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RECORD OF INTERVIEW

Number: Y10

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

Person interviewed:

Place of interview: Park Gate Police Station

Date of interview: 03/07/2000

Time commenced: 1055 Time concluded: 1123

Duration of interview: 28 mins Tape reference nos.
(◆)

Interviewing Officer(s): DC / DC

Other persons present: David ROACHE (Solicitor)

Police Exhibit No: LMC/KMW/21 Number of Pages: 32

Signature of interviewing officer producing exhibit

Tape
counter
times(◆)

Person
speaking

Text

DC

This interview is being tape recorded, I am DC
 the other police officer present
is.....

DC

DC

DC

The date is Monday the 3rd of July, year 2000
and the time by my watch is 10.55. I'm
interviewing

RESTRICTED

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DOCUMENT RECORD PRINT

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

Code A

Code A

DC Code A

Okay, thank you and also present is.....

SOLICITOR

David ROACHE, that's Code A

Code A solicitor.

DC Code A

Okay. The interview is being conducted in the interview room at Park Gate Police Station. At the end of the interview I'll give you a notice explaining what will happen to the tapes which will explain exactly what we do with the three tapes that we have here, okay. I'm now going to read out a set introduction just to try and explain why we're here and what we're aiming to achieve by these interviews, okay. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs 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

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

provided her with direct nursing care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I emphasise that this is a search for fact and your account and answers will be carefully assessed in light of information arising from other interviews with staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. You solicitor has been provided with relevant material prior to this interview commencing. I do emphasise that you are not under arrest and you're free to leave at any time, your right to free legal advice in private extends throughout the period you're at the police station. You do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in court, anything you do say may be given in evidence. Now that last bit was the caution, okay do you understand that?

2.36

Code A

DC

Code A

Yeah

Okay, it's quite harshly worded isn't it but it's to summarise it really it's just, we will ask you

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

questions relating to procedures, your recollection of various events if you're able to give them. We're not here to sort of challenge you or have a go at you about various things or you know surely you can remember this, that's not why we're here, we're here to get an account from you if you can remember that. That's why we're here, we're not here to make decisions on whether that's right or wrong because we're not in a position to do so and any decision that is taken regarding anybody at the hospital will be taken with full consultation from the medical expert. You know it's not going to be a police officer on his own saying well, I don't really understand but that doesn't look right to me sort of thing, you know it's going to be a proper consultation period before any decision is taken so as I say at this stage it's for us to try and gather as much information as we can, okay. What I'd like to do first of all if, what I'd like you to do if you could is to just go through your role at the hospital particularly in August 1998, what your job is, and what that entails basically.

Code A

I'm a health care support worker and I assist the trained staff looking after the patients like we wash the patients, and generally look after their care.

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RESTRICTED

DOCUMENT RECORD PRINT

DC Okay and that role is health care support worker?

Yeah

DC That's what it's known as, okay and that's what you were doing in August '98?

Yeah, yeah.

4.32 DC How much experience have you had in...?

I've been health care support worker at Gosport War Memorial for 26 years.

DC Oh right so quite some time?

Yeah.

DC Is that all been on the same ward or...?

Erm well when the old hospital was there erm I worked on all three wards, children's, male and female...

DC Right.

...when the new hospital was built I was put on Daedalus ward which I've been on ever since the new hospital was built.

DC Okay and in particular to elderly patients, what's your experience in treat, in dealing with the elderly?

I've worked with them for years.

DC For years, okay, what throughout your 26 ye...?

Yeah.

DC ...26 years?

(inaudible) as well as, well in the old hospital we had the younger ones but erm since we

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

doctor that is responsible for the ward, are you aware of that comes in?

Code A

Well on night duty we don't see a lot of doctors at all...

DC: Code A

Right.

Code A

...but I do, I do know that Doctor BARTON comes in and I think there's a Doctor LORD that comes in but on night duties we don't always meet them...

DC: Code A

Okay.

Code A

...and you know no, not with them we don't meet those.

DC: Code A

You don't...

Code A

No, unless something, anything crops up, something crops up in the night and we needed a doctor, we have to phone erm say the erm it's like a GP thing or the health care, Cosham.

DC: Code A

That's not the old call out roster is it?

Code A

Yeah.

7.32

DC: Code A

...people on duty throughout the evening aren't they?

DC: Code A

Yeah.

DC: Code A

(Inaudible)

Code A

I, I think they do that, yeah.

DC: Code A

Okay so what sort of duties do you tend to work, you say nights, what hours would you do?

Code A

Yeah, erm I get there at quarter past eight until

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

quarter to eight in the morning.

DC Code A Right, okay. Now in terms of the patients, I mean what stage are they at, at that stage, are they mainly in bed or is there...?

Code A Most of them are, most of them are, yeah and then what we do is...do you want to know what I do?

DC Code A Yes please.

Code A Yeah, when we come on we usually, the first thing we do is we go round and check every patient in every bed, put those to bed that are not, make sure they're clean and erm settled and then the staff nurse follows us round with their night sedation or night drugs, whatever they've got to have.

DC Code A Right.

Code A And usually they settle through the night.

DC Code A Yeah, yeah, okay. Moving onto Gladys RICHARDS, now do you have any recollection of Mrs RICHARDS?

Code A Only a few things I told Mr ROACHE that I could vaguely remember...

DC Code A Okay.

Code A ...so I don't know whether to say them because I'm not definitely sure.

8.53 DC Code A Well we can always qualify them by saying you're not definitely sure, I mean what sort of things are we talking about, just conversations

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

you've had or...?

Code A

Yeah, yeah, when I was on duty that particular week erm when I came on duty erm I cannot remember Mrs RICHARDS I'll be honest I cannot remember her, we have a lot of elderly....

DC Code A

Yeah.

Code A

...it's a job to remember that but the only thing that brought it to mind was erm I can remember a conversation with one of the nurses erm when I went to do a patient erm that this patient had been brought back on erm from Haslar on a sheet and not er canvas erm what are they called...

9.47 DC Code A

Stretchers

DC Code A

Stretchers

Code A

...stretchers, yeah I can remember that conversation, I cannot remember the patient.

DC Code A

So that was a conversation with another member of staff?

Code A

It was another member of staff.

DC Code A

Yeah.

Code A

And that...

DC Code A

What's brought that to your thoughts is that because you've read the notes?

Code A

Yeah, yes erm it's just something that, just something that's unusual.

DC Code A

Mmm, some...

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

	Code A	Doesn't often happen.
	DC: Code A	Can you explain I mean when me and Lee were first told about being brought back in a sheet, we weren't sure exactly what that meant, can you just explain what this sheet?
	Code A	I don't know...
	DC: Code A	No.
10.29	Code A	...I don't know, I know when they're on a canvas there's two poles that go through and then they put the canvas on the bed and the patient is transferred...
	DC: Code A	Yeah.
	Code A	...but what they meant about bringing her back on a sheet I don't know...
	DC: Code A	Right.
	Code A	...I don't know.
	DC: Code A	Okay, okay you had some other memories for ...?
	Code A	Just little things that triggered off in my mind when I was reading the statement erm I can remember a patient with a haematoma but I couldn't honestly say on here that it was definitely that patient but it is a very, very unusual thing to happen...
	DC: Code A	Right.
	DC: Code A	Right
	Code A	...So it could very well have been this particular patient, I'm not prepared to say that

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

it definitely was because I really can't remember...

DC Code A

That's fine.

11.15

Code A

...I can remember a patient with a haematoma.

DC Code A

Like I said to you before we're here to establish fact, if you don't know and you can't remember then that's fine, it's just that me and Lee you know....

Code A

I can't even remember Mrs RICHARDS really but these little things that have cropped up have just sort of triggered in the back of my mind because they're unusual.

DC Code A

Yeah.

DC Code A

Yeah. Haematoma's are unusual are they or..?

Code A

Yeah that's the first time I've ever seen, in all my years I've seen a big...

DC Code A

Oh right so you remember seeing a patient?

Code A

Yes I remember seeing a patient with a haematoma.

DC Code A

Right, can you briefly describe you've got your hands up obviously the tape can't see your hands, can you briefly describe what this I mean...

Code A

It's like, it's like a, it's like a huge bloodblister.

DC Code A

Right. I mean when you say huge, how big is huge?

Code A

Couple of inches, couple of inches.

DC Code A

Is that like a circular one, like two inches

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

12.09 [Code A] diameter or something?
 [Code A] I can't remember I just remember...
 DC [Code A] Yeah.
 [Code A] .. I just remember seeing it on her hip, by the
 hip.
 DC [Code A] Okay and so...
 [Code A] Whether it was...
 DC [Code A] Gladys RICHARDS or not you can't
 remember?
 [Code A] No.
 DC [Code A] Yeah and it was by a hi, the hip of the patient?
 [Code A] Yeah.
 DC [Code A] Can you remember if it was left or right?
 [Code A] No, (inaudible)
 DC [Code A] Okay, okay. Is there any other recollections
 you have?
 [Code A] No, when I was reading through erm the
 statements I erm, I did recall vaguely the two,
 her two daughters and I vaguely remember, I
 don't know if I was told or I actually saw her
 doing it but one of the daughters was always
 writing and I do remember that because it's
 unusual, people don't...we do have relatives in
 at night that sit with their dying relatives...
 DC [Code A] Yeah.
 13.09 [Code A] ...and they do stay overnight and we usually
 make them comfortable, make them tea, is
 there anything they want, go in check the

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

patient make sure it's al, you know he or she's all right but erm this particular, particular lady was doing an awful lot of writing and that's what triggered it off in my mind again because it was...

DC Code A

It's unusual

Code A

...it's not a usual thing for a relative to do.

DC Code A

Do you know what she was writing about?

Code A

No..

DC Code A

No.

Code A

...no, no, but I can just bare, you know...

DC Code A

Yeah.

Code A

...it's such a long time ago.

DC Code A

Did you have any conversations with the tw, I think there was two women who may have been there at...?

Code A

Two daughters.

DC Code A

Two daughters.

Code A

I must have done, I can't remember but I would, I would have done as I was on night duty....

13.57

DC Code A

Yeah.

Code A

...for those three nights...

DC Code A

Okay.

Code A

...I would have erm gone in and seen them and spoken to them and made them tea...

DC Code A

Yeah.

Code A

...erm made sure they were all right, were they

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

comfortable in the chair they were going to sleep in if they were staying overnight er.

DC Code A

But there's nothing, nothing...

Code A

I can't remember anything, no.

DC Code A

...specifically you remember?

Code A

No

DC Code A

Okay. I just want to quickly, I've got the duty sheet here from august the (inaudible) '98...

Code A

Yes.

DC Code A

...I think can you just confirm for me when you were on?

14.31 Code A

Yeah I was on Tuesday, Wednesday, and Thursday, 18, 19, and 20.

DC Code A

Yeah, okay.

Code A

(inaudible)

DC Code A

Are you, obviously when you come on duty I'm aware that there's changes of shifts, there's handovers...

Code A

Yeah.

DC Code A

...as a health care support worker do you get involved in those handovers?

Code A

Yeah, yeah.

DC Code A

And I understand it would be a sort of general conversation about...

Code A

It is yeah, we, all of those coming in on duty go into the office and the trained staff on days that's handing over to our trained staff on nights and there's usually 2 or 3, mainly 2

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

most of the time health care support workers on night and we sit in there and have a report on every patient.

DC Code A

Right, okay and again appreciating what you've told me already, do you recall any sort of conversation about Mrs RICHARDS or any conversation about a particular patient?

15.37 Code A

No I can't, I can't remember anything about that.

DC Code A

Okay, all right, okay. Now during the night turns you tend to get involved in sort of you say making sure they're clean, do you get involved in sort of the feeding and washing?

Code A

Erm we usually do that in the mornings erm at night erm we just make sure they're comfortable, they're not in pain, they're asleep, erm some, some patients have to be turned and if you know...

DC Code A

Right.

Code A

...but erm (inaudible) not all patients obviously...

DC Code A

Okay.

Code A

...and in the mornings we usually before the night staff go off we usually wash every patient and put clean nighties on if they need and what have you.

DC Code A

Okay. Would that be completed anywhere? Would you fill in a record that you'd fed or

RESTRICTED

DOCUMENT RECORD PRINT

washed somebody?

Code A

Yeah.

DC Code A

Okay and where would that go on to?

Code A

Goes on the care plans.

DC Code A

Right, okay. When are those care plans actually set up...

16.50

Code A

Yeah.

DC Code A

...for what reason?

Code A

Well usually when we, lets say two of us went into a patient and washed a patient usually as we come out the door one of us writes it in the care plan that we, we've seen to that patient.

DC Code A

Right, okay. Now in terms of feeding or providing water, would there be occasions when you wouldn't complete it?

Code A

Oh yeah, yeah, yeah sometimes we don't, don't write it in like if we've been into a patient and we've given them a sip of water, a drop of water, drop of squash...

DC Code A

Then you don't...

Code A

...you don't write down every single tiny little thing.

DC Code A

Right what about if food is refused or waters refused?

Code A

Well with food you wouldn't get it on, you wouldn't feed them on nights because they've had their supper and they're settled and in the morning, I mean they don't have their

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

breakfast until eight o'clock...

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

Right, back in...

...so we don't get involved with food.

So you wouldn't get involved in that at all?

No, no.

Right, okay.

I take it on nights then you're more like a, I appreciate you do your rounds every...

Well all the time.

...all the time is it?

Yeah.

But you're like a responsive team?

Yeah.

To people (inaudible).

Just ensuring they're comfortable overnight...

That's right, yeah. The majority of them mostly unless they're in pain.

Obviously if there comes a point with and this is a question on procedure not specifically about Mrs RICHARDS, if there was a point where there was a problem with a patient, they took a bit of a downturn in health or some other problem, what would you do? What would you be expected to do?

18.32 **Code A**

If I went to a patient and I wasn't happy with the patient I would go to the staff nurse and then she would come and have a look erm and she would deal with the problem.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC **Code A**

Okay so it immediately goes to the qualified member of staff?

Code A

Yeah, oh yeah.

DC **Code A**

Okay and then obviously I take it from there if it was something she was concerned about then...

Code A

She would go to the night sister or the night duty sister or...

DC **Code A**

..Right, yeah.

Code A

...senior staff nurse that's acting up for the sister, night sister.

DC **Code A**

And then from there?

Code A

Then a doctor would be...

DC **Code A**

A doctor would be called out if appropriate?

Code A

Yeah.

DC **Code A**

Okay. Now I appreciate that you're not qualified in administering drugs...

Code A

No.

DC **Code A**

...syringe drivers, needles, you're not qualified to do any of that?

Code A

No, no.

19.29

DC **Code A**

Have you ever had a problem with treatment that's been prescribed to a patient?

Code A

No, I've never known any trouble.

DC **Code A**

Okay.

Code A

No.

DC **Code A**

The question I'm really asking have you ever, has someone ever prescribed something and

RESTRICTED

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DOCUMENT RECORD PRINT

you thought well I don't agree with that?

Code A

DC **Code A**

No, I've never thought that.

Code A

DC **Code A**

Okay. Are you aware of a procedure in place in the hospital if that were to happen?

Code A

DC **Code A**

Well I've never come across it so I wouldn't know.

Code A

DC **Code A**

You wouldn't know?

Code A

DC **Code A**

No.

Code A

DC **Code A**

Okay but what would you do if...

Code A

DC **Code A**

Well if I was unhappy with...

Code A

DC **Code A**

...Yeah.

Code A

DC **Code A**

...well I would see the staff nurse.

19.59 DC **Code A**

Okay.

Code A

Go straight back to the staff nurse or else the duty sister.

Code A

DC **Code A**

Right so you just go up the hierarchy again?

Code A

Yeah, yeah.

Code A

DC **Code A**

Okay. Just want to show you the care plan, you may have had an opportunity to see one I'm not sure.

Code A

I've seen one.

Code A

DC **Code A**

Okay sort of from there. I understand that first one is a, that that's for nights isn't it if I'm right?

Code A

DC **Code A**

Erm (inaudible)

Code A

DC **Code A**

I just wonder if you could take a look through those few pages, just see if there's any entries that are relevant to you or anything that you

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

know you were present or you can sort of pad out a bit more if you can remember?

Code A

That's on the 12th, I wasn't on the 12th, I wasn't on the 14th. No I think that was day staff.

DC Code A

Oh right

Code A

That was what the day staff worked.

DC Code A

Okay. Then we've got the other ones here haven't we which there's nutrition...

21.29 Code A

Yeah we're are not here with their meals.

DC Code A

Yeah again the constipation one you would only complete if there was something that happened?

Code A

(inaudible) at night.

DC Code A

Right.

Code A

And that would only be filled in if she had her bowels open at night. Now this is the one sometimes we write on, if we wash them...

DC Code A

Right.

Code A

...and blanket bath them, made them comfortable we often write on here but this is the sort of thing we write.

DC Code A

And you're referring to the health care...

Code A

The general, general care at night.

DC Code A

...Yeah.

Code A

I don't know who's signatures they are but...

DC Code A

But there's none there...

Code A

...I must, I must have worked with them if I was on those nights.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC [Code A] But you say you're normally work in pairs and one, one of you write...

22.26 [Code A] There's usually, usually two auxiliaries and the staff nurse on the ward, on very rare occasions you'll get three...

DC [Code A] Yeah.

[Code A] ...not aux, well I still call them auxiliaries...

DC [Code A] If you're lucky.

[Code A] ...but they're health care support workers I can't get used to the change and erm there's usually two of us and the staff nurse. Staff nurse when we come on goes round and does the drugs and checks the patients, two auxiliaries go round and they put people to bed, wash them, get them into bed and make them comfortable and then in the morning we usually go round and we wash them while staff's doing her things like erm drugs and erm feeds and different things you know going to the (inaudible)...

DC [Code A] Yeah.

[Code A] ...erm then we go round and we wash the patients, we make them comfortable, change beds erm change their clothes, if relatives are there we usually make them a cup of tea and make sure...

DC [Code A] Yeah.

23.23 DC [Code A] I think we're happy that with in the case of

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

Gladys RICHARDS that the last few days of her life she was in bed all the time. What sort of care and help would you give somebody like her?

Code A

Well we would have checked, we would have checked her, made sure that she wasn't incontinent, erm I don't know if she had a catheter or not, I don't know erm made sure she was comfortable but if Mrs RICHARDS had this bad hip I'm sure we wouldn't have moved her around too much...

DC Code A

Right

Code A

...because of the hip, we would have been very careful with her...

DC Code A

Yeah.

Code A

...anybody that's had a hip replacement or anything to do with the hips we have to be very careful.

DC Code A

Yeah, okay and similar question if a patient is, perhaps you can tell me circumstances when you, I know you're on nights and you wouldn't actually get involved with this but in terms of perhaps of water, of drinks when you wouldn't provide someone with drinks?

Code A

You wouldn't provide it if they were unconscious.

24.35

DC Code A

Right, okay.

Code A

Erm if Mrs RICHARDS had woken up in the

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

night and needed sips of drink for one her daughters were probably there with her...

DC:

Yeah.

...but two we would, if we thought, if we think a person needs a drink in the night then they get one.

DC:

Yeah.

DC:

Right, okay but if they are unconscious?

No, you wouldn't...

DC:

You wouldn't do, why would that be?

DC:

Can we just clarify that, I don't think it's unconscious, is sedated a better word rather than unconscious?

Yeah, yeah.

DC:

Yeah.

DC:

And why would that be, it's a silly question perhaps but...

(inaudible) I mean they're not with you, they, they'd probably choke.

DC:

Mmm, okay. Right, yeah you've sort of given us your recollections at the time you know the stuff that your memory's been jogged by, by the statements. Do you recall any conversations and you may have heard of this sort of second hand from someone else the sisters had with other members of staff, in particular to any correspondence they had with other members of staff or...?

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

25.54	Code A	No..
	DC Code A	No.
	Code A	No, I can't remember anything.
	DC Code A	Okay, right. So just to summarise then really you don't remember Mrs RICHARDS at all?
	Code A	No, I can't.
	DC Code A	We've looked through the care plan, there's nothing there that is relevant to yourself?
	Code A	No.
	DC Code A	You were on nights, for three nights in that, in that time we're interested in?
	Code A	Yes.
	DC Code A	So they're may have been a chance you'd attended to her but ...
	Code A	I probably did.
	DC Code A	...with another member of staff but...
	Code A	With another member of staff, yeah.
	DC Code A	...but that's, you can't actually reme...you do recall seeing a patient with a haematoma which is like a big bloodblister but you can't say whether that was Mrs RICHARDS?
	Code A	No.
	DC Code A	And you sort of heard second hand from someone that they weren't very happy with the treatment, was that right, I have heard that...
	DC Code A	The transfer.
	DC Code A	...the transfer...
	Code A	The transfer.

RESTRICTED

DOCUMENT RECORD PRINT

DC	Code A	...yeah...
	Code A	Yeah, but that was...
DC	Code A	...there was a problem with the transfer?
	Code A	...that was through another colleague so...
DC	Code A	Yeah, yeah, okay but again you weren't party to that
	Code A	No
DC	Code A	...transfer, you weren't there or...?
	Code A	No, no, no I wasn't there when she came back.
DC	Code A	You may have had conversations with the sisters, sis yeah well they are sisters but daughters of Mrs RICHARDS but again...
	Code A	Yeah.
DC	Code A	...there's nothing significant that you can recall?
	Code A	No, no I did probably speak to them I wouldn't have left them there on their own without talking to them...
DC	Code A	Yeah, yeah.
	Code A	...but I can't remember.
DC	Code A	Right, okay and one of them was writing a lot and...
	Code A	Yes.
DC	Code A	...you found that quite....
	Code A	Yeah.
DC	Code A	...unusual?
	Code A	Yeah.
DC	Code A	So I take it by what you've said to us that Mrs

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

RICHARDS wasn't a noticeable patient, she did nothing, there was nothing regardless that was untowards or that stands out in your memory above any other patient that you dealt with, if nothing....

Code A

No.

DC Code A

No.

Code A

I don't think, no I can't remember.

27.54

DC Code A

Right.

DC Code A

Right and just one final ques, just I think I may have asked this but I'll just cover it again. In relation to the administration of drugs, you're not covered to do that at all?

Code A

No, we don't do that.

DC Code A

Have you got any background in administrating drugs...

Code A

No.

DC Code A

...on previous wards or..?

Code A

No.

DC Code A

No, okay.

Code A

No.

DC Code A

Right (inaudible) okay. Is there anything you'd like to add?

Code A

No, that's about it.

DC Code A

Okay, is there anything you'd like to clarify, anything you've said you'd like to...feel, explain further what you haven't understood or..?

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

Code A

No, that's all I know.

DC Code A

Okay, I'll hand you a notice explaining the tape recording procedure which I'm sure Mr ROACHE will assist with you, complete before we leave the room. The time by my watch is 11.23 and I'm turning the recorder off.

END OF INTERVIEW

RESTRICTED