



RECORD OF INTERVIEW

SDN: ROTI: 🖂	Contemporaneous Notes
Person interviewed : Code A	
Place of interview : Parkgate Police	Station Police exhibit no.: Number of pages: Signature of interviewing officer producing exhibit:
Date of interview : 10 July 2000	
Time commenced: 11.54 Time	e concluded : 12.12
Duration of interview: 18 minutes	Tape reference numbers ◆:
nterviewing Officers : DC Cod	e A
Other persons present:	
Tape Counter Person Speaking Times	Text
DC Code A	This is a continuation of the interview of Code A
	The time is 11.54.
	Can you just confirm Code A during the break we have not
	asked you any questions regarding Mrs RICHARDS or the reason
	why you're here.
Code A	Yeah, that's right.
DC Code A	Okay, thank you. We'll remind you that you are under caution
Code A	Huh huh.
DC Code A	Right what we were discussing was the Care Plans and we
	discussed the Nutrition one, there's an entry there that's relevant
Signature(s):	◆ Not relevant for contemporaneous notes





RECORD OF INTERVIEW

	Code A Code A	to you Mmm mm. and now we go over to Constipation. Just one more question on the Nutrition Mmm
	DC Code A	and now we go over to Constipation. Just one more question on the Nutrition
	,	on the Nutrition
	Code A	
	Code A	Mmm
		WIIIIII
	DC Code A	Can you recall on that occasion, you put there Porridge eaten
	Code A	Mmm.
	DC Code A	on the 14 th , was that. how did she eat that? Was that with
		your assistance or was she able
	Code A	That was me feeding her.
	DC Code A	That was you spooning it, was it?
	Code A	Yes, spooning it into her mouth.
	DC Code A	Okay.
	DC Code A	When people like Mrs RICHARDS 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.
	DC Code A	and cupped round her mouth and put back in her mouth?
	Code A	Yes.
Signature((s):	◆ Not relevant for contemporaneous notes





RECORD OF INTERVIEW

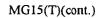
Record of Tape Counter Times *	Person Speaking	Text
	DC Code A	She was that dependant?
	Code A	Yes they are.
	DC Code A	Right and okay.
	DC Code A	Moving onto the constipation chart then
	Code A	Yeah, okay.
	DC Code A	I think that's your entry, relevant to you
	Code A	Yeah, I made it on the 14/8, just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





RECORD OF INTERVIEW

	interview of:	Code A
Tape Counter Times ◆	Person Speaking	Text
		hospital between the 14 th and the 17 th
	Code A	Yeah.
	DC Code A	returning on the 17 th
	Code A	Huh huh.
	DC Code A	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
1	,	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.
	DC Code A	Yes.
	Code A	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.
	DC 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





RECORD OF INTERVIEW

Record o	finterview of:	Code A
Tape Counter Times	Person Speaking	Text
	DC Code A	Okay. Moving on then we've got August '98 calendar
	Code A	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
	DC Code A	Right.
	Code A	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 12 th , 13 th and the 21 st .
	Code A	Mmm 21 st .
	DC Code A	Any of those down to you?
	Code A	No it doesn't look no none of them are my writing. I actually
		put in on the 14 th , but I didn't put it on the front.
	DC Code A	No.
	Code A	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





RECORD OF INTERVIEW

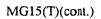
Γape Counter Γimes ◆	Person Speaking	Text
		reactions are always put onto the paper inside.
	DC Code A	So I mean looking at that, it looks like her bowels weren't open at
		any time during the time she went in?
	Code A	No, that's right.
,	DC Code A	Within the ward on both occasion?
	Code A	Yeah.
	DC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





RECORD OF INTERVIEW

	f interview of:	Code A
Tape Counter Times Times	Person Speaking	Text
	DC Code A	Oh they didn't, sorry.
	Code A	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 RICHARDS 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 daughters would
		come in say Mother needs to go to the toilet.
	DC Code A	Mmm mm
	Code A	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
	DC Code A	Right.
	Code A	but they don't always go then.
	DC Code A	Do you recall her going at any time?
	Code A	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





RECORD OF INTERVIEW

	D.C.	other time of actually putting her on the toilet.
	DC C	
	DC Code A	Okay, did she go then on that time?
	Code A	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.
	DC Code A	Right.
	Code A	Erm and she would have been
	DC Code A	I see there's an entry there's another entry here on the 14 th as
		the same time as your entry
	Code A	Yeah, to say that the night staff had washed her bottom half.
	DC Code A	Is that because she may have er
	Code A	If she was wet, incontinent, during the night, or anything, or early
		morning, then they go round and check patients and change their
		pads
	DC Code A	Right.
	Code A	and they wash their bottom half then.
Signature	e(s) :	◆ Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 8

e inter es *	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
	DC Code A	and everything, is that the sort of thing they do down
	Code A	That's part of it, yeah, yeah
	DC Code A	Is it? So it could have been for that or
	Code A	We do that intermittent, inter yeah, but the night staff every
		morning, go round all the patients that would be incontinent
		anyway
	DC Code A	Right.
	Code A	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.
	DC Code A	Yeah I appreciate you don't just one quick question about
	Code A	Mmm.mm.
	DC Code A	As we understand it there's four drugs that were loaded onto the
		driver, which is Diamorphine
	Code A	Yeah.

Signature(s):

Not relevant for contemporaneous notes



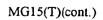


RECORD OF INTERVIEW

Continuation Sheet No: 9

	f interview of:	Code A
Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Haloperidol Midazolam and Hyoscine.
	Code A	Yes.
	DC Code A	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.
	DC Code A	seek to achieve?
	Code A	Yes.
	DC Code A	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.
	DC Code A	Right.
	Code A	Midazolam is usually a tranquiliser or such, it helps to calm them
		and um Diamorphine is the pain killer.
	DC Code A	Okay and the Haloperidol?
	Code A	I'm not sure with Haloperidol, I couldn't honestly answer you
Signature	(s):	

◆ Not relevant for contemporaneous notes



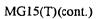


RECORD OF INTERVIEW

		Continuation Sheet No : 10
Record of	finterview 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.
	DC Code A	What sort of condition that patient would be in?
	Code A	I would say that they were very very poorly and that they need
		something to help keep them comfortable.
	DC Code A	Would it be something where you'd say they're dying?
	Code A	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 18 th is it, the 19 th . I can't read it from here.
	Code A	Um just trying to see, 19 th I think that is.
	DC Code A	That's the 19 th .
	Code A	yeah, 19 th .

Signature(s):

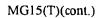
[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

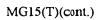
Record of	f interview of:	Code A
Tape Counter Times	Person Speaking	Text
	DC Code A	This is the 18 th .
	DC Code A	And the others are the 18 th ?
	Code A	Yes.
	DC Code A	But the Hyoscine had started being administered on the 19 th ,
,		which we are led to believe, I mean we're Policemen, not medical
		staff, but the Hyoscine is normally administered a bit later, when
		they start getting a rattly chest?
	Code A	Yeah, yeah.
	DC Code A	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
	DC Code A	yeah.
	Code A	um but they usually put up on the smallest dose necessary and
Signature	(s):	◆ N41
		Not relevant for contemporaneous notes





RECORD OF INTERVIEW

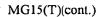
Tape Counter Times	Person Speaking	Text
		then if the patient is still in pain or distress or still getting bubbly,
		then each of those drugs relevant to their problem would be
		increased slowly you know to stop any of the problems.
	DC Code A	Again, I appreciate er, I don't think maybe I ought to ask you this
		question or not, but as would it be fair to say then that as of the
•		18 th 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.
	DC Code A	Okay.
	Code A	I'm not qualified to say.
	DC Code A	I just want to ask a slightly different question to that, because I
		recall you saying that you saw Mrs RICHARDS in those last few
		days, although
	Code A	Yeah.
	DC Code A	you may not have necessarily attended to her.
	Code A	No.
	DC Code A	Was your perception, what was your perception of her?
11.33	Code A	That she was very very poorly.
Signature	(s):	• Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Tape Counter Times	f interview of: C	Text
	DC Code A	Okay, was your perception that she was dying?
	Code A	I would have said yes, that there wasn't you know she wasn't
		going to last very long.
	DC Code A	Right. Were you ever made aware of what she was dying of?
	Code A	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
		RICHARDS 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.
	DC Code A	Okay.
	Code A	I was actually surprised to see her come back from Haslar so
Signature	e(s):	◆ Not relevant for contemporaneous notes



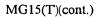


RECORD OF INTERVIEW

Continuation Sheet No: 14

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 RICHARDS
		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.
	DC Code A	Were you present at that time on the ward?
	Code A	No, no.
	DC Code A	Okay. When did you first become aware that there was a an
		issue as to how she been treated according to the daughters.
	Code A	Recently. This year.
	DC Code A	Okay. Did you ever enter into any conversation or
		correspondence with the daughters after Mrs RICHARDS' death.

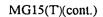
◆ Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Record of Tape	finterview of:	Code A	<u> </u>
Counter Times •	Person Speaking	Text	
	Code A	No. N	o, I never got close to the daughters at all. I try not to
		unless 1	know someone previously to there, their relative coming
		in. I try	to sort of just keep it professional.
	DC Code A	Were y	ou aware of any other members of staff that may have got
		sort of	correspondence or conversations with them after Mrs
		RICHA	RDS had died?
	Code A	Not that	t I know of.
	DC Code A	Okay.	Was there any um anything left, handed to the ward by the
		sisters o	or?
	Code A	I can't	remember. I mean sometimes relatives would leave
		chocola	tes and things like that for us. I can't honestly remember
		whether	Mrs RICHARDS' 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, y	eah.
	DC Code A	In terms	s of her condition the first time and the second time
	Code A	Mm mn	nm.
	DC Code A	what we	ere the differences as far as you could see?
Signature	(s):		◆ Not relevant for contemporaneous notes



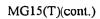


RECORD OF INTERVIEW

Continuation Sheet No: 16

Tape Counter	Person Speaking	Text
Times *		
	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 daughter, 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
	DC Code A	Okay.
	Code A	keeping an eye on her.
	DC Code A	Okay.
	Code A	That was the reason she was put in a room opposite the nurses
	i!	station, so that she could be watched.
		Station, so that sile could be wateries.

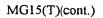
• Not relevant for contemporaneous notes





RECORD OF INTERVIEW

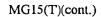
Tape	•		
Counter Times •	Person Speaking	Text	
	DC Code A	I think other people have said that, that there's individual rooms	
		next to the station and they're set aside for the people that are the	
		poorliest.	
	Code A	Are poorly, yeah, yes, so that we can watch them all the time,	
		even night staff 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 daughters 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 RICHARDS?	
	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 daughters 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	





RECORD OF INTERVIEW

Tape Counter Times •	Person Speaking	Text
		on Mother needs this, or Mother 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.
	DC Code A	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	e(s):	
		Not relevant for contemporaneous notes





RECORD OF INTERVIEW

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 Philip 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.
	DC Code A	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