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RECORD OF INTERVIEW

Number: Y14

Enter type: ROTI
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: JOICE, CHRISTINE

Place of interview: PARK GATE POLICE STATION

Date of interview: 15/06/2000

Time commenced: 1200

Time concluded: 1242

Duration of interview:

42 MINS

Tape reference nos.
(♦) 44/00/28438

Interviewing Officer(s):

DC **Code A** DC **Code A**

Code A

Other persons present:

Mr GRAHAM - Saulet & C0 Solicitors

Portsmouth

Police Exhibit No: LMC/CJ/2

Number of Pages: 38

Signature of interviewing officer producing exhibit

Tape
counter
times(♦)

Person
speaking

Text

0.09

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**

Okay, I'm interviewing Christine JOICE.

W14 OP
ROCHESTER -
CURRENT FROM
TRAIN 140409

HZ042

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Page 1 of 33

RESTRICTED

000001

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Please can you give your full name and date of birth?

JOICE

Christine JOICE, Code A

Code A

DC Code A

Okay and also present is

SOLICITOR

Mr GRAHAM from Saulet & Co Solicitors, Portsmouth, legal advisor.

DC Code A

Okay, this interview is being tape recorded at Park Gate Police Station. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes, okay. May I remind you that throughout the interview you are entitled to the legal advice offered by Mr GRAHAM and the interview can be delayed at any time for that.

JOICE

Mmm, mmm

DC Code A

Okay, just read something out now to explain exactly why we're here and what we're going to do. Basically we've undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the 21st of August 1998 at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and the 21st of August whilst admitted to this hospital. We are seeking to interview those members of the

RESTRICTED

000002

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nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided her with direct nursing care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I must emphasise, this is a search for the truth and for basically the facts to come out and your account and answers will be carefully assessed in the light of information arising from the other interviews with staff and general correspondence that we have obtained. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. Obviously we've spoken to Mr GRAHAM earlier and provided the relevant material prior to the interview which I understand you've been shown.

2.15 JOICE

DC Code A

Yes

I must emphasise you're not under arrest and 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. I'll also say that we're not here to make any judgements because we're not in a position to do so, all the decisions that we take will be sort of handled by

RESTRICTED

000003

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a professional body who knows the medical side of things, we are basically laying on...you know there's a lot of things we wouldn't understand on the medical side of it so no decision is going to be taken by people who don't understand the set up of hospitals or the way things work. Now the next part here is the caution, You do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in court anything you do say may be given in evidence, okay. Do you understand the caution?

3.13 JOICE

DC DC

Yes

You do, okay.

It is funnily worded the stuff we've read out but at the end of the day because Lee's explained, we're not here to judge people or anything, we've been asked by other people to accumulate and gather facts about what people know, what there responsibilities were, what there contact was with Mrs RICHARDS and that's what me and Lee are doing, we're here to gather facts, we're not here to point the finger at any people or anything like that, we're just here as like an agency so to speak to gather the information that the other bodies require to have a look at, okay.

JOICE

DC

Yes, yes.

Right, okay...

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000004

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DC Code A ...The date is the fifteenth (15th) of June 2000 and the time is for the tape...

4.00 DC Code A Okay it's twelve (12.00) o'clock.

DC Code A Twelve (12.00) o'clock.

DC Code A Time commenced. Okay, right as I say that's the issue we're going to talk about and what I'd like to do initially is just to get a bit of background about yourself and your qualifications and your role at the time and your experience, you know in the hospital if you could just tell me a bit about that.

JOICE Yeah. I'm a registered general nurse, I qualified in 1989 er I've worked solely almost solely with the elderly since that time, most of it at Gosport War Memorial, some short time at St Mary's Hospital on the acute ward erm worked on Daedalus Ward since it was first opened and I'm not sure what date that was erm my role at the time when Mrs RICHARDS was a patient was er the stroke team leader. We had a...the ward was basically um running teams, we worked in teams and the team I was working with was the stroke patients for the rehabilitation team. We have so many beds for rehabilitation and so many beds for continuing care.

5.20 DC Code A Right, okay and is that the set up now at....?

JOICE I'm afraid I don't know now because I left there in October...

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000005

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DOCUMENT RECORD PRINT

DC: Code A

...Oh okay, right.

JOICE

...last year and I now work in the community.

DC: Code A

Okay. In terms of you say you're experienced with the elderly, have you been involved in the palliative care side of it? Can you explain what that is and what your experience is of that?

JOICE

Mmm,mm. I've been involved in a lot of palliative care of elderly people erm all these people are very ill, erm and er just to say that the nursing care, well I've always tried to give the best nursing care obviously we can and also of my colleagues that I've worked with on the ward all those years. We did, we do use the syringe driver erm to administer morphine in a lot of cases and with patients that are very ill er because we find this is the best option for relieving pain and making people comfortable when they come to the end of their days.

DC: Code A

Right, okay. So we've gone onto the syringe driver there so what are the advantages of using a syringe driver, I mean you've covered some of that but as opposed to sort of oral, oral drugs.

JOICE

Erm well a syringe driver would be used when oral drug administration was no longer possible.

6.59

DC: Code A

Okay and what reasons would it not be possible, what would be some of the things that...?

JOICE

People unable to swallow, they may have had a stroke, they may be unconscious but still

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000006

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DOCUMENT RECORD PRINT

showing signs of pain erm and other routes that er perhaps not possible not to give by so it's erm more comfortable for the patient.

DC **Code A**

Yeah, okay.

DC **Code A**

On your experinece of the syringe driver again, what's the advantages or disadvantages for administering it through a subcutaneous route or

...

JOICE

...That is it subcutaneous.

DC **Code A**

...you don't do a syringe driver straight through a vein or anything?

JOICE

No, no.

DC **Code A**

No, it's always done subcutaneously is it?

JOICE

Absolutely

DC **Code A**

Oh right, I did not know.

JOICE

Yeah, it just goes straight under the skin, a small needle under the skin and you get the erm dose of medication throughout 24 hours so you get no breakthrough pain which you would experience sometimes if you were on oral medication.

DC **Code A**

Yeah, so basically the...that sort of method is a constant pain relief for the patient and no doubt it makes it easier for the nursing staff which are no doubt a bit depleted.

JOICE

Not necessarily.

DC **Code A**

No

JOICE

No because I mean you still need two nurses to do everything, it doesn't make it easier for the

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000007

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nursing staff.

8.15 DC **Code A** No.
 JOICE It's what er benefits the patient not what benefits the nursing staff.

DC **Code A** Right
 DC **Code A** So as I understand it the syring driver is sort of like, it's like programmed in as to how often it kicks in with the medication.

JOICE Yeah
 DC **Code A** Is that right.
 JOICE Mmm
 DC **Code A** What training do the medical staff have in order to operate the syring driver?
 JOICE We have yearly syringe driver updates erm which we receive a certificate to say we've attended erm we get taught how to use them originally and that doesn't change over time really. There are two different types of syringe drivers but we mainly use the one, one type all the time.

9.04 DC **Code A** Right
 JOICE So once you were trained to know how much to draw up, and how to set it that would remain the same for everybody that...only the dosage might change.

DC **Code A** So is that like an actual sort of course you go on?
 JOICE It's like erm like a study period if you like,

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000008

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somebody would come to the hospital and go through the syringe driver, what sort of drugs we'd be using and benefits for the patient, benefits of different drugs.

DC **Code A**

Okay. Can you just give me a bit of background as to Daedulus at the time, this is July '98 set up, just on staff and patients and how many patients you normally have?

JOICE

I've no idea.

DC **Code A**

No, okay.

JOICE

Unfortunately I can't remember how many patients we had at that time.

9.58

DC **Code A**

What was Deadulus' main responsibility? What was their ward? What was their type of patients they treated?

JOICE

Rehabilitation of slow stream, stroke patients and continuing care which actually covers a huge area. This might be people that were too ill to go into a nursing home or too dependant to go into a nursing home erm they may have like Mrs RICHARDS fractured the hip and come to us for a period of slow rehabilitation because of the nature.

DC **Code A**

So...

JOICE

...All sorts of things really, you know you name it we looked after it all sorts of conditions.

DC **Code A**

...so because of that there would be a number of different results with patients, some would be

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000009

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able to move on to either go home or nursing homes or whatever.

JOICE

Yeah we had a quite a lot of people very, very dependant and very ill.

DC **Code A**

Okay and what they would remain there until such time as another hospital, another establishment could or were able to take them?

JOICE

Yes they may be able to go to a nursing home erm or stay with us or whatever happened or go home.

11.32 DC **Code A**

Okay. During that time we're talking about on a sort of day to day basis who would be responsible for making decisions as to their you know individual patients care and well being and treatment?

JOICE

Regarding nursing or?

DC **Code A**

Well regarding sort of medication or types of treatment and who would actually make those decisions?

JOICE

Erm Doctor BARTON well Doctor BARTON would prescribe the medication, erm she would decide what medication was appropriate for that patient but then again after that we would also use our knowledge and perhaps erm see how the patient was depending on if we couldn't give the drugs obviously we'd go back to the doctor and say sorry she can't take this, you'll have to change it to another so we did have an input but

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we can't obviously can't prescribe drugs as nurses.

DC **Code A**

Right, okay.

JOICE

But we do have an input in like assessing if you like the patient.

12.39 DC **Code A**

So the drugs had been prescribed by...was it purely Doctor BARTON, was she the GP for the ward or was there other doctors who would come in?

JOICE

Yeah erm Doctor BARTON is the clinical was or still is I presume the clinical assistant to Doctor LORD who's the consultant. Dr LORD also used to prescribe medication erm on her ward round, also if Doctor BARTON wasn't on duty one of her partners would also come in and prescribe medication.

DC **Code A**

Do you know who they would be? Do you the names of...

JOICE

...Yeah, what all of them?

Code A

Yeah how many doctors....

JOICE

Laughs. Erm her partners are Doctor PETERS, erm just give me a minute Doctor BEASLEY erm Doctor BRIGG and the other one escapes me, I can't remember because I've been left a while now so I can't remem...there's another GP, a lady I can't remember her name it will probably come to me in a minute.

DC **Code A**

Yeah, it's okay, okay. So in terms of the care

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then, in terms of the actual...

JOICEDoctor BROOKS.

13.56 DC **Code A** ...Doctor BROOKS, okay. So in terms of the actual prescription of drugs that would fall down to the Doctor BARTON or...

JOICE ...Yeah.

DC **Code A** ...Doctor LORD or someone acting on behalf of Doctor BARTON...

JOICE ...Yes

DC **Code A** ...someone else from her practice?

JOICE Yes. Occasionally other consultants would come to see patients, they may be Psychogeriatricians and they may also prescribe drugs.

DC **Code A** Phsycoogeriatricians.

JOICE There the psychiatric side of erm dealing with dementia or alzheimers disease or...

DC **Code A** Okay

JOICE ...behavioural problems that sort of thing.

DC **Code A** Yeah so I mean are you able to summarise what your responsibilities were on the ward, what you saw your role as?

JOICE My particular role was as erm stroke team leader but that also erm if I was on duty at that time, er er obviously during my duty I would be caring in a more, a less direct way for everybody but my main role would be looking after the patients in the stroke team.

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15.11 DC **Code A** In the stroke team, okay. Can you recall how many (laughs) yeah okay?

JOICE It's always a very, very busy ward...

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

JOICE ...that I can say it's always very hectic because as I've said to you before all the patients are very, very dependant.

DC **Code A** What's the sort of turnover, people passing through, would you be able to estimate the numbers?

JOICE Erm no not really, I mean there again it depends on how quickly they get better or don't or otherwise.

DC **Code A** How many beds did you have in the ward?

JOICE 24.

DC **Code A** 24 beds okay, and how often were they sort of occupied, how often did you have a full ward, what sort of numbers did you tend to operate at?

JOICE Numbers well erm nineteen, twenty would probably be the average.

DC **Code A** Okay

JOICE Very rarely, we used to get full at times but erm round about twenty I would say.

DC **Code A** Right obviously this relates to...there's a bit of background there but this obviously relates to the care of Mrs RICHARDS between the 17th and the 21st of August '98.

JOICE Yeah

RESTRICTED

000013

JOICE Start

RGN

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Do you...first of all do you recall Mrs RICHARDS or do you remember anything about her or her family being present in the ward?

Yes.

DC **Code A**

Okay perhaps it's best now just to perhaps if you could go over your recollections of what happened in those four days you know any dealings you had, any conversations?

JOICE

Mmm,mm, erm as far as I can obviously you understand...

DC **Code A**

JOICE

...Yeah I can appreciate that.

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

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DC **Code A**

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DC **Code A**

JOICE

Right

Erm I did have contact with her during medicine rounds, things like that, I also spoke to the daughter on a few occasions but I can't really remember the nature of what the conversations were about now. I knew the daughter wasn't happy with the treatment her mother was receiving erm I knew that she'd fallen whilst she was with us, well slipped out of her chair or was found on the floor so we don't really know how she got there but she was found on the floor. I wasn't actually involved in any of that although I was on duty at the time. Subsequently I went off duty at three thirty (3.30) erm having handed over the work, the workload to another staff nurse and she dealt with the subsequent erm transfer or calling the doctor and working, finding out whether to have x-rays etcetera...

19.14 DC **Code A**

JOICE

...Right

...so I wasn't there then erm I can't remember but I think I was, erm was it the seventeenth (17th) she fell or was...?

DC **Code A**

JOICE

She returned to the hospital on the seventeenth (17th).

Oh right, I don't know whether I was on duty the next day after the fall, I don't think I was, I'm not sure.

DC **Code A**

Right

RESTRICTED

000015

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DC **Code A** I think you'll find she fell on the fourteenth (14th) and was re-admitted back to Haslar, she had a dislocation and that was replaced and then she came back to the Gosport War Memorial on the morning of the seventeenth (17th) or lunchtime of the seventeenth (17th).

JOICE Yeah

DC **Code A** So she disappeared for a couple of days for

JOICE Right sorry I've lost my drift now, what am I supposed to be saying, what am I supposed to be talking about? What happened?

20.11 DC **Code A** What can you remember about...

JOICE What I can remember about...

DC **Code A** ...What you recall, yeah.

JOICE Erm then the next thing really I can recall is Mrs RICHARDS being...coming back from Haslar hospital erm her crying and screaming er as soon as she came through the doors at the bottom of the ward.

DC **Code A** Right.

JOICE Erm once again I don't know whether she was in pain or not, it would appear that she was in pain.

DC **Code A** Right.

JOICE I was actually I think on the telephone or something, doing something else at the time. She went...the ambulance people took her into the room and the door was shut and I don't

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know what happened after that.

DC **Code A**

JOICE

Right

Erm this was just before lunchtime and before the handover and er Philip BEED then came on duty at quarter past twelve (12.15) or almost just after Mrs RICHARDS came back from Haslar and I can't remember what happened after that really.

21.23 DC **Code A**

Okay. Who was actually sort of...because I know you're saying your responsibility lay with the stroke patients that you had, so was there anybody whose like assigned to sort of look after Mrs RICHARDS or is there anybody who has a specific responsibility for you know 2 or 3 patients or more than that. Can you recall who was looking after Mrs RICHARDS?

JOICE

No.

DC **Code A**

JOICE

Okay

Erm the teams would have been design...you know would actually have been written down who was in each team but we didn't necessarily work on our own teams all the time.

DC **Code A**

JOICE

Right so it was a case of just where the need was.

Yeah if there wasn't somebody say on my team to work with me then one of the other girls from the other teams would cover.

DC **Code A**

So there was a lot of chopping and changing to

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22.19 JOICE ensure things were covered.
 DC **Code A** Sometimes yeah.
 JOICE Okay lets just go back to when she came in then,
 DC **Code A** when she's screaming. Can you remember how
 JOICE she was being transported into her ward?
 JOICE On a stretcher.
 DC **Code A** On a stretcher.
 JOICE Erm portable on wheels with the ambulance
 DC **Code A** men.
 JOICE Right, okay. **Code A**
 DC **Code A** I think.
 JOICE Okay
 DC **Code A** Yeah I'm almost certain.
 JOICE Is that a stretcher thats supported, is it got like
 DC **Code A** a...?
 JOICE ...Yeah, yeah its a mattress.
 DC **Code A** Mattress on a framework.
 JOICE That's it. Shaped like shaped sides so it holds...
 DC **Code A** ...Okay.
 JOICE ...the person in position with straps round as
 DC **Code A** well because obviously they're (inaudible)
 JOICE around in the ambulance.
 DC **Code A** Do you recall ever being involved or present at
 JOICE any discussions over Mrs RICHARDS either
 DC COLVIN with Doctor BARTON or another doctor as to
 JOICE what treatment would be best for her or?
 JOICE No
 DC COLVIN What would you refer to in order to carry out

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say the doctors made a specific instruction or specific treatment or prescription, what do you refer to in order to carry out those instructions, or is there anything or is is just...?

JOICE

As far as medication goes?

DC Code A

Yeah, medication or you know if....

JOICE

...Or changing....

DC Code A

...yeah

JOICE

...she wants something done differently erm that would be recorded in the nursing notes...

DC Code A

...Right

JOICE

...and handed over between shifts by whoever was in attendance at the time, say er not in this instance so much but say erm Doctor BARTON said er this patient needs a blood test tommorrow erm then she would write the form out, give it to the staff nurse, whoever was with her at the time and then obviously that sort of gets handed on to the next person because the shifts change...

DC Code A

...Yeah

JOICE

...and then you just hand over the information as you go.

24.30

DC Code A

Okay, so its just a sort of ...I mean a...

JOICE

...Its written down as well, should be.

DC Code A

...right and then would there generally be discussions if required over particular patients if there was a specific need?

RESTRICTED

000019

RESTRICTED

DOCUMENT RECORD PRINT

JOICE

Yes.

DC **Code A**

Okay and do you recall any conversations about Mrs RICHARDS, anything that was said to you or you felt a need to mention to anybody else?

JOICE

Erm

DC **Code A**

I appreciate its two years ago.

JOICE

No, not really, I can't remember anything specific, no.

DC **Code A**

Okay. What were the issues that the daughters weren't happy with?

JOICE

Erm I don't really know erm they were given, I mean they were there quite a lot of the time erm they seemed to...they didn't seem to want us to give her analgesia or anything you know that would sort of relieve her pain.

25.37 DC **Code A**

Right

JOICE

Erm and I think that they had a different view of what their mother was like to what we...from our experience found she was like because she was quite you know...

DC **Code A**

...In what way, what was their view on their mother?

JOICE

Erm well I think they thought she could do a lot more than she actually could, it wasn't that we didn't try to do anything with her erm we just found everything very difficult with her, she wouldn't eat for us, she wouldn't drink for us, she you know she could hardly stand up despite

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what it says in there, that Haslar say that she could walk and transfer, we found that not to be so.

DC: **Code A**

Right, so was she able to walk at all even with assistance, was she able to walk with assistance?

JOICE

Erm no not really, she may have been able to stand and transfer but I don't think she would be able to walk.

DC: **Code A**

Sorry transfer, what...

JOICE

...From just say I stood up with two people here and then sat down straight away on something like a commode or something.

26.50 DC: **Code A**

Right, so she's able to do that but she wasn't able to...

JOICE

...No she was a very ill lady.

DC: **Code A**

Okay, was that apparent or when was that apparent that she was unable to do that, at what stage?

JOICE

Early, right from the first admission.

DC: **Code A**

Okay, if we can just go back to the prescription process, you say there's a sort of continual assessment and you're able to sort of assess that whether there...whether they're unable to take the drugs or whatever. In relation to the doctors who prescribe the treatment, is there a regular visiting process for them to assess, do they regularly assess on a...?

JOICE

...Daily

RESTRICTED

000021

RESTRICTED

DOCUMENT RECORD PRINT

DC **Code A** It's a daily basis is it?
 JOICE Apart from weekends.

DC **Code A** Right.
 JOICE Doctor BARTON was erm linked to a GP practice...

DC **Code A** ...Yeah
 JOICE ...so she was basically Monday to Friday she'd come in every day erm but the weekends we only asked for a doctor if we needed one.

28.04 DC **Code A** Right so if there was a specific problem at the weekend it would be a....
 JOICE ...Yeah in that case somebody would have come out erm deteriorated over the weekend if something happened then we'd ask somebody to come in, it probably wouldn't be Doctor BARTON at that point, it would probably be one of her partners.

DC **Code A** Okay so it would be the..a doctor would visit daily and I suppose reassess the treatment they'd prescribed.
 JOICE We'd discuss every morning, we'd go through the all the patients with the doctor erm highlight any problems that we had, that we felt needed dealing with because we're on the premises all the time obviously and we see the people all the time, we're assessing them all the time.

DC **Code A** Yeah.
 JOICE Erm and er hand that onto the doctor for

RESTRICTED

000022

RESTRICTED

DOCUMENT RECORD PRINT

29.01 DC **Code A** anything that needed doing on a daily basis.
 Right, do you recall any conversations with
 Doctor BARTON or any other doctor in relation
 to Mrs RICHARDS?

JOICE No, not really no, don't recall any specific apart
 from the fact that I would have gone through
 everybody.

DC **Code A** Right
 JOICE Not her in particular.

DC **Code A** Yeah, it would be similar to a handover then,
 this is what's happened.

JOICE Yeah.

DC **Code A** Sort of out of hours then, out of office hours,
 evenings and overnight, what's the system there
 for, if there is a...I take it again if there's a
 specific problem...

JOICE ...As far as I can remember erm after erm well it
 depended on what Doctor BARTON was
 working really erm...

DC **Code A** ...Right
 JOICE ...if she was...we'd ring the surgery where she
 was based if there was a problem, if she was on
 duty she would come out, if she wasn't on duty
 the duty doctor would come out and after I think
 it was either eight (8) or half past eight (8.30) at
 night you'd get a deputising service who would
 be a deputising doctor could come from
 anywhere.

RESTRICTED

000023

RESTRICTED

DOCUMENT RECORD PRINT

30.15 DC Code A
 JOICE Right, okay and it would just be a ...
 ...It would just be like if you rung in the middle
 of the night yourself, you probably wouldn't get
 your doctor you'd get a...

DC Code A
 JOICE ...call out, some sort of call out scheme.
 ...deputy, yeah.

DC Code A
 JOICE Okay.
 That's the same system as we ran on.

DC Code A
 JOICE Okay, so going onto Mrs RICHARDS,
 she's...are you aware of the drugs she was
 prescribed from the seventeenth (17th), the
 treatment she was prescribed?

JOICE Erm not with well only from reading the
 statements there. I'd have to look at the drug
 charts to...

DC Code A
 ...Right, okay. I'll show you a copy of
 LH1/C/24 which is a prescription record of
 Gladys RICHARDS. I think that one might be...

DC Code A
 Haslar

DC Code A
 JOICE ...earlier. Is it Haslar? No it's not...

JOICE No these are ours

DC Code A
 JOICE That's alright. Perhaps you could talk me
 through this form anyway.

JOICE Mmm,mm this is a prescription sheet where
 drugs have been prescribed on by the doctor erm
 we'll go to this one first. This is the as required
 prescription or PRN um now there's these, one,
 two, three, four drugs here and these two here

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000024

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actually should go there but there's no space if you see what I mean which is why she's written PRN, PRN beside it.

32.18 DC **Code A**

JOICE

What does PRN stand for?

As required.

DC **Code A**

JOICE

Oh right.

So say um somebody felt sick erm you wouldn't want perhaps they just suddenly felt sick and they were sick erm you wouldn't necessarily want to give them drugs all the time for that it might just be a one off thing so this is the sort of thing you would use erm more on a...also as a back up to what you've got on your regular prescription.

DC **Code A**

JOICE

Right okay.

Okay. These are regular, regularly prescribed drugs these and that, no she's got PRN there beg your pardon so that's PRN as well so that goes with that, sounds complicated but it's not.

DC **Code A**

JOICE

Take it from me it is.

Yeah alright then.

33.16 DC **Code A**

JOICE

Can you just talk us through the drugs and what your expectation is of what effects they have or what are benefits and...

Right. I'll start from here it's easier isn't it.

DC **Code A**

JOICE

...what they do basically?

Yeah. Oromorph is a liquid morphine erm which would be used for pain relief.

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000025

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Diamorphine erm that would be subcutaneously or intramuscularly there the same so it's a morphine...

DC Code A

...I take it intramuscularly is in the muscle.

JOICE

...injection, yeah. Injection

DC Code A

On that Diamorphine one just to point out for the benefit of the tape was that ever administered, I don't think it..no?

JOICE

Not from that chart, no.

DC Code A

So that's an instruction from Doctor BARTON that if you felt it was required as pain relief then she'd authorise you to administer diamorphine as required is it?

JOICE

Yes.

DC Code A

Yeah, right, okay.

JOICE

She's actually not written it up beg you...going back that isn't a subcutaneous so that would only be a syringe driver used not intramusc...we couldn't have given injection with that one.

34.27 DC Code A

Right.

JOICE

Hyoscine is erm is a drug we use in the syringe driver mostly, you can get it in a patch form as well erm but this is subcutaneous that would have been in the syringe driver as well, used in the syringe driver mostly.

DC Code A

Right.

JOICE

Erm and that dries the secretions, stops people getting bubbly and ...

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000026

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DC **Code A** ...Oh right is that the
 JOICE ...sounding just

DC **Code A** ...chest rattle that...
 JOICE Mmm, yeah that reduces that to try and well
 make it sound less distressing really for people
 who are really poorly.

DC **Code A** Because as I understand if you're lying down for
 a parrticular length of time then the fluids build
 up on the chest, is that right?
 JOICE Erm ...

DC **Code A** ...Obviously not.
 JOICE Yeah sometimes but you can't say I mean no,
 you can't say 100% people are all the same.

DC **Code A** Right.
 JOICE Some people yes would become bubbly, some
 people may not but you would err on the side of
 caution in saying that you would give it because
 it's less distressing for the patient and that's
 what you're doing, you're looking after the
 patient...

DC **Code A** ...Yes
 JOICE ...that's the most important thing. So instead of
 waiting and saying oh well you know she might
 be alright we won't give it, we give it...

DC **Code A** ...Yeah, oh so you
 JOICE ...because it's not going to make any difference
 otherwise all it's going to do is stop this from
 happening. This is Midazolam which is a

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000027

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sedative erm and that's also a subcutaneously which should be in the syringe driver and that's erm really for people that are distressed.

DC **Code A**

Right, okay.

JOICE

Erm Matcholose is a perin er which would..it quite often goes hand in hand with the morphine because that makes you very constipated.

36.33 DC **Code A**

So that's like a laxative?

JOICE

Yeah, laxative, yeah. Haloperidol is something that's used mainly with people with erm psychiatric problems or very restless or er disturbed.

DC **Code A**

Right.

DC **Code A**

Could that be given for her dementia...?

JOICE

...Yeah

DC **Code A**

...side of things?

JOICE

Yeah, yeah erm more like a calming drug if you like that's erm that one again we've got oromorph over here which is oral, different, different dose erm and again a different dose there, oh hang on this is, this is for the...what she's done, I don't know what she's done there.

DC **Code A**

I think you'll find those dates are different, it's they relate to the times she spent at Haslar, at the Gosport War Memorial prior to her fall after the operation....

JOICE

...Oh right

DC **Code A**

...and these one's relate to her second visit to the

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000028

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War Memorial so to speak.

JOICE

No, erm well that's got the eleventh (11th) prescribed on the eleventh (11th) and these are prescribed on the twelfth (12th).

DC **Code A**

I think the three, I think there's four, I think the three we're interested in is that one which is prescribed on the eighteenth (18th) is it the eighteenth (18th) or the nineteenth (19th)?

JOICE

No the eleventh (11th).

DC **Code A**

But it was actually administered on the...by the syringe driver on the

JOICE

...Not until the seventeenth (17th).

DC **Code A**

...seventeenth (17th) yeah.

JOICE

It was prescribed on the eleventh (11th).

DC **Code A**

Yeah

DC **Code A**

That's hyoscine we're talking about.

JOICE

Yeah, right. Diamorphine that was the syringe driver drug which is the same as that, haloperidol again that was, that must have been put into the syringe driver as well, yeah. Erm and that's a PRN haloperidol which would have gone with those, which presumably I don't know that must have been written up first, yeah before that.

38.37 DC **Code A**

It says there if noisy and thats...

JOICE

...That's the one you would use like to calm people down, very agitated people.

DC **Code A**

Right, okay.

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000029

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(21st) because some of them seem to stop and

.....

JOICE

...Not that one.

DC Code A

Would it be easier if you looked at these because I think these are the original ones.

JOICE

(inaudible) I can't read the um numbers in here.

DC Code A

There you are then.

JOICE

Thank you. I think that's the nineteenth (19th).

DC Code A

It might help you I think as I understand it, as of the eighteenth (18th) the prescription for oromorph was stopped as of the eighteenth (18th).

JOICE

Yeah

DC Code A

As of that date she was on the hyoscine, the midazolam, the I think it's the diamorphine, can you see a date for the diamorphine for the nineteenth (19th) and I think the

JOICE

...Haloperidol

DC Code A

...Haloperidol, I think they were the four drugs that were administered by the syringe driver unless of course you can correct me because I know there's a lot of drugs there because I've read that form and I am quite familiar with the dates on it.

JOICE

Mmm. Diamorphine, haloperidol, hyoscine, midazolam it would be those four.

DC Code A

Those four and just for the benefit of the tape what are they, they're the...?

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000031

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JOICE Pain relief, analgesia...

DC **Code A** ...Which is the.

JOICE ...diamorphine, haloperidol which is to the calming drug, the hyoscine which drives the secretions and the midazolam which is a sedative.

DC **Code A** Okay and the doses there...

JOICE ...Yeah

DC **Code A** ...if you just confirm those.

JOICE Forty (40) millograms of diamorphine, five (5) millograms of haloperidol, which are both very, that's quite low erm four hundred (400) micrograms of hyoscine and twenty (20) I can't read Philips writing, oh there's mine, twenty (20) millograms of midazolam.

DC **Code A** Okay, so there all, there loaded onto the driver...

JOICE ...Yeah

DC **Code A** ...and they're all done at the same time are they?

JOICE Yeah

DC **Code A** Okay. Is there any, in terms of those drugs being altogether, is there any concern you would have had about those drugs being mixed or is that in your experience a common combination?

JOICE No, I wouldn't have any concern about any of those drugs being mixed together.

DC **Code A** Okay. Are you able to say what effects it had on Mrs RICHARDS, what with the...what were the benefits of those drugs? I know you've gone

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000032

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through that but what actual benefits manifested themselves in Mrs RICHARDS after she was put on these medications?

43.48 JOICE

Well she was, well I can't actually remember all I can say is most people would be just comfortably asleep.

DC: **Code A**

Okay, (buzzer sounded) that's the tape telling us we've got a couple of minutes left.

JOICE

Oh right.

DC: **Code A**

I thought we'd leave it there and...

DC: **Code A**

...Yeah

DC: **Code A**

...sort of swap it over and...

DC: **Code A**

...yeah

DC: **Code A**

...take a short break.

DC: **Code A**

Do you want me to make you a coffee or something?

SOLICITOR

Best thing you've said.

DC: **Code A**

Okay we're now going to take a short break, the time by my watch is twelve forty two (12.42) and I'm turning the recorder off.

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000033