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RECORD OF INTERVIEW

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(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: GIFFIN, SYLVIA ROBERTA

Place of interview: PARK GATE POLICE STATION

Date of interview: 19/06/2000

Time commenced: 1117 Time concluded: 1201

Duration of interview: 44 MINS Tape reference nos.
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Interviewing Officer(s): DC **Code A** DC **Code A**
Code A

Other persons present: Mr GRAHAM - Saulet & Co Solicitors,
Portsmouth.

Police Exhibit No: LMC/SRG/4 Number of Pages: 34

Signature of interviewing officer producing exhibit

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
0.21	DC Code A	The time is 11.17 on the 19 th of June, this

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interview is being tape recorded at Park Gate Police Station. Also present is, if you could just introduce yourself, who I'm interviewing, just give your full name and date of birth...

GIFFIN

Sylvia Roberta GIFFIN, Code A

DC Code A

Okay and...

SOLICITOR

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

DC Code A

Thank you. You are entitled to legal advice throughout the interview, okay, and you can delay the interview at any time should you want to, okay. Basically the reason you're here is we've undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the 21st of August 1998 at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and the 21st of August whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided her with direct nursing care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I must

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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 of 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 and just to further explain that, it's not going to be a decision solely made by Police Officers who have no experience of how a medical profession works and how a ward like that would work, you know it would be made by someone who is considered an expert in that field, okay. 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 okay, your right to free legal advice in private extends throughout the period that you're at the police station as I've said before, if at any time you want to stop the interview to speak to Mr GRAHAM then you only have to say and we'll do so. The next bit I'm going to say is the caution, you do not have to say anything but it may harm your defence if you don't mention when questioned something which you later rely on in court, anything you do say may be

RESTRICTED

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DOCUMENT RECORD PRINT

given in evidence, okay. Do you understand that, you do?

GIFFIN

Yes

DC Code A

Okay.

3.14

DC Code A

All sounds a bit heavy but I think it's got to be pointed out that me and Lee, have been appointed to interview all the nurses and as Lee said we don't understand what all this, the medical side of things what is right and what is wrong and we're not here to judge or point fingers or anything like that, we're just here to establish what individuals did, what their roles were, who they took their responsibilities from and then we hand all that over to somebody else and they look at it and decide whether there's anything to answer at all, okay. So we're basically a tool to gather the facts about Gladys' stay at the hospital and that's all we're here for.

DC Code A

Okay, right obviously you made a statement to us on the 1st of June...

GIFFIN

...Was it then, the 1st of June

DC Code A

...at home and I think what we'll do first is perhaps go through the statement...

GIFFIN

...Okay

DC Code A

...just to cover the points there. It says you are basically employed as a Staff Nurse at the Gosport War Memorial since, well since 1972 you've been at that hospital, is that correct?

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DOCUMENT RECORD PRINT

GIFFIN
4.27 DC Code A It is.
Okay, now what I'll do is, I'll just ask, you've obviously read this statement...

GIFFIN
DC Code A ...Yeah.
...today. Is there anything there you want to clear up, anything that's, that I've put down that you've subsequently looked at and thought well he's not got that quite right, he's not explained that.

GIFFIN
Well most of it's alright it's just the, that business about Anita TAPPETT, she wasn't actually based on the ward, she was visiting at various times during the night...

DC Code A ...Right
GIFFIN ...she doesn't actually stay on the ward...
DC Code A ...Right, okay.
GIFFIN ...she's got other things to do...
DC Code A She's the Senior...
GIFFIN ...I mean she's based on Dryad not, not Daedalus.
DC Code A ..Right, okay.
GIFFIN But if I need her I can get her.
DC Code A Right, so that's the 20th of August, that would be the Thursday going into the Friday of the 21st that night shift?

GIFFIN
5.19 DC Code A Yeah.
So she was in overall charge of the hospital overnight?

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DOCUMENT RECORD PRINT

DC **Code A**

GIFFIN

...yeah, what your interpretation of it IS?

The object is to keep the patient as pain free and as comfortable as possible and trying to avoid that they should injure themselves in any way.

DC **Code A**

Right, okay and that would be the treatment for that, I know would differ from patient to patient...

GIFFIN

...It would

DC **Code A**

...but would that be mainly drugs being prescribed in order to...would there be other ways of ensuring that, that they didn't injure themselves?

GIFFIN

Well most people that we have are to some degree or another erm demented and er well our drugs are helped to control that but everybody doesn't have them it depends, by finding out what they want to do and when they want to do it, as far as possible letting them do their own thing but you've got to understand if they believe that they can stand and walk and we know they can't, then you'd be constantly trying to stop them doing that...

8.12

DC **Code A**

GIFFIN

...Yeah

...because eventually they are going to fall and erm that causes them some distress and that's what we're trying to avoid.

DC **Code A**

Yeah, okay. You've already stated that you obviously are a Staff nurse, have you got any

RESTRICTED

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specific qualifications in treating elderly and patients such as that on the ward or is that part of your...?

GIFFIN ...Qualifications as such, no well only in as much that I've been doing it for what thirty seven (37) years.

DC **Code A** Yeah, treating the elderly for that amount of time?

GIFFIN Yeah.

DC **Code A** Okay, right now going over to the Daedalus ward, basically who manages the patients in terms of treatment and plans for treatment. Who would oversee that and actually make decisions based on...?

GIFFIN ..When, Doctor LORD is the consultant in charge and on a daily basis except at weekends when she's off duty Doctor BARTON visits the ward every morning, we check if the nursing staff have any concerns about anyone and she would deal with what comes up then, on a daily basis.

9.36 DC **Code A** Yeah.

GIFFIN And she's been doing that a long time as well.

DC **Code A** How long has she been down on the wards?

GIFFIN Oh I don't know but erm (inaudible) about 10 years or something like that because she was, before we were at Gosport War Memorial we were down at (inaudible) which is in the avenue

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and she was doing the same job then.

DC **Code A**

Oh right, okay. So she would come in every morning on a week day?

GIFFIN

Yeah before surgery she would come in round about eight (8.00) o'clock.

DC **Code A**

And she would be responsible for all patients on that ward including ...

GIFFIN

...All patients that were Doctor LORD's and we didn't have very often anyone that belonged to anyone else.

DC **Code A**

No, okay and that would include the stroke patients so that would be the whole ward...?

GIFFIN

...Yeah, yeah

10.27

DC **Code A**

...depending on numbers or whatever?

GIFFIN

Yeah.

DC **Code A**

Okay and would she actually visit every patient daily or would it be more of speaking to the staff?

GIFFIN

No, she would have gone into the office and speak to whoever was in charge at the time and depending what she, what messages were passed on, she would go and see the patients they wanted her to.

DC **Code A**

Right so if there was a specific problem with a patient she would visit but if there was no change to a patient, there was no concerns then she wouldn't necessarily do so?

GIFFIN

It would take her a long time.

RESTRICTED

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DC **Code A** Yeah, okay. In terms of your role on the ward as a Staff nurse now there have been times when you sort of in charge of the ward, is that right? What circumstances would that, would suggest, sorry what circumstances would occur for you to be in overall charge of the ward?

GIFFIN Well I'm in charge of the ward on nights.

11.31 DC **Code A** Yeah.

GIFFIN The e, because there isn't I mean apart from the person that's in charge of the hospital there isn't anyone senior to me on duty and er I have a responsibility to the ward while I'm there.

DC **Code A** So, on nights or out of hours you'd have a senior staff nurse overseeing the whole...

GIFFIN ...The whole hospital

DC **Code A** ...hospital and then each specific ward has its own?

GIFFIN Yeah has its own trained staff.

DC **Code A** Yeah, okay. So if there was anything that occurred which was unusual overnight or a particular problem with a patient or, where would you refer it to?

GIFFIN I would tell who was in charge of the hospital erm and then I would phone a Doctor.

DC **Code A** Yeah.

GIFFIN Health call after ten (10) o'clock at night.

DC **Code A** Yeah, which is sort of like a call out?

GIFFIN Yeah

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- DC **Code A** System I understand, okay. We're obviously going over the treatment process and the, Doctor BARTON would make decisions obviously on what treatment to provide, would you or any other nurses have any input into that in terms of well you know I...would make suggestions or if you didn't agree with it you would bring it to the doctors attention?
- 13.02 GIFFIN We are entitled to erm query anything we're, we're not happy with.
- DC **Code A** Right.
GIFFIN Erm and quite often I think Doctor BARTON would erm consult with whoever was telling them about a problem as to which drug would be most suitable given the fact that the nurse knows the person personally rather than just as I mean, Doctor BARTON couldn't possibly know everybody as well as the nursing staff did.
- DC **Code A** Yeah.
GIFFIN So you know and also if that particular drug doesn't seem to be as effective as it might be, you could ask her to change it to a different one because different people react differently to what you would think were the same drug, it's not you know...
- DC **Code A** ...Yeah.
GIFFIN ...it's a chemical thing I'm sure.
- 14.04 DC **Code A** Yeah it would vary on person to person so, for

RESTRICTED

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example when Doctor BARTON would come on her rounds the next day if there was a problem...

GIFFIN

...Or if you felt that it needed doing but you could always ring her up and she would come in then...

DC **Code A**

...Right

GIFFIN

...and she would change it on the treatment card if necessary.

DC **Code A**

Okay, right. Has there ever been times in your career particular at Gosport where a treatment program is one that you don't approve of or you think this isn't right and you've suggested something and you know that's not been taken on, if that was the case is there a process where you would be able to speak to somebody else and say look I'm not happy with this or are you aware of any procedure in the hospital that you could do that?

GIFFIN

Erm, there are supposed to be procedures in place but how effective they are.

DC **Code A**

Okay and what are those procedures? What would you be expected to do?

GIFFIN

Well initially you would have to see the clinical manager of the ward which would be Philip BEED.

15.20 DC **Code A**

Right, okay, so you'd make representations to him and then what would he do, are you aware

RESTRICTED

DOCUMENT RECORD PRINT

what he would do?

GIFFIN

Well presumably he would have to investigate it himself.

DC **Code A**

Okay. Have you ever had any cause to do that, to speak to the clinical manager?

GIFFIN

Not on Daedalus.

DC **Code A**

Not on Daedalus. At the hospital? All I'm after is, all I'm trying to ask is, I'm just trying to get the systems sorted out and the policies at the hospital.

GIFFIN

No.

DC **Code A**

I mean did it involve anybody who is involved in this case?

GIFFIN

No.

DC **Code A**

No, okay and were you satisfied with the outcome of your representation? Did you receive a satisfactory result or an answer about it?

GIFFIN

It was a long time ago, no.

DC **Code A**

No, okay. How long ago was it?

GIFFIN

Twelve (12), thirteen (13) years.

16.43

DC **Code A**

Okay and in terms of the patient what happened there?

DC **Code A**

I think what we're trying to get at here is the fact that if for you to tell us that if you were unhappy about something, and you thought that maybe the treatment that this person was getting, I don't think its the right sort of

RESTRICTED

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DOCUMENT RECORD PRINT

treatment...

GIFFIN

...You'd think now that it would be a test.

DC **Code A**

...then you would go and complain, yeah, you would go and make representations they've made this decision, I don't agree with it, I need somebody else to address it and look?

GIFFIN

Yeah.

DC **Code A**

Yeah.

GIFFIN

Now it would be addressed and it erm would be erm dealt with properly.

DC **Code A**

Okay but that time twelve (12), thirteen (13) years ago it was a different issue and you weren't obviously happy about it?

GIFFIN

No.

DC **Code A**

Okay, okay. Obviously what we're talking about is Gladys RICHARDS and although she came in twice into the hospital, the dates we're sort of concentrating on are between the 17th of August and the 21st. Now in relation to your statement you were on nights, on certain days weren't you over that period of time, can you remember what you were working?

18.24 GIFFIN

No, well I worked Thursday, Friday, Saturday.

DC **Code A**

Okay. I think on your statement you say you started on Thursday, that would be the 20th, what hours do you do on nights?

GIFFIN

It's eight fifteen (8.15) to seven forty five (7.45).

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DC **Code A**

GIFFIN

Okay. Perhaps you could just go over...

...You get an hour and a half off in the middle.

DC **Code A**

...perhaps you could just go over your duties on nights, you know a normal night duty you know what you're expected to do? I know probably each night is different but...

GIFFIN

Basically er well a hand over takes around about quarter of an hour to half an hour depending how much information you've got to pass on and then erm because it's coming up for bedtime, some patients will already be in bed and some will be waiting to go. Basically we go round, help people into bed, make sure they're comfortable, get their teeth out ecetera.

DC **Code A**

19.30

GIFFIN

Yeah.

And erm about something like half past nine (9.30) I would break off from that and leave the health care (inaudible) to do it and I've got ten (10.00) o'clock drug round to do. I come round give everyone their ten (10.00) o'clock drugs and then by the time I've finished going round doing that they've usually finished the rest of the patients, putting them to bed and then its lights out, tidy up and have a cup of tea because we need it by then.

DC **Code A**

GIFFIN

Yeah.

Erm then I would, we would call it the silent hours, its a case of checking on the patients

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

roughly half hourly but because there's three of us it doesn't always go that long sometimes its twenty minutes erm of course if theres a noise you have to investigate that erm anybody rings the bell we have to go and do that erm and that goes through until should be six (6.00) o'clock in the morning and then its go round wake everybody up, lets see what nursing care they need, sit them up erm give them a cup of tea, there are some six (6.00) o'clock drugs though not very many because er only the ones that are really essential get given at six because they're too sometimes difficult to rouse enough to take medicine so a lot of them are given at eight (8) rather than six (6). Erm so we go round and sort everyone out and then half past seven (7.30) is handover time for the day staff.

21.41 DC **Code A**

Okay, just talk me through the hand over then, what sort of things would be discussed at that hand over?

GIFFIN

Erm which one?

DC **Code A**

Well both, go for both.

GIFFIN

In the evening I would be told erm what sort of day the persons had had, if their medication had been changed erm what sort of investigations were in progress and erm if there were any particular concerns that I need to take notice of erm and what, when its like a Friday night for

RESTRICTED

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instance and that's my first night on for five nights, I would be given a sort of rough summary having been off a week since I saw them last.

DC **Code A**

Right.

GIFFIN

Erm in the morning erm it depends who was on duty, if the person, people who are on duty were on duty the night before I just need to tell them any of the occurrences overnight.

DC **Code A**

Yeah.

23.02

GIFFIN

But if there's some that have been days off or on leave or something I have to give them a more extended.

DC **Code A**

Yeah, okay. Okay, right as I say we're talking about Mrs RICHARDS, what's your recollection of Mrs RICHARDS doing those period of time?

GIFFIN

It's erm I can't honestly remember her, I can remember a figure in the bed but to say I can remember her face or anything specific about her I can't.

DC **Code A**

Okay, now as I understand it the only night you saw her was the Thursday the 20th going into Friday the 21st.

GIFFIN

First thing on the Friday 21st, she died just after, according to the notes, the statements and my notes on the nursing notes, I honestly thought she'd died early morning but I have signed it to

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say it was early eve..early in my second shift which would have been the Friday night.

DC **Code A**

Right, okay. So it's basically a figure in a bed that you recall?

GIFFIN

Mmm.

DC **Code A**

Do you remember her daughters there, do you remember?

GIFFIN

I do remember I can't remember her name, the daughter that live, that lives locally, I do remember her being there all the time I had several conversations with her every time I went into check how Mrs RICHARDS was and she would have a little chat.

24.56 DC **Code A**

Okay. In relation to your statement as I understand it you weren't involved in administrative, administering any drugs to..?

GIFFIN

No the syringe driver was already in place.

DC **Code A**

Okay.

GIFFIN

And I just made sure that it was working properly (inaudible) on duty.

DC **Code A**

Okay, perhaps you could talk me through the syringe driver, how it operates and who's in charge of it and just a general sort of overview?

GIFFIN

How it operates?

DC **Code A**

Yeah.

GIFFIN

Er it hasn't got a battery in it, it has a (sighs) adjust the rate that it goes through, pumps it in usually around about 60 to get a 24 hour period,

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uses a 10 mil syringe, can use a large one but you have to work out a different rate for it then...

DC **Code A**

...Right.

26.01 GIFFIN

...and I've never used it with a 20 mil syringe because its a bit big for the actual driver itself, 10 mils sits in it just right and er the drugs are mixed in the syringe and erm the patient has a needle just subcutaneously just under the skin and er, long piece of tubing that's attached to the end of the syringe.

DC **Code A**

Okay so its loaded at a particular time of the day?

GIFFIN

Yeah, well erm just whenever its decided that its necessary to use it, it could be night time, it could be any time just when erm its written up on the chart that there's a possibility that might be necessary and its up to whoevers on duty at the time to make that decision or not as the case may be.

DC **Code A**

So what are the advantages of using a syringe driver over giving drugs by mouth?

GIFFIN

It delivers a continous low dose of whatever drugs being used and avoids given injections every 4 or 6 hours erm which have a level of effectiveness and then it tails off so you get peaks and troughs with injections which you don't get with a syringe driver its just a steady,

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steady flow, its much more effective at controlling pain, discomfort.

27.57 DC **Code A** How common is the use of the driver on the ward?

GIFFIN Its erm, its used quite consistently these days, not everyone has it.

DC **Code A** Okay, no. What would, I know you've mentioned the pain side of it but what would be the reasons for putting someone on syringe driver, we've obviously covered the pain aspect is there any other reasons why someone would be?

GIFFIN Some people get extremely agitated (inaudible) can't really always know why and they would be turning themselves round in bed, potentially injuring themselves so you produce something like midazolam that's what's used you know to quiet them down a bit, save them from hurting themselves.

DC **Code A** Okay.

GIFFIN Also you can use erm hyoscine was used here as well, that dries up the secretions on the chest so they don't get that horrible, noisy, bubbly sound.

DC **Code A** Right.

GIFFIN Without it we'd have to use a sucker which is horrible to use, patients don't like it and er but you're left with having to do that otherwise the

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DOCUMENT RECORD PRINT

29.29 DC **Code A** patient would drown in their own secretions.
 Right is that because they're laying down all the time when its building up, when the fluid builds up?

GIFFIN Yes it does. They don't cough when they're under sedation so they can't clear it themselves so it just pulls them eventually.

DC **Code A** Eventually, yeah.
 GIFFIN You've got to do something about it so hyoscine sorts that.

DC **Code A** Okay, perhaps we'll have a look at the drugs. What I've got here is the file for Gladys RICHARDS which you may have seen parts of it before. This part is the, basically the prescribed drugs for Gladys RICHARDS, just show you that. Now I believe, if you're aware she was on four drugs, like which were on the syringe driver.

GIFFIN (inaudible) this one and these, no, not that one, diamorphine where's the diamorp...that one.

DC **Code A** That's it, it would be diamorphine.
 GIFFIN Haloperidol. Haloperidol has quite similar to midazolam but the problem is as I said 10 mil syringe you've got to put the diamorphine in which comes in a powder formula, a vial and you have to erm dilute it with something, midazolam, that comes in a 2 mil, it depends on how many of those you have to give, you're

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

filling your syringe up all the time but haloperidol comes in 1 mil, so quite often you would because your syringe was getting too full up you would use haloperidol in place of something like midazolam because it would fit in the syringe, there's nothing sinister about using the two, it's just you know you've got 10 mil, you can't go above that.

31.45 DC **Code A**

Okay can you just talk us through the four drugs and just sort of describe what they're for and what the effects are?

GIFFIN

Diamorphine erm is erm pain relief principally although it can be used when somebody is er sometimes they, people who are demented do scream and you're never sure whether it is pain or, or just an agitation of mind and diamorphine does help to address both things at once. (inaudible)

DC **Code A**

Yeah, sorry if we go onto the halo...

GIFFIN

...Haloperidol as I said its used for extreme agitation usually, do you know what the only thing that I would say about haloperidol, it does have a build up over time.

DC **Code A**

Does have a...?

32.45 GIFFIN

A build up over time, it stays in the system longer than midazolam so that you know if you're giving somebody haloperidol over several weeks it erm it does leave a slight

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

residue each time so that if you would have to cut back on ...

DC **Code A**

...Monitor (inaudible)

GIFFIN

...at some point, whereas midazolam doesn't, well as far as I'm aware do that and hyoscine like I say erm dries up the secretions.

DC **Code A**

Right, yeah, okay. So midazolam and haloperidol do sort of target...

GIFFIN

(inaudible) yeah.

DC **Code A**

What is the reason for giving both, is it...?

GIFFIN

Well as I've just explained sometimes you're coming, I must say it's unusual, usually we use either, or but erm though I couldn't tell you why the decision was made to use both at the same time but it could possibly be due to the capacity of the syringe.

DC **Code A**

Right to ensure that she gets...

GIFFIN

...Yeah, yeah.

DC **Code A**

...the level she needs.

GIFFIN

Because the higher, the higher the dose of midazolam that's used, I can't remember what each vial of midazolam, what it's strength is but it's 2 mls so as you go on you're going to get to your 10 mls before you, you've giving her anything else so if you give, if you sort of use a combination. If you're using a syringe capacity...

DC **Code A**

...Yeah, yeah.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

GIFFIN ...got room for hyoscine comes in 1 mil ones, diamorphine as I say what we usually do is dilute the erm diamorphine with some midazolam to save space, other than that you would have to use sterile water which would increase the amount you're trying to get into one syringe.

DC **Code A** Are you able to comment on the doses and how much they are?

GIFFIN (inaudible) still at 40.

DC **Code A** Yeah.

GIFFIN Erm as far as I'm concerned that is a, a low dose given the fact that this woman was given over a 24 hour period.

DC **Code A** That's the diamorphine and ...

GIFFIN ...Diamorphine and (inaudible), it's not very dramatic at all.

DC **Code A** Okay.

GIFFIN Er I was on duty and she didn't show any signs of pain at the time when I was on duty so I would have thought that's probably the best level. Er (inaudible) hyoscine that is about average what most people have and 20 milligrams of midazolam is what I would expect, given that you've got haloperidol as well.

35.52 DC **Code A** So there all fairly....

GIFFIN ...Yeah, no there's nothing that I would say "Oh

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DOCUMENT RECORD PRINT

crumbs this is too much”.

DC Code A

Okay, right so this is obviously the prescription record, now as I understand it on the statement you made, you had no input into loading the...

GIFFIN

...No I didn't...

DC Code A

...Mrs RICHARDS syringe driver and I, also you had no sort of input into discussing her treatment...

GIFFIN

...No

DC Code A

...with Doctor BARTON?

GIFFIN

No, no.

DC Code A

Okay in relation to the hand overs, was there any, anything discussed specifically about Mrs RICHARDS? Do you recall anything you know about her condition or anything to be aware of with her or anything of that nature?

36.43 GIFFIN

I can't remember anything specific I mean obviously I would have been told that she was on the syringe driver and what was in it erm and I would have been told that her daughter was present erm but from then on its really TLC.

DC Code A

Okay. When you came in I know you, you've obviously seen some documents now that would refresh your memory but can you recall when you came in on the Thursday and obviously Mrs RICHARDS is there, what was your understanding of the treatment she was on? What was your perception of it in relation

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DOCUMENT RECORD PRINT

to her health?

GIFFIN

What am I supposed to say.

DC Code A

Was there anything made to you to feel that she was dying?

GIFFIN

I don't think anybody would have said to me erm she is dying they would probably have said that she's not very well and they would have told me when the syringe driver was first put out and erm it's just continuing care really.

DC Code A

Yeah. I mean obviously do you recall seeing the drugs prescribed on the driver? Would that have indicated to you that she was, she wasn't much, obviously she wasn't well but there was a chance that she would perhaps recover to some extent?

38.52 GIFFIN

No I wouldn't have thought, I would have thought she would recover. I thought she would probably deteriorate slowly but I don't have a crystal ball I don't know...

DC Code A

...I appreciate that

GIFFIN

... how long that sort of thing could go on for.

DC Code A

Yeah, okay.

DC Code A

Is it fair to say that the for use of a better word cocktail of medicines that she was given, that that cocktail is for...they've prescribed that for somebody in her condition who they believe is going to die and it's just a way of making them comfortable and pain free...

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GIFFIN ...Yes

DC [Code A] ...is that what those cocktail of drugs are for?

GIFFIN Basically yes.

DC [Code A] If you were like if you went onto a strange ward and you saw these drugs administered to a woman that you didn't know, would it be a fair assumption that there's nothing else we can do for this lady...

GIFFIN ...Yeah.

DC [Code A] ...and she's on her way?

39.42 GIFFIN Yeah.

DC [Code A] Yeah.

DC [Code A] Okay, you didn't see Mrs RICHARDS prior to these drugs being prescribed did you?

GIFFIN No.

DC [Code A] No, okay.

GIFFIN I just, I just missed her, the week before she came and went before I ...

DC [Code A] ...Right

GIFFIN ...I was on duty and then she was back when I came on the next week so I didn't actually see her prior these (inaudible).

DC [Code A] Okay. Now on nights are you, you've obviously gone over your sort of basic stuff that you do and obviously things that happen will come on top of that but are you involved in at any time in feeding patients or giving them water or drinks or....?

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GIFFIN

...Oh yeah, if there awake and they want a drink we give them a drink and also some people like we need to push fluids and we do that but in Mrs RICHARDS case she wasn't conscious enough to drink without possibly choking and I don't want to be responsible for that.

40.56 DC **Code A**

Was there any attempts made whilst you were on the ward to give her water either by mouth or by...?

GIFFIN

...No, definitely not by subcutaneous.

DC **Code A**

Okay.

GIFFIN

No, nobody, they, the health care support workers would only do that if I said that it was alright, 9 times out of 10 somebody in this condition it would have to be done by trained staff anyway.

DC **Code A**

Right, being yourself or a staff nurse?

GIFFIN

Mmm.

DC **Code A**

Right, okay. Was there any reason you can recall why she wasn't given a....

GIFFIN

...I just said she wasn't conscious enough...

DC **Code A**

...no, I mean through a needle?

GIFFIN

It's one of those erm mute points really isn't it. You, yeah you make a choice to keep somebody hydrated who you're also giving these particular drugs through a syringe driver and they do come to a stage where they don't absorb however hard and most of what drugs keep

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42.22 DC [Code A] account at that point.
 Right, okay. So just recapping that then, as we said these combination of drugs in her condition would lead you to think that she was passing on, dying and these drugs are helping her to do that pain free?

GIFFIN Yes.
 DC [Code A] Okay. Was it ever mentioned to you what she was actually dying of?

GIFFIN No, I mean I was, I was told about what had happened with her fall ecetera but not in any great detail, no wasn't, I don't think I was told why this course of treatment was started earlier in the week not specifically.
 DC [Code A] (inaudible) up to day three I think when the treatment was already...
 GIFFIN ...Yes.
 DC [Code A] ...in progress so but nobody ever mentioned that she was dying of anything specific?

43.38 GIFFIN No, no.
 DC [Code A] No.
 GIFFIN Well I think it's one of those unspoken things that we all, we all accept really you know just (inaudible).
 DC [Code A] Mmm. When you say the unspoken thing is it's a case of there is nothing we can do for her?
 GIFFIN Yeah.
 DC [Code A] Yeah.

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GIFFIN
 DC **Code A** That's ...
 ...And I take it that decision (buzzer sounds)
 that there is nothing we can do for her would be
 made by who?

GIFFIN
 DC **Code A** Er well Doctor (inaudible) I presume.
 Doctor...

GIFFIN
 DC **Code A** Doctor BARTON
 Doctor BARTON.

GIFFIN
 DC **Code A** Well she being the one that's there every day.
 Yeah.

GIFFIN
 And er if she queried that she would have gone
 to Doctor LORD and spoken to her but I don't
 know.

DC **Code A** Right.

DC **Code A** Okay, we'll leave it there that buzzing noise
 means we're running out of tape.

GIFFIN
 Oh right okay then.

DC **Code A** So we'll take a break. The time by my watch is
 12.01. Turn the recorder off.

 END OF TAPE

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