mrs Code A on admission to Dryad ward when there is no evidence she was in pain. I suspect the reason was to provide relief for Mrs Code A's anxiety and agitation. This is a reasonable indication for opiates in the palliative care of a patient with known inoperable carcinoma. Mrs Code A was noted to be severely dependent, Barthel Index 0, and in conjunction with a probable carcinoma of the bronchus the assessment that she required palliative care and was likely to die in the near future was appropriate.

Evaluation of drugs prescribed and the administration regimens

6.12 The prescription of the major tranquilliser thioridazine for anxiety was reasonable and appropriate. The prescribing of the sedative/hypnotic drug heminevrin was similarly reasonable although potential problems of sedation from the combination need to be considered. Mrs [Code A] was not in pain but I consider the prescription of oramorph on 28th February to attempt to improve her distress was reasonable. By 2nd March Mrs [Code A] remained very distressed despite prescription of Oramorph, thioridazine and heminevrin. Since the notes reported she was more settled following intramuscular diamorphine and she had been spitting out her oral medication, I would consider it appropriate to prescribe a transdermal fentanyl patch to provide continuing opioid drugs to Mrs [Code A]. The lowest dose patch was administered but it would have been important to be aware of the potential for depression of respiration and/or conscious level that could occur.

6.13 I do not understand why subcutaneous diamorphine and midazolam infusions were commenced on 3rd March when Mrs [Code A] had deteriorated whilst on the fentanyl patch. There is no indication in the notes that Mrs [Code A] was in pain or distressed. The notes describe her as having undergone a rapid deterioration, which could have been due to a number of different causes, including a stroke or an adverse effect of the fentanyl patch. In my opinion the prescription by Dr [Code A] of subcutaneous diamorphine 20-200mg/24hr prn, hyoscine 200-800microg/24hr and midazolam 20-80mg/24hr was poor practice and potentially very hazardous. I would judge it poor management to initially commence both diamorphine and midazolam in a frail elderly underweight patient such as Mrs [Code A] who was already receiving transdermal fentanyl. I would expect very clear reasons to support the use of the drugs to be recorded in the medical notes. The combination could result in profound respiratory depression and there are no symptoms recorded which suggest the administration of either drug was appropriate.

Quality and sufficiency of the medical records

6.14 The medical and nursing records relating to Mrs [Code A]'s admission to Dryad ward are in my view of adequate quality, although as stated above the reasons for the use of midazolam and diamorphine are not recorded in either the medical or nursing notes.

Appropriateness and justification of the decisions that were made

6.15 In my opinion the majority of management and prescribing decisions made by medical and nursing staff were appropriate. The exception is the prescription of diamorphine and midazolam on the day of Mrs [Code A]'s death. From the information I have seen in the notes it appears that Dr [Code A] may have commenced the diamorphine and midazolam infusion for non-specific reasons or for non-defined palliative reasons when it was judged she was likely to die in the near future.

Recorded causes of death

6.16 In the absence of a post-mortem the recorded cause of death is reasonable. Mrs [Code A] had a probable carcinoma of the bronchus and experienced a slow deterioration in her general health and functional abilities. It is possible that Mrs [Code A] died from drug induced respiratory depression. However Mrs [Code A] was at high risk of dying from the effects of her probable carcinoma of the bronchus even if she had not received sedative and opiate drugs. Bronchopneumonia

can also occur as a complication of opiate and sedative induced respiratory depression but also in patients deteriorating from malignancy. In the absence of post-mortem, radiological data (chest Xray) or recordings of Mrs [Code A]s respiratory rate I would consider the recorded cause of death was possible. The deterioration on between the 2nd March and 3rd March could have been secondary to the fentanyl patch she received but again could have occurred in the absence of receiving this drug. There are no accurate records of Mrs [Code A]'s respiratory rate but significant potentially fatal respiratory depression was likely to have resulted could have resulted from the combination of diamorphine, midazolam and fentanyl.

Duty of care issues

6.17 Medical and nursing staff on Dryad ward had a duty of care to deliver medical and nursing care, to monitor Mrs [Code A] and to document the effects of drugs prescribed. In my opinion this duty of care was adequately met except during the last day of her life when the prescription of diamorphine and midazolam was poor practice and may have contributed to Mrs [Code A]s death.

Summary

6.18 Mrs [Code A] was a frail elderly lady with probable carcinoma of the bronchus who had been deteriorating during the two weeks prior to admission to Dryad ward. In general I consider the medical and nursing care she received was appropriate and of adequate quality. However I cannot identify a reason for the prescription of subcutaneous diamorphine, midazolam and hyoscine by Dr [Code A] on the 3rd March. In my view this was an inappropriate, potentially hazardous prescription. I would consider it highly likely that Mrs [Code A] experienced respiratory depression and profound depression of conscious level from the combination of these two drugs and fentanyl but I cannot exclude other causes for her deterioration and death at this time such as stroke or pneumonia.

Opinion on clinical management at Gosport War Memorial Hospital based on review of five cases presented by Hampshire Police

7.1 My opinion on the five cases I have been asked to review at Gosport War Memorial Hospital must be considered in context. My understanding is that the five cases have been selected by Hampshire Police because of concerns expressed relating to the management of these patients. Therefore my comments should not be interpreted as an opinion on the quality of care in general at Gosport War Memorial Hospital or of the general quality of care by the clinicians involved. My comments also relate to a period 2-4 years ago and the current clinical practice at the hospital may be very different today. An opinion on the quality of care in general at the hospital or of the clinicians would require a systematic review of cases, selected at random or with pre-defined patient characteristics. Examination of selected cases is not an appropriate mechanism to comment on the general quality of care of an institution or individual practitioners.

7.2 However having reviewed the five cases I would consider they raise a number of concerns that merit further examination by independent enquiry. Such enquiries could be made through further police interviews or perhaps more appropriately through mechanisms within the National Health Service, such as the Commission for Health Improvement, and professional medical and nursing bodies such as the General Medical Council or United Kingdom Central Council for Nursery, Midwifery and Health Visiting.

7.3 My principle concerns relate to the following three areas of practice: prescription and administration of subcutaneous infusions of opiate and sedative drugs in patients with non-malignant disease, lack of training and appropriate medical supervision of decisions made by nursing staff, and the level of nursing and non-consultant medical skills on the wards in relation to the management of older people with rehabilitation needs.

7.4 In all five cases subcutaneous infusions of diamorphine and in combination with sedative drugs were administered to older people who were mostly admitted for rehabilitation. One patient with carcinoma of the bronchus was admitted for palliative care. Although intravenous infusion of these drugs are used frequently in intensive care settings, very close monitoring of patients is undertaken to ensure respiratory depression does not occur. Subcutaneous infusion of these drugs is also used in palliative care, but the British National Formulary indicates this route should be used only when the patient is unable to take medicines by mouth, has malignant bowel obstruction or where the patient does not wish to take regular medication (Appendix 2). In only one case were these criteria clearly fulfilled i.e. in Mrs Code A who was refusing to take oral medication. Opiate and sedative drugs used were frequently used at excessive doses and in combination with often no indication for dose escalation that took place. There was a failure by medical and nursing staff to recognise or respond to severe adverse effects of depressed respiratory function and conscious level that seemed to have occurred in all five patients. Nursing and medical staff appeared to have little knowledge of the adverse effects of these drugs in older people.

7.5 Review of the cases suggested that the decision to commence and increase the dose of diamorphine and sedative drugs might have been made by nursing staff without appropriate consultation with medical staff. There is a possibility that prescriptions of subcutaneous infusions of diamorphine, midazolam and hyoscine may have been routinely written up for many older frail patients admitted to Daedalus and Dryad wards, which nurses then had the discretion to commence. This practice if present was highly inappropriate, hazardous to patients and suggests failure of the senior hospital medical and managerial staff to monitor and supervise care on the ward. Routine use of opiate and sedative drug infusions without clear indications for their use would raise concerns that a culture of "involuntary euthanasia" existed on the ward. Closer enquiry into the ward practice, philosophy and individual staff's understanding of these practices would be necessary to establish whether this was the case. Any problems may have been due to inadequate training in management of older patients. It would be important to examine levels of staffing in relation to patient need during this period, as the failure to keep adequate nursing records could have resulted from under-staffing of the ward. Similarly there may have been inadequate senior medical staff input into the wards, and it would be important to examine this in detail, both in terms of weekly patient contact and in time available to lead practice development on the wards. My review of Dr Code A's medical notes and her statement leads me to conclude she is a competent, thoughtful geriatrician who had a considerable clinical workload during the period the above cases took place.

7.6 I consider the five cases raise serious concerns about the general management of older people admitted for rehabilitation on Daedalus and Dryad wards and that the level of skills of nursing and non-consultant medical staff, particularly Dr Code A, were not adequate at the time these patients were admitted.

7.7 Having reviewed the five cases presented to me by Hampshire Police, I consider they raise serious concerns about nursing and medical practice on Daedalus and Dryad wards at Gosport War Memorial Hospital. In my opinion a review of practice at the institution is necessary, if this has not already taken place. I would recommend that if criminal proceedings do not take place, that these cases are brought to the attention of the General Medical Council and United Kingdom Central Council for Nursery, Midwifery and Health Visiting, in relation to the professional competence of the medical and nursing staff, and the Commission for Health Improvement, in relation to the quality of service provided to older people in the Trust.

APPENDIX 1

Pharmacology of Opiate and Sedative Drugs

Morphine

8.1 Morphine is a potent opiate analgesic considered by many to the 'drug of choice' for the control of acute pain (Therapeutic Drugs Dollery). Recommended starting dosage regimens for a fit adult of 70Kg are for intravenous bolus dosing 2.5mg every 5 min until analgesia achieved with monitoring of the duration of pain and dosing interval, or a loading dose of 5-15mg over 30min than 2,5mg – 5mg every hour. A standard reference text recommends 'morphine doses should be reduced in elderly patients and titrated to provide optimal pain relief with minimal side effects'. Morphine can be used for sedation where sedation and pain relief are indicated, Dollery comments *'it should be noted that morphine is not indicated as a sedative drug for long-term use. Rather the use of morphine is indicated where the requirement for pain relief and sedation coexist such as in patients admitted to intensive care units and other high dependency areas, the morphine dose should be titrated to provide pain relief and an appropriate level of sedation. Frequently other pharmacological agents (e.g.: benzodiazepines) are added to this regimen to increase the level of sedation".*

8.2 Diamorphine

8.3

8.4 **Fentanyl**

8.5 Fentanyl is a transdermal opioid analgesic available as a transdermal patch. The '25' patch releases 25microg/hr.

8.6 The British National Formulary (copy of prescribing in palliative care attached Appendix 2) comments on the use of syringe drivers in prescribing in palliative care that drugs can usually be administered by mouth to control symptoms, and that indications for the parenteral route are: patient unable to take medicines by mouth, where there is malignant bowel obstruction, and where the patient does not wish to take regular medication by mouth, It comments that staff using syringe drivers should be adequately trained and that incorrect use of syringe drivers is a common cause of drug errors.

Heminevrin

Midazolam

8.1 Midazolam is a benzodiazepine sedative drug. It is used as a hypnotic, preoperative medication, sedation for procedures such as dentistry and GO endoscopy, long-term sedation and induction of general anaesthesia. lot is not licensed for subcutaneous use, but is described in the British National Formulary prescribing in palliative care section as 'suitable for a very restless patient: it is given in a subcutaneous infusion dose of 20-100mg/24 hrs.

8.2 DA standard text describes the use of sedation with midazolam in the intensive care unit setting, and states, "*sedation is most commonly met by a combination of a benzodiazepine and an opioid, and midazolam has generally replaced diazepam in this respect".* It goes on to state, "in critically ill patients, prolonged sedation may follow the use of midazolam infusions as a result of delayed administration". Potentially life threatening adverse effects are described, "Midazolam can cause dose-related CNS depression, respiratory and

cardiovascular depression. There is a wide variation in susceptibility to its effects, the elderly being particularly sensitive. Respiratory depression, respiratory arrest, hypotension and even death have been reported following its use usually during conscious sedation. The elderly are listed as a high-risk group; the elderly are particularly sensitive to midazolam. The dose should be reduced and the drug given slowly intravenously in a diluted form until the desired response is achieved. In drug interactions the following is stated. "*midazolam will also potentiate the central depressant effects of opioids, barbituates, and other sedatives and anaesthetics, and profound and prolonged respiratory depression might result.*

8.3

Hyoscine

8.4 The British National Formulary describes hyoscine hydrobromide as an antagonist (blocking drug) of acetylcholine. It reduces salivary and respiratory secretions and provides a degree of amnesia, sedation and antiemesis (antinausea). IN some patients, especially the elderly, hyoscine may cause the central anticholinergic syndrome (excitement, ataxia, hallucinations, behavioural abnormalities, and drowsiness). The palliative care section describes it as being given in a subcutaneous infusion dose of 0.6-2.4mg/24 hours.

8.5

Use of syringe drivers

8.1 The BNF states 'oral medication is usually satisfactory unless there is severe nausea and vomiting, dysphagia, weakness, or coma in which case parenteral medication may be necessary. In the pain section it comments the non-opioid analgesics aspirin or paracetamol given regularly will often make the use of opioids unnecessary. An opioid such as codeine or dextropropoxyphene alone or in combination with a non-opioid analgesic at adequate dosage may be helpful in the control of moderate pain id non-opioids are not sufficient. If these preparations are not controlling the pain, morphine is the most useful opioid analgesic. Alternatives to morphine are hydromoprhine, oxycodone and transdermal fentanyl. In prescribing morphine it states 'morphine is given as an oral solution or as standard tablets every 4 hour, the initial dose depending largely on the patient's previous treatment. A dose of 5-10mg is enough to replace a weaker analgesic. If the first dose of morphine is no more effective than the previous analgesic it should be increased by 50% the aim being to choose the lowest dose which prevents pain. The dose should be adjusted with careful assessment of the pain and the use of adjuvant analgesics (such as NSAIDs) should also be considered. Although morphine in a dose of 5-10mg is usually adequate there should be no hesitation in increasing it stepwise according to response to 100mg or occasionally up to 500mg or higher if necessary. The BNF comments on the parenteral route '*diamorphine is preferred for injection. The equivalent intramuscular or subcutaneous dose of diamorphine is approximately a third of the oral dose of morphine.*'

8.2 In the chapter on pain relief in 'Drugs and the Older Person' Crome writes on the treatment of acute pain ' *treat the underlying cause and give adequate pain relief. The nature of the painful condition, the response of the patient and the presence of comorbidity will dictate whether to start with a mild analgesic or to go immediately to a more potent drug. In order to avoid the situation that patients remain in pain, "starting low" must be followed by regular re-evaluation with, if necessary, frequent increases in drug dose. The usual method of*

prescribing morphine for chronic pain is to start with standard oral morphine in a dose of 5-10mg every four hours. The dose should be halved in frail older people.

Prescribing for the Elderly
The British National Formulary states in Prescribing for the Elderly section "*The ageing nervous system shows increased susceptibility to many commonly used drugs, such as opioid analgesics, benzodiazepines, antipsychotics and antiparkinsonian drugs, all of which must be used with caution*".

APPENDIX 2

BNF Prescribing in palliative care

Medical Report:
concerning the case of Code A deceased

Prepared for:

Hampshire Constabulary
Major Crime Complex, Fratton Police Station, Kingston Crescent,
North End, Portsmouth, Hampshire PO2 8BU

by: Professor Code A MD FRCP
The University of London's Professor in the Care of the Elderly
Imperial College School of Science, Technology, & Medicine
The Chelsea and Westminster Hospital, London SW10 9NH

For the purpose of ... providing an independent view about treatment given to Mrs Code A Code A and the factor(s) associated with her death.

Synopsis

1. At the age of Code A years, Mrs Code A was an in-patient in Daedalus ward at Gosport War Memorial Hospital.

1.1. A registered medical practitioner prescribed the drugs diamorphine, haloperidol, midazolam, and hyoscine for Mrs Code A

1.2. These drugs were to be administrated subcutaneously by a syringe driver over an undetermined number of days.

1.3. They were given continuously until Mrs Code A became unconscious and died.

1.4. During this period there is no evidence that Mrs Code A was given life sustaining fluids or food.

1.5. It is my opinion that as a result of being given these drugs, Mrs Code A s death occurred earlier than it would have done from natural causes.

CONTENTS

page no.

1. The writer's declaration 3
2. Introduction 3
3. Information relating to Mrs Code A (deceased) 3
4. Relevant aspects of Mrs Code A's medical history 4
5. Drugs prescribed for Mrs Code A at Gosport War Memorial Hospital 11
6. Death certification and cremation 14
7. Conclusions 14
8. My opinion 16
9. Appendix A – the documents I have received and read 18
10. Appendix B – facts of the environment obtained from the statements of Mrs Code A 22
11. Appendix C – Glossary 28
12. Appendix D – Texts used for reference 30
13. Appendix E – My qualifications and experience 31
14. My signature and dating of this report 34

The writer's declaration

1. This report consisting of thirty-four pages is true to the best of my knowledge and belief and I make it knowing that if tendered in evidence, I shall be liable for prosecution if I have wilfully stated in it anything that I know to be false or do not believe to be true.

Introduction

2. The documents with which I have been provided and the visits I have made to the hospitals involved in this enquiry are listed in the Appendix A.

2.1. Appendix B contains facts of the environment provided by the statements of Mrs Code A (the Code A deceased)) and Mrs Code A (the Code A).

2.2. I have indicated any medical terms in **bold type**. I have defined these terms in a glossary in Appendix C.

2.3. I have included in Appendix D references to published material.

2.4. Appendix E contains details of my qualifications and experience.

2.5. This report has been presented on the basis of the information available to me—should additional information become available my opinions and conclusions may be subject to review and modification.

Information relating to Mrs Code A (deceased)

3. Mrs Code A (née Code A) was born on 13th April 1907 and died on 21st August 1998 aged Code A years.

3.1. Mrs Code A has two Code A. They are Mrs Code A (the Code A Code A) and Mrs Code A

3.1.1. Mrs Code A is a retired Registered General Nurse. She retired during 1996 after 41 years continuously in the nursing profession. For 25 years prior to her retirement she was involved in the care of elderly people. For 20 years prior to retirement she held supervisory and managerial positions in this particular field of nursing.

3.2. The Glen Heathers Nursing Home is a private registered nursing and residential home at Lee on the Solent, Hampshire. Dr Code A is a general practitioner who visits.

3.3. The Royal Hospital Haslar is an acute general hospital in Gosport, Hampshire serviced by the Armed Forces at the time of the incident but available as a National Health Service facility to local people.

3.4. Gosport War Memorial Hospital is part of the Portsmouth Healthcare NHS Trust.

3.4.1. Daedalus ward is a continuing care and rehabilitation ward at Gosport War Memorial Hospital.

3.5. Dr Code A is a registered medical practitioner who in 1988 took up a part-time post as clinical assistant in elderly medicine. This post became centered at Gosport War Memorial Hospital. She retired from this part-time post in the year 2000.

3.6. Mr Code A is the clinical manager and charge nurse on Daedalus ward at Gosport War Memorial Hospital. Ms Code A and Ms Code A are registered general nurses who were working on Daedalus ward at the time of the incident.

3.7. Dr Code A is a consultant physician, within the department of elderly medicine of Portsmouth Healthcare NHS Trust, who was usually responsible for the patients on Daedalus ward and who was on study leave on 17/18 August 1998.

3.7.1. Other consultant physicians from the department of elderly medicine provide on-call consultant physician cover when Dr Code A is absent from duty.

Relevant aspects of Mrs Code A's medical history

4. Mrs Code A became resident at the Glen Heathers Nursing Home on 5th August 1994 at the age of Code A years and although disorientated and confused she was able to wash and dress herself and able to go up and down stairs and walk well.

4.1. It is noted that she also had a past medical history of bilateral deafness for which she required hearing aids.

4.1.1. Unfortunately both of her hearing aids were lost by December 1997 while she was at the Glen Heathers Nursing Home and had not been replaced by July 1998 when she was admitted to Daedalus ward at Gosport War Memorial Hospital).

4.1.2. It is noted that on 8th July 1998 her general practitioner, Dr Code A wrote to the audiologist at Queen Alexandra Hospital, Cosham requesting an '**URGENT** [sic]' domiciliary visit to Glen Heathers Nursing Home. This was '... with a view to supplying her [Mrs Code A with two new hearing aids.... Since her poor hearing probably contributes to her

confusional state I would be grateful if you would visit with a view to fitting of replacement aids as soon as possible please.'

4.2. It is also noted that Mrs Code A had had operations for the removal of cataracts and required glasses.

4.2.1. Unfortunately her spectacles were also lost at the Glen Heathers Nursing Home and had not been replaced by August 1998 when she was admitted to Daedalus ward at Gosport War Memorial Hospital.

4.2.2. As Dr Code A had noted Mrs Code A poor hearing probably contributed to her confusional state. The absence of her spectacles would also make it difficult for Mrs Code A to be aware of what was going on around her, further aggravate her confusional state due to lack of sensory stimulation, and increase her dependency on others for her normal daily activities.

4.2.3. The absence of both her hearing aids and her spectacles would make the assessment of and communication with Mrs Code A extremely difficult.

4.2.3.1. It is noted that such sensory deprivation can produce and aggravate confusional and disorientated states.

4.3. At the beginning of 1998, she had become increasingly forgetful and less able physically but was inclined to wander and she had about a six months' history of falls.

4.4. On 29th July 1998, at the Glen Heathers Nursing Home, Mrs Code A developed a fracture of the neck of her right femur [thighbone] and she was transferred to the Royal Hospital Haslar, Gosport.

4.4.1. In the Accident & Emergency department she was given 2.5mg of **morphine** and 50 mg of **cyclizine** at 2300 hours to relieve her pain and distress. She was known to be taking **haloperidol** 1mg twice daily and **Tradazone** 100mg at night.

4.5. On 30th July 1998 Mrs Code A had a right cemented hemiarthroplasty [an artificial hip joint inserted].

4.5.1. Post-operatively she was given 2.5 mg morphine intravenously on July 30th at 0230 hours, 31st at 0150 and 1905 hours, and on August 1st at 1920 hours and 2nd at 0720 hours. From August 1st –7th she was weaned over to two tablets of **co-codamol,** requiring these on average twice daily for pain relief.

4.5.2. On 3rd August 1998 it was noted 'All well. Sitting out early mobilization'.

4.6. On 5th August 1998, Dr Code A a consultant geriatrician, saw her. He stated in a letter that '… she appeared to have a little discomfort on passive movement of the right hip. I understand that she has been sitting out in a chair and I think that, despite her dementia, she should be given the opportunity to try to re-mobilise. I will arrange for her transfer to Gosport Memorial Hospital.'

4.6.1. Dr Code A also noted that Mrs Code A had continued on Haloperidol and '… her Trazodone has been omitted. According to her daughters it would seem that since her Tradozone has been omitted she has been much brighter mentally and has been speaking to them at times.'

4.7. A discharge letter, dated 10th August 1998, was sent by the sergeant staff nurse at the Royal Hospital Haslar and addressed to 'The Sister in Charge Ward [sic] Memorial Hospital, Bury Road, Gosport, Hants.' It contained the following information:-

4.7.1. After the operation Mrs Code A became '…fully weight bearing, walking with the aid of two nurses and a **Zimmer frame**.' She was noted to require 'total care with washing and dressing, eating and drinking….' She was '… continent, when she become[s] fidgety and agitated it means she wants the toilet….' She 'Occasionally says recognisable words, but not very often.' Her wound 'Is healed, clean and and dry.'

4.8. On 11th August 1998, Mrs Code A was transferred to Daedalus ward at the Gosport War Memorial Hospital. She was not in pain and had been fully weight bearing at the Royal Hospital Haslar walking with the aid of two nurses and a Zimmer frame.

4.8.1. At the Gosport War Memorial Hospital there was an unsigned 'Summary' record which is apparently a Nursing record and this states:-

4.8.1.1. '11-8-98 Addmitted [sic] from E6 Ward Royal Hospital Haslar, into a continuing care bed. Gladys had sustained a right fractured neck of Femur on 30th July 1998 in Glen Heathers Nursing Home. She has had a right cemented hemi-arthroplasty and she is now fully weight bearing, walking with the aid of two nurses and a Zimmer frame. Code A visits regularly and feeds Code A She wishes to be informed Day or night of any deterioration in Code A condition….'

4.8.2. The contiguous 'Assessment Sheet' states, 'Patient has no apparent understanding of her circumstances due to her impaired mental condition … Deaf in both ears … Cataract operation to both eyes … occasionally says recognisable words, but not very often … soft diet. Enjoys a cup of tea … requires feeding … Dental/Oral status Full "Set" – keeps teeth in at night.'

4.8.3. The 'Patient Medication Information' states, '11.8.98 ... Haloperidol O[rally] 1 mcg [looks like 'mcg' but probably is 'mg' since this drug is not prescribed in single **microgram** doses] B.D. [twice daily]'

4.9. ??[initials]B [subsequently identified as Dr Code A has written in the medical case records '11-8-98 Transferred to Daedalus Ward Continuing Care.... O/E [on examination] Impression frail demented lady [paragraph] not obviously in pain [paragraph] Please make comfortable [paragraph] transfers with hoist Usually continent needs help with **ADL [activities of daily living]**.... I am happy for nursing staff to confirm death.'

4.10. At 1300 hours on the 13th August 1998 the Nursing Contact Record states 'Found on floor at 13.30hrs [sic]. Checked for injury none apparent at time hoisted into safer chair 20.00 [hours][altered on record to 19.30] pain Rt [right] hip internally rotated. Dr Code A contacted advised Xray AM [in the morning] & **analgesia** during the night. Inappropriate to transfer for Xray this PM [evening] [initialled signature (? by whom)] RGN [Registered General Nurse] [next line] Daughter informed.'

4.11. Dr Code A has recorded '14-8-98 Sedation/pain relief has been a problem screaming not controlled by haloperidol 1 [illegible symbol or word] but very sensitive to **oramorph**. Fell out of chair last night ... Is this lady well enough for another surgical procedure?'

4.12. In her contiguous note Dr Code A has recorded '14-8-98 Dear [?] Cdr [Commander] Code A Further to our telephone conversation thank you for taking this unfortunate lady who slipped from her chair at 1.30 pm yesterday and appears to have dislocated her R[ight] hip.... She has had 2.5ml of 10mg/5ml Oramorph at midday.'

4.12.1. According to the letter signed by Code A Mrs Code A was given 10mgs of Oramorph at 1150 hours on 14th August 1998 prior to being transferred back to the Royal Hospital Haslar.

4.13. The Nursing Contact Record at Daedalus ward continues:-

4.13.1. '14/8/98 am [morning] R[ight] Hip Xrayed – Dislocated [paragraph] Code A seen by Dr Code A & informed of situation. For transfer to Haslar A&E [accident and emergency department] for reduction under sedation [initialled signature]'

4.13.2. 'pm [afternoon or evening of 14th August 1998] Notified that dislocation has been reduced. [Mrs Code A To stay in Haslar [hospital] for 48 hours then return to us [[initialled signature] Family aware.'

4.14. At the Royal Hospital Haslar (at 1400 hours) Xray having confirmed that the hemiarthroplasty had dislocated, intravenous sedation using 2 mgs of midazolam

allowed the dislocation to be corrected by traction. The procedure was described as 'Under sedation c [with] CVS/RS [cardiovascular and respiratory systems] monitoring. ... Easy reduction.' Mrs Code A was noted to be 'rather unresponsive following the sedation. The [She] gradually became more responsive....' She was then admitted the Royal Hospital for 48 hours observation.

4.15. Apart from two tablets of co-codamol on the 15th August 1998, she did not need to be given any pain relief following the reduction of her hip dislocation.

4.15.1. Two days later, on 17th August 1998, it was recorded that 'She was fit for discharge that day and she was to remain in straight knee splint for four weeks. In the discharge letter from Haslar Hospital it was also recorded that Mrs Code A was to return to Daedalus Ward. It was further stated that 'She has been given a canvas immobilising splint to discourage any further dislocation, and this must stay in situ for four weeks. When in bed it is advisable to encourage abduction by using pillows or abduction wedge. She can however mobilise fully weight bearing.'

4.16. On 17th August 1998 it was also recorded that she was 'Fit for discharge today (Gos[port] War Mem[orial hospital). To remain in straight knee splint for 4/52 [four weeks] ... No follow-up unless complications.'

4.17. She was returned to Daedalus ward in the Gosport War Memorial Hospital later that day but in a very distressed state. The Daedalus ward nursing record states 'Returned from R.N. Haslar, patient very distressed appears to be in pain. No canvas under patient – transferred on sheet by crew To remain in straight knee splint for 4/52 [four weeks] For pillow between legs at night (abduction) No follow-up unless complications.'

4.17.1. Mrs Code A was given Oramorph 2.5 mg in 5mls. The nursing record for 17th August 1998 further states '1305 [hours] ... Code A reports surgeon to say her Code A must not be left in pain if dislocation occurs again. Dr Code A contacted and has ordered an Xray. Code A [paragraph] pm Hip Xrayed at 1545 [hours] Films seen by Dr Code A & radiologist & no dislocation seen. For pain control overnight & review by Dr Code A mane [in the morning]. ?[illegible nurse signature]

4.17.1.1. This radiograph was reported by Dr. Code A Consultant Radiologist as showing 'RIGHT HIP: The right hemiarthroplasty is relocated in the **acetabulum**.'

4.18. On 17th August 1998, Dr Code A noted 'Readmission to Daedalus from RHH [Royal Hospital Haslar] Closed reduction under iv [intravenous] sedation remained unresponsive for some hours now appears peaceful. Plan Continue haloperidol [paragraph] Only give oramorph if in severe pain See daughter again.'

4.19. On 18th August 1998, Dr Code A recorded 'Still in great pain [paragraph] Nursing a problem. [paragraph] I suggest sc[subcutaneous] diamorphine/Haloperidol/midazolam [paragraph] I will see daughters today [paragraph] please make comfortable.'

4.20. The nursing Contact Record on Daedalus ward in the Gosport War Memorial Hospital continues:-

4.20.1. '18/8/98 am Reviewed by Dr Code A For pain control via syringe driver. [paragraph] 1115 Treatment discussed with both daughters [Mrs Code A and Mrs Code A]. They agree to use of **syringe driver** to control pain [It is noted that Mrs Code A has disagreed with this statement] & allow nursing care to be given. [paragraph] 1145 Syringe driver diamorphine 40 mg. Haloperidol 5 mg, Medazolam [midazolam] 20 mg commenced'

4.20.2. '18/8/98 20.00 Patient remained peaceful and sleeping. Reacted to pain when being moved – this was pain in both legs. [paragraph] Code A quite upset and angry about Code A's condition, but appears happy that she is pain free at present. Code A'

4.20.2.1. It is noted that a 'disturbance reaction' occurs in patients when they are moved that is easily mistaken for pain requiring specific treatment. It is noted here that Mrs Code A was described as being 'pain free' at this time apart from when she was being moved.

4.20.3. The nursing Contact Record continues 'Code A stayed the night with Code A, Code A arrived in early hours of morning [initialled signature; dated '19/8/98'] [paragraph] He would like to discuss Code A's condition with someone – either Dr. Code A or Code A later today [initialled signature]' [paragraph] '19/8/98 am Mrs Code A comfortable. [paragraph] Code A seen. Unhappy with various aspects of care, complain[t] to be handled officially by Mrs Code A Nursing co-ordinator [initialled signature]'

4.20.4. It is noted that there is no continuing nursing Contact Record for the 20th August 1998.

4.20.5. The contiguous nursing Contact Record states '21/8/98 12.13 [hours] Patient's [Mrs Code A] overall condition deteriorating, medication keeping her comfortable. Code A visited during the morning. Code A

4.21. Dr Code A's next contiguous medical record was on 21st August 1998 when she wrote 'Much more peaceful [paragraph] needs Hyoscine for rattly chest'.

4.21.1. It is noted that Mrs Code A was already being given hyoscine at this time and had been doing so continuously since 19th August 1998.

4.21.2. Nurse Code A made the next note in the medical records on 21st August 1998 stating that Mrs Code A was dead at 2120 hours.

4.22. The Nursing Care Plan records state:-

4.22.1. '12.8.98 Requires assistance to settle and sleep at night.... 12.8.98 Haloperidol given at 2330 [hours] as woke from sleep very agitated shaking and crying. Didn't settle for more than a few minutes at a time. Did not seem to be in pain.'

4.22.2. '13.8.98 oromorph at 2100 [hours] Slept well [initialled signature] [paragraph] For Xray tomorrow morning [initialled signature]'

4.22.3. '14.8.98 Same pain in rt[right] leg / ?[query] hip this am. [initialled signature]'

4.22.4. 'Re-admitted 17/8/98'

4.22.5. '17.8.98 Oromorph [Oramorph] 10mg/5ml at present.'

4.22.6. '18.8.98 Now has a syringe driver with 40mgs Diamorphine – comfortable. Code A stayed. [initialled signature]'

4.22.7. 'Code A stayed with Code A overnight. [initialled signature]'

4.22.8. There is no record of continuance of the Nursing Care Plan for 20th and 21st August 1998.

4.22.9. After Mrs Code A had been readmitted to Daedalus ward on 17th August 1998, there is no record between 17th and 21st August 1998 in the patient Nursing Care Plan for 'Nutrition'. On 21st August the record states 'no food taken [initialled signature]'.

4.22.9.1. There is no record that Mrs Code A was offered any fluids.

4.22.10. Similarly, the Nursing Care Plan for 'Constipation' shows no record between 17th and 21st August1998. On 21st August the record states 'BNO [bowels not open] [initialled signature]'

4.22.11. The Nursing Care Plan for 'Personal Hygiene' states:-

4.22.11.1. '18.8.98 Complete Bed Bath given plus oral [Signature] Hygiene [second signature]'

4.22.11.2. '18.8.98 Night: oral care given frequently'

4.22.11.3. '19.8.98 Nightie changed & washed, repositioned. Apparently pain free during care [initialled signature]'

4.22.11.4. It is noted that there is no record of Mrs Code A being attended to for 'Personal Hygiene' on 20th August 1998.

4.22.11.5. '21.9.98 General care and oral hygiene given [initialled signature]'

4.23. The drugs prescribed for Mrs Code A at Gosport War Memorial Hospital from the time of her admission there on 11th August 1998 are described below.

Drugs prescribed for Mrs Code A at Gosport War Memorial Hospital

5. Dr Code A wrote the following drug prescriptions for Mrs Code A

5.1. On 11th August 1998:-

5.1.1. Oramorph 10mgs in 5mls to be given orally four hourly. On the Administration Record these doses are recorded as being given—

5.1.1.1. twice on 11th August 1998 (10mg at 1015 [?1215] and 10mg at 1145 [?pm]);

5.1.1.2. once on 12th August (10mg at 0615);

5.1.1.3. once on 13th August (10mg at 2050);

5.1.1.4. once on 14th August (5ml [10mg] at 1150);

5.1.1.5. four times on 17th August (2.5ml [5mg] at 1300, 2.5ml [5mg] at ????[time illegible], 2.5ml [5mg] at1645, and 5ml [10mg] at 2030); and,

5.1.1.6. twice on 18th August 1998 5ml [10mg] at 01230[sic and ? meaning 0030 hours] and 5ml [10mg] at [?]0415).

5.1.2. Diamorphine at a dose range of 20 – 200 mg to be given subcutaneously in 24 hours.

5.1.2.1. None of this diamorphine prescription is recorded on the Administration Record as having been given between 11th – 14th August inclusive.

5.1.3. Hyoscine at a dose range of 200 – 800 mcg [micrograms] to be given subcutaneously in 24 hours.

5.1.3.1. None of this hyoscine prescription is recorded on the Administration Record as having been given between 11th – 14th August inclusive.

5.1.4. Midazolam at a dose range of 20-80 mgs to be given subcutaneously in 24 hours.

5.1.4.1. None of this midazolam prescription is recorded on the Administration Record as having been given between 11th – 14th August inclusive.

5.1.5. Haloperidol 1mg orally twice daily. It is noted that at the top of this prescription chart 'TAKES MEDICINE OFF A SPOON' [sic] is clearly written.

5.1.5.1. She was give 1mg of haloperidol at 1800 hours on 11th August 1998, at 0800 and 2330 hours on 12th August 1998, at 0800 and 1800 hours on 13th August 1998.

5.1.5.2. In addition, on 13th August 1998, Mrs Code A was prescribed haloperidol 2mgs in 1ml to be administered orally as required at a dose of 2.5ml [this figure has been altered and also can be read as 0.5 ml] to be given 'IF NOISY' [sic]. She was given a dose [quantity not stated bearing in mind the altered prescription] at 1300 on 13th August 1998.

5.1.5.3. She was also given 1mg of haloperidol at 0800 hours on 14th and also at 1800 hours on 17 August 1998.

5.1.6. It is noted that, apart from 2330 hours on 12 August 1998, at the above times when Mrs Code A was given haloperidol she was also give 10ml of **Lactulose** [a purgative].

5.2. On 12th August 1998:-

5.2.1. Oramorph 10mgs in 5mls to be given orally in a dose of 2.5 mls four hourly [equivalent to 5mgs of oramorph].

5.2.1.1. Although this drug was apparently not administered its prescription was written up on the 'Regular Prescription' chart but at the side in an ink-drawn box there are the letters PRN [meaning that the prescription is to be administered as required].

5.2.2. Oramorph 10mgs in 5mls to be given orally once at night.

5.2.2.1. Although this drug was apparently not administered its prescription was also written up on the 'Regular Prescription' chart but at the side in an ink-drawn box there are the letters PRN [meaning that the prescription is to be administered as required].

5.3. 18th August 1998:-

5.3.1. Diamorphine at a dose range of 40-200mg to be administered subcutaneously in 24 hours

5.3.2. Haloperidol a dose range of 5-10 mgs to be administered subcutaneously in 24 hours.

5.4. On 18th, 19th, 20th, and 21st August 1998, Mrs Code A was given simultaneously and continuously subcutaneously diamorphine 40mgs, and haloperidol 5mgs, and midazolam 20mgs during each 24 hours.

5.4.1. These drugs are recorded as being administered at the same time of day on each of the four days they were given. They were administered at 1145, 1120, 1045, and 1155 for 18th, 19th, 20th, and 21st August 1998 respectively.

5.4.1.1. All these drugs were administered at the times stated and were signed off by initials as being co-administered by the same person each day. Over the four days of 18th, 19th, 20th, and 21st August 1998, at least three nurses were involved in administering these drugs.

5.4.1.2. According to the prescription charts these drugs were signed for as being administered to Mrs Code A via the syringe driver by Mr Code A on 18th and 19th August 1998, by Ms Code A Code A on 20th August 1998, and by Ms Code A on 21st August 1998.

5.4.2. It is noted that on the 19th, 20th, and 21st August 1998 the drugs midazolam 20mgs, diamorphine 40mgs, and haloperidol 5mgs were also co-administered subcutaneously in 24 hours with 400mcg of hyoscine [this last drug had been

prescribed by Dr Code A to be given as required on 11th August 1998 but its administration was not commenced until 19th August 1998].

5.4.3. It is also noted that all the drugs for subcutaneous administration were not prescribed at specific starting dosages but each was prescribed for a wide range of dosages and for continuous administration over 24-hour periods.

5.4.3.1. It is not known who selected the dosages to be given.

Death certification and cremation

6. The circumstances of Mrs Code A death have been recorded as follows:

6.1. In a document [Case no. 1630/98] initialled by the Coroner on 24th August 1998 'Reported by Dr Code A [sic]. Deceased had undergone surgery for a fractured neck of femur. Repaired. Death cert[ificate] issued. [paragraph] Code A [sic]

6.2. The cause of death was accepted by the Coroner on 24th August 1998 as being due to:-

6.2.1. '1(a) Bronchopneumonia'.

6.2.2. The death was certified as such by Dr Code A and registered on 24th August 1998.

6.2.3. It is noted that the continuous subcutaneous administration of diamorphine, haloperidol, midazolam, and hyoscine to an elderly person can produce unconsciousness and death from respiratory failure associated with pneumonia.

6.3. The body was cremated.

Conclusions

7. Mrs Code A died on 21st August 1998 while receiving treatment on Daedalus ward at Gosport War Memorial Hospital.

7.1. Some fours years earlier, on 5th August 1994, Mrs Code A had become resident at the Code A Nursing Home.

7.2. Mrs Code A s had a confused state that after December 1997 had been aggravated by the loss at the Code A Nursing Home of her spectacles and both of her hearing aids.

7.3. On 29th July 1998, Mrs Code A developed a fracture of the neck of her right femur [thighbone] and she was transferred from the Code A Nursing Home to the Royal Hospital Haslar, Gosport.

7.4. Despite her confused state, Mrs Code A was considered by medical staff at the Royal Hospital Haslar to be suitable for implantation of an artificial hip joint. This took place on 30th July 1998.

7.5. On 11th August 1998, and having been seen by a consultant geriatrician, Mrs Code A was transferred for rehabilitation to Daedalus ward at Gosport War Memorial Hospital.

7.6. At that time Dr Code A recorded that Mrs Code A was not obviously in pain but despite this Dr Code A prescribed Oramorph [an oral morphine preparation] to be administered orally four hourly.

7.6.1. At that time also Dr Code A prescribed for Mrs Code A diamorphine, hyoscine, and midazolam. These drugs were to be given subcutaneously and continuously over periods of 24 hours for an undetermined number of days and the exact dosages were to be selected from wide dose ranges.

7.6.2. Also on 11th August 1998, at the end of a short case note, Dr Code A wrote 'I am happy for nursing staff to confirm death'.

7.6.3. It is noted that although prescribed on the day of her admission to Daedalus ward at Gosport War Memorial Hospital these drugs (diamorphine, hyoscine, and midazolam) were not administered at that time.

7.7. On 13th August 1998, Mrs Code A's artificial hip joint became dislocated.

7.8. The following day, 14th August 1998, although Dr Code A had recorded 'Is this lady well enough for another surgical procedure?' she arranged for Mrs Code A to be transferred back to Haslar Hospital where the dislocation of the hip was reduced.

7.8.1. It is noted that at the age of Code A years, and despite Dr Code A's comment about Mrs Code A and her confused mental state, Mrs Code A was considered well enough by the staff at the Royal Hospital Haslar to have two operations on her right hip within about two weeks.

7.9. Three days later, on 17th August 1998, Mrs Code A was returned to the Gosport War Memorial Hospital on a sheet and not on a stretcher. She was very distressed when she reached Daedalus ward.

7.10. There is no evidence that Mrs Code A, although in pain, had any specific life-threatening and terminal illness that was not amenable to treatment and from which she could not be expected to recover.

7.11. Despite this, and on 18th August 1998, Dr Code A while knowing of Mrs Code A's sensitivity to oral morphine and midazolam, prescribed diamorphine, midazolam, haloperidol, and hyoscine to be given (from wide dosages ranges) continuously subcutaneously and by a syringe driver over periods of 24 hours for an unlimited period.

7.11.1. Neither midazolam nor haloperidol is licensed for subcutaneous administration.

7.11.2. It is noted, however, that in clinical practice these drugs are administered subcutaneously in the management of distressing symptoms during end-of-life care for cancer.

7.11.3. It is also noted that Mrs Code A was not receiving treatment for cancer.

7.12. There is no evidence that in fulfilling her duty of care Dr Code A reviewed appropriately Mrs Code A's clinical condition from 18th August 1998 to determine if any reduction in the drug treatment being given was indicated.

7.13. During this period when a syringe driver was being used to administer the subcutaneous drugs, there is no evidence that Mrs Code A was given fluids or food in any appropriate manner.

7.14. There is no evidence that in fulfilling their duty of care Mr Code A Ms Code A Code A and Ms Code A reviewed appropriately Mrs Code A's clinical condition from 18th August 1998 to determine if any reduction in the drug treatment they were administering was indicated.

7.15. There is, however, indisputable evidence that the subcutaneous administration of drugs by syringe driver continued without modification and during every 24 hours from 18th August 1998 until Mrs Code A died on 21st August 1998.

7.16. Dr Code A recorded that death was due to bronchopneumonia.

7.16.1. It is noted that the continuous subcutaneous administration of diamorphine, haloperidol, midazolam, and hyoscine to an elderly person can produce unconsciousness and death from respiratory failure associated with pneumonia.

My opinion

8. When Mrs Code A was first admitted to Daedalus ward at Gosport War Memorial hospital on 11th August 1998 she was not in pain and had been fully weight bearing walking with the aid of two nurses and a Zimmer frame.

8.1. Despite recording that Mrs Code A was not in pain, on 11th August 1998 Dr Code A prescribed wide dosage ranges of opiate and sedative drugs to which Mrs Code A was known to be sensitive.

8.1.1. Dr Code A also recorded that 'I am happy for nursing staff to confirm death.' when Mrs Code A had been admitted for rehabilitation and her death was not obviously imminent.

8.2. When, at the age of 91 years, Mrs Code A dislocated her operated hip and despite her confused mental state, she was considered well enough to have a second operation on her right hip within about two weeks of the first operation.

8.3. There is no evidence to show that after her second operation Mrs Code A although in pain, had any specific life-threatening and terminal illness that was not amenable to treatment and from which she could not be expected to recover.

8.4. It is my opinion, and there is evidence to show, that Mrs Code A was capable of receiving oral medication for the relief of the pain she was experiencing on 17th August 1998.

8.5. Mrs Code A was known by Dr Code A to be very sensitive to Oramorph, an oral morphine preparation, and to have had a prolonged sedated response to intravenous midazolam.

8.6. Despite this, and from 18th August 1998 for an undetermined and unlimited number of days, Dr Code A prescription led over 24-hours periods to the continuous subcutaneous administration to Mrs Code A of diamorphine 40mgs, haloperidol 5mgs, and midazolam 20mgs to which was added hyoscine 400mcg from 19th August 1998.

8.7. The administration of these drugs continued on a 24-hours regime without their dosages being modified according to Mrs Code A's response to them and until Mrs Code A died on Code A.

8.8. There is no record that Mrs Code A was given any food or fluids to sustain her from the 18th August 1998 until she died on 21st August 1998.

8.9. As a result of the continuous subcutaneous administration of the prescribed drugs diamorphine, haloperidol, midazolam, and hyoscine Mrs Code A became unconsciousness and died on 21st August 1998.

8.10. No other event occurred to break the chain of causation and in my opinion Mrs Code A's death was directly attributable to the administration of the drugs she continuously received by syringe driver from 18th August 1998 until her death on 21st August 1998.

8.11. It is my opinion that Mrs Code A's death occurred earlier than it would have done from natural causes and was the result of the continuous administration of diamorphine, haloperidol, midazolam, and hyoscine which had been prescribed to be administered continuously by a syringe driver for an undetermined number of days.

APPENDIX A

14. I have received and read the following documents:-

14.1. The letter of DCI Code A dated 22nd November 1999 that gave an initial overview of the case.

14.2. The documents in the file DCI Code A presented at our meeting on 28th January 2000 as follows:-

14.2.1. 1) Draft (unsigned) statement (MG11) of Code A
14.2.2. 2) Copy of PEC (NHS) T Health Record (LH/1/C).
14.2.3. 3) Copy of RHH Medical Record (AF/1/C).
14.2.4. 4) Draft (unsigned) statement (MG11) of Code A
14.2.5. 5) Draft (unsigned) statement of Code A

14.3. The documents in the file DCI Code A presented at our meeting on 8th March 2000 including those pursuant to my request of 28th January 2000 (documents WX1, WX2, and YZ were forward to me on 9 March 2000) as follows:-

14.3.1. A Typed copy of Notes prepared by Mrs Code A and given to Portsmouth Healthcare NHS Trust
14.3.2. B Typed copy of additional page of notes which was prepared by Mrs Code A but, apparently, not passed to Portsmouth Healthcare NHS Trust
14.3.3. C Typed copy of Notes prepared by Mrs Code A and given to Social Services
14.3.4. D Typed copy of comments made by Mrs Code A in respect of letter from Portsmouth Healthcare NHS Trust which represented a response to her Notes of complaint (A)

14.3.5. E Typed copy of comments made by Mrs Code A in respect of a Report prepared by Portsmouth Healthcare NHS Trust which resulted in the letter referred to above

14.3.6. F As D above but made by Mrs Code A

14.3.7. G As E above but made by Mrs Code A

14.3.8. HI Copy of letter written by Mrs Code A to DI Code A (OIC of initial investigation) plus 5 copies newspaper cuttings

14.3.9. JK Copy of Coroner's Officer's Form

14.3.10. L Copy of letter from Dr Code A to S/Cdr Code A

14.3.11. M Copy of Report made by Dr Code A during original investigation

14.3.12. N Copy of additional newspaper cutting

14.3.13. O (1) Typed copy of signed statement of Code A (RHH)

14.3.14. O (2) Typed copy of signed statement of Code A (Portsmouth Healthcare NHS Trust)

14.3.15. O (3) Copy of signed statement of Code A

14.3.16. O (4) Copy of final draft of Code A's statement

14.3.17. PQ Copy of schedule of x-ray images (RHH)

14.3.18. R Copy of Risk Event Record (Portsmouth Healthcare NHS Trust)

14.3.19. S (1) Copy of letter which DCI Code A has sent to Code A (Portsmouth Healthcare NHS Trust) raising various issues

14.3.20. S (2) Copy of entries in medical directories 1998/1999 - Dr Code A Code A

14.3.21. S (3) Copy of letter from Mrs Code A to DCI Code A

14.3.22. S (4) Copy of documents which accompanied the two Portsmouth Healthcare NHS Trust x-ray images

14.3.23. T Copy of various documents which featured in a Social Services Case Conference stemming from receipt of Mrs Code A's Notes of complaint (C above)

14.3.24. UV Copy of Death Certificate - Mrs Code A

14.3.25. WX1 Witness Statement of Mrs Code A dated March 6 2000

14.3.26. WX2 Copy of letter from DR Code A to Mrs Code A with an addendum of five pages being a photocopy from 'Toxic Psychiatry' a book by Dr Code A published by Harper Collins.

14.3.27. YZ Two extracts from 'Criminal Law. Diana Rowe. Hodder & Stoughton 1999.'

14.4. On 8th March 2000, in the presence of DCI Code A I visited:-

14.4.1. the Gosport Memorial Hospital and followed the passageways along which Mrs Code A was conveyed and the ward areas in which she was treated; and,

14.4.2. the Royal Hospital Haslar and followed the passageways along which Mrs Code A was conveyed and the ward area in which she was treated.

14.4.2.1. At the Royal Hospital Haslar, on 8th March 2000, in the presence of DCI Code A I was also shown twelve (12) radiographs relating to Mrs Code A treatment there on 12th April 1998, 17th July 1998, 14th August 1998, 29th July 1998, and 31st July 1998.

14.5. In addition I have read the following the documents given to me by DCI Code A on 12th May 2000 consisting of the following which are numbered below as listed in the two containing ring binders:

14.5.1. E 25 Copy of Glen Care Homes file Re: Code A supplied by Glen Care Homes

14.5.2. E 22 Copy of Hampshire County Council Social Services file Re: Code A Code A

14.5.3. E23 Copy of Glen Care Homes file Re: Code A supplied Nursing Homes Inspectorate

14.5.4. E 24 Copy Portsmouth and South East Hampshire Health Authority GP Patient Records of Code A

14.5.5. D 63 Police letter 090300 to Miss Code A Haslar Hospital with further questions

14.5.6. D 65 Letter 100400 from Miss Code A at Haslar including Patient transfer order and further medical records

14.5.7. D 104 Letter 080200 from Mrs. Code A with notes Re: draft statement

14.5.8. D 108 Portsmouth NHS Trust Dept. of Diagnostic Imaging report folder

14.5.9. D 110 Copy typed Code A Death Certificate dated 240898

14.6. I have also read the documents given to me by DCI Code A on 19th July 2000, consisting of copies of the statements made by:-

14.6.1.
14.6.2.
14.6.3.
14.6.4.
14.6.5.
14.6.6.
14.6.7.
14.6.8.
14.6.9.
14.6.10.
14.6.11.
14.6.12.
14.6.13.
14.6.14.

Code A

14.7. I have also read statements, provided on 30th August 2000 by DCI Code A made by:

14.7.1. Doctor Code A
14.7.2. Code A

14.8. I have also received from DCI Code A on 8th September 2000 and read copies of:-

14.8.1. A letter dated 18th August 2000 from Mrs Code A to DCI Code A

14.8.1.1. Enclosed with this letter was a copy of a letter dated 9th August 2000 from Ms Code A to Mrs Code A to which had been added a petition form.

14.9. A letter dated 21st August 2000 from Mrs Code A to DCI Code A

14.9.1. Enclosed with this letter was a copy of a letter dated 14th December 1998 from Ms Code A, Quality Manager at Portsmouth Healthcare NHS Trust Central Office to Mrs Code A. This had enclosed with it a copy of a letter dated 22nd September 1998 from Mr Code A Code A Chief Executive of Portsmouth Healthcare NHS Trust.

14.10. Copies of Witness Statements (taken by Mrs Code A who led the initial Internal Inquiry as Investigating Officer of Portsmouth Healthcare NHS Trust) as follows:-

14.10.1. On 3rd September 1998 statement consisting of four pages from Mrs Code A Code A – Staff Nurse Daedalus Ward to which is attached an additional statement (three pages) by Staff Nurse Code A (the first page of this three pages is headed Portsmouth Healthcare NHS Trust and has been signed on page three by Code A RGN and dated 9-9-98 (Reference D142)).

14.10.2. On 8th September 1998 statement consisting of five pages from Mr Code A Code A – Clinical Manager Daedalus Ward (Reference D143).

14.10.3. On 9th September 1998 statement consisting of three pages from Ms Code A – Staff Nurse Daedalus Ward (Reference D144).

14.10.4. On 8th September 1998 statement consisting of two pages from Ms Code A Code A – Enrolled Nurse Daedalus Ward (Reference D145).

14.10.5. On 3rd September 1998 statement consisting of four pages from Ms Code A – Staff Nurse Daedalus Ward (Reference D146).

14.11. A copy of the National Council for Hospice and Specialist Palliative Care Services paper entitled 'Ethical decision-making in palliative care'.

14.12. On 5th and 6th October 2000 I received from Hampshire Constabulary and subsequently read:-

14.12.1. The records of the interviews conducted with Dr Code A Code A on 27th September 2000.

14.12.2. During these interviews Dr Code A produced as listed in the Officer's Report by DC Code A the following documents:-

14.12.2.1. Drug Therapy Guidelines for subcutaneous fluid replacement as approved by the Elderly Medicine and Formulary & Medicines Group of Portsmouth Hospitals and Portsmouth Healthcare updated for 1998.

14.12.2.2. Consultants' Rota for August 1998 of the Department of Medicine for Elderly People (Ref: CI/28.7.98).

14.12.2.3. Memorandum from Mrs. Code A of Portsmouth Health Care NHS Trust to Dr. Code A dated 17th December 1998 and headed 'Mrs. Code A deceased, Gosport War Memorial Hospital, 21st August, 1998.'

14.12.2.4. Letter from Dr Code A Medical Director of Portsmouth Health Care NHS Trust giving approval of study leave for Dr. Code A for the dates of 17/18 August 1998.

14.12.2.5. Consultants' Timetable of the Department of Medicine for Elderly People from 4.5.98 – 8.2.99.

Appendix B

Facts of the environment - obtained from the statements of Mrs Code A

15. Mrs Code A is the Code A It is noted that her Code A is a retired Registered General Nurse.

15.1. Mrs Code A retired in 1996 after 41 years continuously in the nursing profession. For 25 years prior to retirement she was involved in the care of elderly people. For 20 years prior to retiring she held supervisory and managerial positions in this field of nursing.

15.2. By July 1998, Mrs Code A had been resident at the Glen Heathers Nursing Home for some four years. She had a past medical history of bilateral deafness for which she required two hearing aids (unfortunately these were lost while she was at the Code A Code A Nursing Home). She had had operations for the removal of cataracts and required glasses (unfortunately these were also lost at the Glen Heathers Nursing Home).

15.3. Also by July 1998, Mrs Code A had become increasingly forgetful and less able physically. She had had 17 falls documented at the Code A Nursing Home between 29th January 1998 and 29th July 1998.

15.3.1. During this period Mrs Code A decided to meet and question her Code A s general practitioner, Dr Code A Mrs Code A had formed the opinion that the drugs Dr Code A was prescribing could contribute to her Code A s confused mental state and deterioration of her physical health. One drug was Trazodone and the other was haloperidol. Following this meeting she sent him a copy of a book entitled *Toxic Psychiatry*.

15.3.2. Dr Code A replied, in a hand-written letter, thanking Mrs Code A and stating '... I have a reputation in Lee [-on-Solent] of being somewhat sparing with 'mood' drugs and especially antibiotics. ... most drugs are prescribed with more caution these days. [paragraph] Hopefully we can continue to keep your Mother's drugs to a minimum!'

15.4. It is convenient to mention here that both Mrs Code A and Mrs Code A have registered serious concerns about the care given to their Code A in the Code A Nursing Home.

15.4.1. Code A Principal Nursing Home Inspector, Portsmouth & S.E. Hants Health Authority investigated these concerns formally. On 11th August 1998, she made an unannounced visit to the Glen Heathers Nursing Home. She reported, on 26th August 1998, that 'From the written records obtained and discussions held, I can find no evidence to substantiate that Mrs Code A did not receive appropriate care and medication.'

15.4.2. These concerns were discussed further by the Social Services Department at a meeting held on 23rd November 1998 when Mrs Code A was present. The conclusion was that 'There was no evidence of deliberate abuse [of Mrs Code A] although there seemed to be problems of complacency in some of the care practices which needed review.... However, there was no evidence of malpractice by the Home.'

15.5. On 29th July 1998, while in the Glen Heathers Nursing Home, Mrs Code A sustained a fracture of the neck of her right femur (thighbone). According to Mrs

Code A her Code A underwent a surgical operation on 30th July 1998 'following a discussion with the consultant who thought my mother should be given the chance to remain ambulant.'

15.6. Mrs Code A has also stated:-

15.6.1. 'My Code A received a replacement hip, on her right side, and remained in the Haslar Hospital a further eleven days until Tuesday the 11th August 1998. [paragraph] I visited my Code A every day during this period and, in my view, when taking into account the serious injury which she had sustained and the trauma she had suffered, my Code A appeared to make a good recovery during this period.'

15.6.2. 'Prior to her discharge, and transfer to the Gosport War Memorial Hospital, my Code A was responding to physiotherapy, able to walk a short distance with the aid of a zimmer frame and no longer required a catheter. Her medication had been reduced and she was able to recognise family members and make comments to us which made sense.'

15.6.3. 'She was with encouragement, eating and drinking naturally and as a result the drips, which had facilitated the provision of nourishment after the operation, had been removed.'

15.6.4. 'Significantly, my Code A was no longer in need of pain relief. It was quite apparent, to me, that she was free of pain.'

15.6.5. 'Such was the extent of my Code A's recovery that it was considered appropriate to discharge her and transfer her to the Gosport War Memorial Hospital where she was admitted to Daedalus Ward on Tuesday the 11th August 1998. This was the first occasion that my Code A had been admitted to this particular hospital.'

15.7. On 12th August 1998, the day after her Code A's admission to the Gosport War Memorial Hospital, Mrs Code A visited her Code A there and has recorded '... I was rather surprised to discover that I could not rouse her [Mrs Code A]. As she was unrousable she could not take nourishment or be kept hydrated. [paragraph] I enquired among the staff and I was told that my Code A had been given the morphine based drug 'Oramorph' for pain. This also surprised me. When my Code A had been discharged from the Haslar Hospital, the day before, she had not required pain relief for several days. [paragraph] I was distressed to observe my Code A's deteriorated condition which significantly contrasted with the level of recovery which had been achieved following treatment at the Haslar hospital during the period after the surgical operation to replace her hip. [paragraph] I was told that my Code A had been calling out, showing signs of being anxious, and it was believed that she was suffering pain. They did not investigate the possible cause. I consider it likely that she was in need of the toilet. ... One of the

consequences of being rendered unrousable, by the effects of 'Oramorph', was that no fluids could be given to my Code A and this, together with the abandonment of other forms of rehabilitation, would have served to inhibit or prevent the recovery process which had begun prior to her admission to the Gosport War Memorial Hospital.'

15.8. Mrs Code A had a fall on 13th August 1998 (as described above). On the following morning (14th August 1998), Mrs Code A noted that while her Code A was being taken to the X-ray department at the Gosport War Memorial Hospital 'She was still deeply under the effects of the 'Oramorph' drug.'

15.9. As described above Mrs Code A was then transferred to the Royal Hospital Haslar for the reduction of her dislocated artificial hip. She was returned to the Gosport War Memorial Hospital on 17th August 1998 having been noted the previous day (16th August) by Mrs Code A [a nurse experienced in the care of elderly people] to be 'easily manageable'.

15.9.1. In accepting that he would transfer Mrs Code A to the Gosport War Memorial Hospital, Dr Code A (consultant geriatrician) had stated that '... despite her dementia, she [Mrs Code A] should be given the opportunity to try to re-mobilise.'

15.10. On visiting her Code A at the Gosport War Memorial Hospital at about 1215 hours on 17th August 1998, Mrs Code A accompanied by her Code A, found her Code A to be screaming and in pain. The screaming ceased 'within minutes' when Mrs Code A and a registered general nurse repositioned Mrs Code A

15.11. Subsequently, the X-ray at the Gosport War Memorial Hospital showed no fresh dislocation of the artificial hip.

15.12. Following this further X-ray, Mrs Code A told Dr Code A that Haslar Hospital would be prepared to readmit her Code A Dr Code A is reported to have '... felt that was inappropriate.' Mrs Code A '... considered this was essential so that the 'cause' of my Code A's pain could be treated and not simply the pain itself.'

15.12.1. Dr Code A is stated to have said to Mrs Code A that, '..."It was not appropriate for a Code A year old, who had been through two operations, to go back to Haslar Hospital where she would not survive further surgery." '

15.13. Mrs Code A states that, on 18th August 1998, the Ward Manager [Mr Code A] explained to her and her Code A that a syringe driver was going to be used. This was to ensure Mrs Code A 'was pain free at all times' so that she would not suffer when washed, moved, or changed in the event she should become incontinent. Mrs Code A has also described in her contemporaneous notes (as well as in her Witness Statement, see below) that 'A little later Dr Code A appeared and confirmed that a haematoma

was present and that this [the use of a syringe driver] was the kindest way to treat my mother. She [Dr [Code A] also stated "And the next thing will be a chest infection." '.

15.13.1. In her Witness Statement, Mrs [Code A] has recorded 'The outcome of the syringe driver was explained to my [Code A] and I fully. Drawing on my experience as a nurse I [Mrs [Code A] knew that the continuous use of morphine, as means of relieving her pain, could result in her death. She [Mrs [Code A]] was, at the time, unconscious from the effects of previous doses of 'Oramorph'.... [paragraph] As result of seeing my [Code A] in such great pain I was becoming quite distressed at this stage. My [Code A] asked the Ward Manager, "Are we talking about euthanasia? It's illegal in this country you know." The Ward Manager replied, "Goodness, no, of course not." I was upset and said, "Just let her be pain free". [paragraph] The syringe driver was applied and my [Code A] was catheterised to ease the nursing of her. She had not had anything by mouth since midday Monday 17th August 1998. [paragraph] A little later Dr [Code A] [sic] appeared and confirmed that a haemetoma [sic] was present and that this was the kindest way to treat my mother. She also stated, "And the next thing will be a chest infection." .... [In her witness statement Mrs [Code A] has stated that ' DR [Code A] [sic] then said, "Well, of course, the next thing for you to expect is a chest infection".'][paragraph] I would like to clarify the issue of my 'agreement' to the syringe driver process. It was not a question, in my mind, of 'agreement'. [paragraph] I wanted my [Code A]s pain to be relieved. I did not 'agree' to my [Code A] being simply subjected to a course of pain relief treatment, at the Gosport War Memorial Hospital, which I knew would effectively prevent steps being taken to facilitate her recovery and would result in her death. [paragraph] I also wanted my [Code A] to be transferred back to the Haslar Hospital where she had, on two occasions, undergone operations and recovered well. My [Code A] was not, I knew, terminally ill and, with hindsight, perhaps I should have challenged Dr [Code A] [sic] more strongly on this issue. [paragraph] In my severe distress I did not but I do believe that my failure to pursue the point more vigorously should not have prevented Dr [Code A] [sic] from initiating an alternative course of action to that which was taken, namely a referral back to the Haslar Hospital where my [Code A]s condition could have been treated and where an offer had already been made to do so. [paragraph] I accept that my [Code A] was unwell and that her physical, reserves had been depleted. However, she had, during the preceding days and weeks, demonstrated great courage and strength. I believe that she should have been given a further chance of recovery especially in the light of the fact that her condition had, it would seem likely, been aggravated by poor quality service and avoidable delay experienced whilst in the hands of those whose responsibly [responsibility] it was to care for her. [paragraph] My [Code A]s bodily strength allowed her to survive a further 4 days using her reserves. She suffered kidney failure on 19th August and no further urine was passed. The same catheter remained in place until

her death. [paragraph] Because the syringe driver was deemed to be essential following the night of several doses of pain relief my Code A s condition gradually deteriorated during the next few days, as I knew it inevitably would, and she died on Friday the 21st August 1998.'

15.14. It is noted that Mrs Code A had made contemporaneous hand-written notes comprising five numbered pages. In her Witness Statement she records these '... are in the form of a basic chronology and I incorporated within them a series of questions which focused on particular areas of concern in respect of which I sought an explanation or clarification from the hospital authorities. Following presentation of my notes we were visited on the ward by Mrs Code A [sic] on 20.8.98.'

15.14.1. Mrs Code A also made a further one page of contemporaneous hand-written notes. In these she states she was so appalled about her Code A s condition, discomfort and severe pain that she visited Haslar Hospital at about lunchtime on 17th August 1998 to ask questions about her Code A's condition before she [Mrs Code A had left the Haslar Hospital ward for her second transfer to Gosport War Memorial Hospital. She learned that, prior to her discharge from Haslar Hospital on 17th August 1998, her Code A had been eating, drinking, using a commode and able to stand if aided. Mrs Code A also states in this contemporaneous record that 'On leaving the ward [at Haslar Hospital at about lunchtime on 17th August 1998] I bumped into the Dr [doctor] who had been in casualty theatre for my Code A [sic] second [sic] operation. He was with consultant when all the procedures were explained to me on Friday 14th [August 1998] He said "How's your Code A". I explained the current position to him in detail. I told him that she was in severe pain since the transfer which had been undertaken a short time earlier. He said "We've had no referral. Get them to refer her back. We'll see her."

15.15. It is noted that a Discharge Letter from the Royal Hospital Haslar describes Mrs Code A condition on discharge on 17th August 1998 as "She can, however, mobilise fully weight bearing."

15.16. It is also noted that Mrs Code A has stated that she and her Code A were constantly at the Gosport War Memorial Hospital, day and night, from 17th August 1998 until the time their Code A died.

15.16.1. Mrs Code A has stated that 'I stayed with my Code A until very late that Tuesday night [18th August 1998]. it was past midnight, in fact, when my Code A arrived from London. As from the Wednesday night my Code A also sat with me all night long and we both remained, continuously, until twenty past nine on the following Friday evening [21st August 1998] when my Code A died. During that time Dr Code A [sic] did not visit my Code A I am quite certain about this because our Code A was not left alone, in her room, at

any time apart from when she was washed by the nursing staff. Either my Code A or I, [sic] was with her throughout.'

15.16.2. Mrs Code A has also stated that although she did not sign the contemporaneous notes made by Mrs Code A she '... was a party, at times, to the preparation process and where, on occasions, my sister has referred to 'I' in fact it could read 'we' as we were together when certain events occurred.'

15.16.3. Mrs Code A continues 'It seems to me that she [Mrs Code A] must have had considerable reserves of strength to enable her to survive from Monday until Friday, five days, when all she had was a diet of Diamorphine and no hydration whatsoever, apart from porridge, scrambled eggs and a drink, at the Royal Hospital Haslar, before transfer to the Gosport War Memorial Hospital.'

Appendix C

Glossary

Acetabulum is the name given to the two deep socket into which the head of the thigh bone (femur) fits at the hip joint.

ADL [activities of daily living] are those physical activities of daily life necessary for normal human functioning and include getting up, washing, dressing, preparing a simple meal, etc.

Analgesia is the relief of pain. This can be achieved by physical means including warmth and comfortable positioning as well as by the use of drugs. The aim is to keep patients pain free with minimal side effects from medication.

Bronchopneumonia is inflammation of the lung usually caused by bacterial infection. Appropriate antibiotic therapy, based on the clinical situation and on microbiological studies, will result in complete recovery in the majority of patients. It can contribute to the cause of death in moribund patients.

Co-codamol is a drug mixture consisting of paracetamol and codeine phosphate, which is used for the relief of mild to moderate pain.

Cyclizine is a drug used to prevent nausea and vomiting, vertigo, and motion sickness.

Dementia is the name given to a condition associated with the acquired loss of intellect, memory, and social functioning.

Diamorphine, also known as heroin, is a powerful opioid analgesic.

Haematoma is an accumulation of blood within the tissues, which clots to form a solid swelling.

Haloperidol, a drug used in the treatment of psychoses including schizophrenia and mania and also for the short-term management of agitation, excitement, and violent or dangerously impulsive behaviour. Dosage for all indications should be individually determined and it is best initiated and titrated under close clinical supervision. For patients who are elderly the normal starting dose should be halved, followed by a gradual titration to achieve optimal response. It is not licensed for subcutaneous administration (see **licensed** below).

Hemiarthroplasty is the surgical remodelling of a part of the hip joint whereby the bone end of the femur is replaced by a metal or plastic device to create a functioning joint.

Hyoscine is a drug used to reduce secretions and it also provides a degree of amnesia and sedation, and has an anti-vomiting effect. Its side effects include drowsiness.

Lactulose is a preparation taken by mouth to relieve constipation.

A microgram is one millionth of a gram and is not to be confused with a milligram dosage of a drug, which is one thousand times larger.

Midazolam is a sedative drug about which there have been reports of respiratory depression. It has to be use with caution in elderly people. It is used for intravenous sedative cover for minor surgical procedures. It is also used for sedation by intravenous injection in critically ill patients in intensive care. It can be given intramuscularly. In the management of overdosage special attention should be paid to the respiratory and cardiovascular functions in intensive care. It is not licensed for subcutaneous administration (see **licensed** above).

Morphine is an opioid analgesic used to relieve severe pain.

Oramorph is a drug used in the treatment of chronic pain. It contains morphine and is in the form of a liquid. 10mls of Oramorph at a strength of 10mgs of morphine sulphate in 5mls of liquid is an appropriate first dose to give to a person in severe pain, which had not responded to other less potent, pain relieving drugs.

Respiratory depression is the impairment of breathing by drugs or mechanical means which leads to asphyxia and, if uncorrected, to death.

Subcutaneous means beneath the skin.

A **syringe driver** is a power driven device for pushing the plunger of a syringe forward at an accurately controlled rate. It is an aid to administering medicinal preparations in liquid form over much longer periods than could be achieved by injecting by hand. In this case the syringe driver used was a Sims Graseby MS 26 Daily rate syringe driver which operates over periods of 24-hours.

Tradazone is a drug used in the treatment of depressive illness, particularly when sedation is required.

Unlicensed medicines. In order to ensure that medicines are safe, effective and of suitable quality, they must have a product licence (now called a market authorisation) before being marketed in the United Kingdom. Unlicensed drugs are not licensed for use for any indication or age group. Licensing arrangements constrain pharmaceutical companies but not prescribers. The Medicines Act 1968 and European legislation make provision for doctors to use unlicensed medicines. Individual prescribers of unlicensed medicines, however, are always responsible for ensuring that there is adequate information to support the quality, efficacy, safety and intended use of a drug before using it.

A **Zimmer frame** is a lightweight, but sturdy, frame the patient can use for support to assist safe walking.

APPENDIX D

Texts used for reference have included:

1. Adam J. ABC of palliative care: The last 48 hours. *British Medical Journal* 1997; 315: 1600-1603.

    1.1. This paper is from the widely read, British Medical Journal which is published weekly and received by about 30,000 general practitioners and 45,000 hospital doctors in England and Wales. It records that treatment with opioids (viz. morphine and diamorphine) should be individually tailored, the effect reviewed, and the dose titrated accordingly.

2. *ABPI Compendium of data sheets and summaries of product characteristics 1998-99: with the code of practice for the Pharmaceutical Industry*. Datapharm Publications Limited, 12 Whitehall, London SW1A 2DY.

3. Breggin P R. *Toxic psychiatry. Drugs and electroconvulsive therapy: the truth and the better alternatives*. 1993. HarperCollins Publishers. London. pp. 578.

4. British Medical Association and the Royal Pharmaceutical Society of Great Britain. *British National Formulary*. Number 32 (September 1996). The Pharmaceutical Press. Oxford.

5. *Cecil Textbook of Medicine*. eds. J.C. Bennett & F. Plum. W.B. Saunders Co. 20th Edition. 1996.

6. Letter from Clive Ward-Able (Medical and Healthcare Director) and Lee Neubauer BSc (Hons) (New Product Specialist), Roche Pharmaceuticals.

   6.1. A copy of this letter has already been supplied to the Police and reports that the product licence does not cover the administration of Hypnovel® (midazolam) by subcutaneous injection.

7. Roche Pharmaceuticals. Hypnovel® [midazolam]. Summary of product characteristics.

8. Letter from Dr R J Donnelly, Medical Director of Janssen-Cilag Ltd.

   8.1. A copy of this letter has already been supplied to the Police and reports that Haldol™ decanoate (haloperidol) is not licensed for subcutaneous use.

9. Letter from Miss Jo Medlock, Manager of Medical Information and Pharmacovigilance, Norton Pharmaceuticals.

   9.1. A copy of this letter has already been supplied to the Police and reports that Serenace™ (haloperidol) ampoules are not licensed for subcutaneous administration.

10. MeReC. Pain control in palliative care. *MeReC Bulletin National Prescribing Centre*. 1996; 7 (7); 25-28.

   10.1. MeReC is the abbreviation for the 'Medicines Resource Centre'. This bulletin is sent free to all general practitioners in England and Wales and also to NHS Hospital and Community Pharmacists. The list of those who receive this bulletin is updated every few weeks.

11. Sims Graseby Limited. *MS 16A Syringe Driver. MS 26 Syringe Driver: Instruction manual*. Sims Graseby Limited. 1998.

Appendix E

The writer's qualifications and experience including the management of dying patients

I, Code A, qualified MB, ChB (Leeds) in 1960.
My principal additional qualifications are MD (London) 1979, FRCP (London) 1989.

From 1961-69, I held a series of clinical training and teaching posts through all hospital medical grades to senior medical registrar level at University and District Hospitals in Leeds, Manchester and Liverpool in which I gained a wide range of general medical expertise.

At the beginning of my medical career during 1961, I was also trained in the management of diabetic patients in Leeds by Professor (later Sir) Code A For five years (1963-67), I held a regular weekly diabetic out-patient clinic in Manchester (two diabetic clinics each week during 1963-65) being also responsible for the acute and follow-up management of newly presenting diabetic patients as well as having a full range of general medical experience.

For four years (1969-72), I was Harvey Research Fellow in cardiology at King's College Hospital, London, where I developed original research in electrocardiographic, cardiac pacing, and metabolic techniques for the study of ischaemic heart disease. This also involved extensive follow-up studies over a period of more than six years. The several and separate aspects of this work were published in internationally reputable professional journals and now form part of the corpus of present day knowledge in cardiology. My continuing interest in this area led me to specialise in geriatric medicine with some emphasis on cardiology in elderly people.

I have been a consultant physician since 1973 and am entered in the General Medical Council's Principal List as a specialist in both General Medicine and Geriatric Medicine.

In 1987, I was appointed against open competition to a Foundation Chair as the University of London's Professor in the Care of the Elderly based at Charing Cross and Westminster Medical School (now the Imperial College School of Medicine) and as Honorary Consultant Physician.

I am in active clinical practice at the Chelsea & Westminster Hospital, London, where I head up a busy clinical department consisting of three consultant-led medical teams. These are all routinely involved in the emergency medical admissions and follow-up management of adults of all ages including those with diabetes mellitus, cardiac, respiratory, and skeletal diseases. During the last two years I have developed one other team that is providing a palliative care service for non-cancer patients.

Since 1969 I have taught not only undergraduate and postgraduate medical students, but also by invitation have lectured (throughout the United Kingdom, Europe, and elsewhere) to a wide range of other groups—professional and lay. I have also initiated and led courses teaching and appraising senior medical teachers. For fifteen years (1980-94), I served as a clinical examiner for the Final MB degree at the University of London—latterly (1990-94) as a senior clinical examiner. For six years (1987-93), I also examined in Medicine for the Worshipful Society of Apothecaries of London. For seven years (1986-93), I was Royal College of Physicians of London Examiner for the Diploma of Geriatric Medicine; and, for two years (1994-96) was an appointed Member of the United Examining Board for England and Scotland. In addition, I have examined externally for the degrees of BPharm and PhD. During 1998, 1999, & 2000 I have been an invited external clinical examiner for the Final MB degree at the Royal Free and

University College London Medical School where by recent invitation I will examine the candidates being considered for a Distinction in 2001.

In 1991, by invitation, I addressed a House of Lords group on issues relating to the clinical management of elderly people.

In 1992, I was one of a team at the Royal College of Physicians who contributed to the College's publication entitled, 'High quality long-term care for elderly people.'

From 1983-1995 I was a Justice of the Peace for the SE London Commission of the Peace having to stand down following a invitation in 1995 to head up a comprehensive review of the care provided in a 150-bedded nursing home. In 1996 all 16 recommendations in the resulting 40,000-word report were accepted and acted upon by the commissioning Health Agency (1). Also in 1996, I gave invited evidence on this topic to a Health Committee in the House of Commons (2).

In 1999 and again in 2000, the King's Fund in London identified the work in my clinical department as a national model for the care of elderly people.

In July 2000, I was the only clinician to give a presentation by invitation at a meeting on "Emerging Intermediate Care Strategy — 'Leading edge' Practice" held at the Royal College of Surgeons of England, London. This was well received and repeated by invitation in the North of England in November 2000.

During 1999 and 2000 I was working with the British Medical Association's Ethics department on the topics of 'dying as a diagnosis' and 'the appropriate care of the dying'. In addition, I have recently chaired a medico-legal group within my NHS Hospital Trust and produced a report on 'Guidelines for the artificial nutrition of patients affected by strokes'. My clinical, teaching, and research work on the management of dying patients extends over the last twenty five years and I was a leader of the concept that 'dying should be a recognised diagnosis' to allow for the appropriate palliative care of patients dying from non-cancer conditions. More recently I have established an original palliative care service for non-cancer patients in my own department at the Chelsea & Westminster hospital where we are pursuing research in this topic.

My over 120 publications include several monographs, many peer-reviewed research investigations into clinical, scientific, social, historical, and educational problems of medicine in our ageing society, editorials and leading articles by invitation of professional journals, and, in addition by invitation, more than 100 standard and extended book reviews. My peer-reviewed publications also include those on the clinical management of dying patients.

References as numbered above:

1. Code A Report on the independent comprehensive review of the care of elderly people at St. Christopher's Nursing Home, Hatfield. East and North Hertfordshire Health Authority, 1996. (by invitation)

2. Code A. Memorandum of recommendations and evidence submitted to the Health Committee on long-term care provision and funding. Volume II; pp. 114-22. London: HMSO, 1996. (by invitation)

signed ... Code A ... date 10[5] July 2001