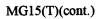


RECORD OF INTERVIEW

SDN:	☐ ROTI	
Person int	erviewed : Marga	ret COUCHMAN
Place of in	nterview : Parkga	Police exhibit no. : Number of pages : Signature of interviewing officer producing exhibit :
Date of in	nterview : 29 Jun	e 2000
Time com	menced 11.17	Time concluded: 11.56
Duration	of interview : 39 n	inutes Tape reference numbers • : 44/00/030848
Interview	ing Officers : DC	Code A
Other per	rsons present : Mr	Code A Sauley & Co, Solicitors, - Legal Advisor
Tape Counter Times	Person Speaking	Text
	DC Code A	Okay, this is the commencement of the interview of Margaret
		COUCHMAN. Okay it's time by my watch is 11.17 on 29 th June,
•		taken a short break. I will remind you that you are still under
		caution and I'll just go through the caution again.
		You do not have to say anything, but it may harm your defence if
		you do not mention something when questioned which you later
		rely on in court. Anything you do say may be given in evidence.
	COUCHMAN	Yes.
	DC Code A	Okay, do you understand that?
	COUCHMAN	I do.
Signature	e(s):	◆ Not relevant for contemporaneous notes

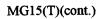




RECORD OF INTERVIEW

Tape Counter Times •	Person Speaking	Text
	DC Code A	Okay. That's not anything additional to what we've said already,
		it's just reminding you that this interview is being conducted under
		those headings and it's the caution.
	COUCHMAN	Right.
	DC Code A	All right and can we also can you also confirm for me that
	<u> </u>	during the break um we've not discussed the case, I've not asked
		you any questions in relation to anything with regard to Mrs
		RICHARDS.
	COUCHMAN	No you haven't.
	DC Code A	Thank you. Okay, right, we were talking about the syringe driver
		and um you explained, you've explained the advantages of the
		syringe driver and that it gives a constant level of pain relief for
		whatever relief is, you know the drug in it is designed to give and
		it prevents these troughs in in pain relief
	COUCHMAN	Yeah.
	DC Code A	and stops patients waking up or in pain or whatever, towards
	tJ	the end of the treatment. We've discussed that. We've also
		discussed that it's not purely for palliative care, it is for other
		forms of treatment as well

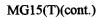
Signature(s):	
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RECORD OF INTERVIEW

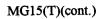
Tape Counter Times *	Person Speaking	Text
	COUCHMAN	Yes
	DC Code A	and it's I believe it's quite a small machine
	COUCHMAN	It is.
)	DC Code A	So people can walk around with it
	COUCHMAN	You can put it in your pocket.
	DC Code A	Yeah and whatever, so that it gives them that constant . constant care.
	COUCHMAN	Care.
1.52	DC Code A	Okay, we've discussed Mrs RICHARDS' condition and the fact
		that it was probably, I think you said and correct me if I'm wrong,
		a couple of days before she died that you got the impression that
		she was actually starting to die
	COUCHMAN	Yeah.
	DC Code A	she was starting to die. She had a chest infection, or you felt
		she was, she was
	COUCHMAN	Did.
	DC Code A	Did have a chest infection or had a chest infection and I take it it
		would be fair to sum up and say she was very ill or very poorly.
	COUCHMAN	Very poorly, yes.
Signature	e(s):	◆ Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Record of interview of: Margaret COUCHMAN		
Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. Now there are times, what I'd like to do now is go over
		the drugs that were administered and I've got here, which might
		be a bit clearer, cos this is the original copy, the health record.
		You've actually got your own notes there. I take it this is the, this
		is the prescription record, is it called?
	COUCHMAN	It is the prescription chart, yes.
	DC Code A	Okay. Now I think there's sort of several entries or a few entries
	<u> </u>	relevant to yourself. I'm not sure, I wonder if you could just point
		out for me which ones are, you're involved in.
	COUCHMAN	This one's mine, the 20 th of the eighth, I can see my signature
ř		here.
1	DC Code A	Okay that's for hyoscine.
	COUCHMAN	Yeah.
	DC Code A	And that's is that 400?
	COUCHMAN	It's 400 micrograms at quarter to eleven and the Midazolam, 20th
		of the eighth, 10.45, 20 milligrams and my signature, MC.
	•	Obviously on that day we didn't put any Diamorphine
	DC Code A	I see.
	COUCHMAN	or did we? Yes we did, we put 40 milligrams of Diamorphine,
Signature	e(s):	◆ Not relevant for contemporaneous notes

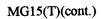




RECORD OF INTERVIEW

Continuation Sheet No: 4

Tape Counter Times *	Person Speaking	Text
		20 th of the eighth, 10.45, that's my signature.
	DC Code A	Okay, and I believe you've got the haloperidols?
	COUCHMAN	Haloperidol - 20 th of the eighth, 10.45, 5 milligrams, my signature.
•	DC Code A	Okay, so looking at those four
	COUCHMAN	Yeah, so I put the driver up that day.
	DC Code A	Yeah to ask you a fairly obvious question, it looks you've
		loaded the driver on that day?
	COUCHMAN	I must have put it up yes I must.
	DC Code A	Okay. Can you just go through for me what each of the drugs do,
		what they are designed to do?
	COUCHMAN	Right, Diamorphine Hydrochloride is a powder in ampules, five,
)		ten, thirty, one hundred and a five hundred ampule.
	DC Code A	Right
	COUCHMAN	and I believe it's heroin
	DC Code A	Oh right, okay.
	COUCHMAN	And it's a very strong painkiller, indicated in severe pain and the
		initial dose is five to ten milligrams, four hourly
	DC Code A	Right
	COUCHMAN	for an adult.

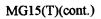




RECORD OF INTERVIEW

Continuation Sheet No: 5

Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Okay. What about the others there?
	COUCHMAN	and Haloperidol is for severe anxiety and the management of
		anxiety, dosage 1.5 to 5 milligrams, 10 milligrams, 20 ampules and
		we actually gave 5 milligrams, which is a very as you can see is
		a very small dose. You can go up to 20 over 24 hours.
	DC Code A	Oh right. Okay.
	COUCHMAN	Midazolam, 20 milligrams over 24 hours, again an anti anxiety
		drug with 20 milligrams being a very low dose.
	DC Code A	Right and the Hyoscine?
	COUCHMAN	Oh and Hyoscine is a drug to dry up secretions in the patient's
		bronchal tubes, which occasionally can cause quite a lot of distress
		to the patient.
	DC Code A	Right, okay.
	COUCHMAN	And that is only added if it's required.
	DC (Code A	Oh right. As I understand it
	COUCHMAN	And 200 micrograms, sorry 400 micrograms isn't a large dose, she
		could have had 800.
	DC Code A	Right, I mean that was my next question, in relation to the level of
		dosage, your saying that they're quite

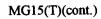




RECORD OF INTERVIEW

Continuation Sheet No: 6

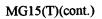
Tape Counter Times •	Person Speaking	Text
	COUCHMAN	They're quite low, they're a normal, a normal dose.
	DC Code A	Obviously when, it's got here the drug
	COUCHMAN	Yeah.
•	DC Code A	Diamorphine, for example, it's got 400 to 200
	COUCHMAN	We could've
	DC Code A	40 to 200
	DC Code A	Sorry 40 to 200
	COUCHMAN	40, yeah, we could have given 200.
	DC Code A	So, am I right in saying that when the Doctor, Dr BARTON, in
	ŧ	this case
	COUCHMAN	Yes.
)	DC Code A	has prescribed these, she's given the nurses who have got the
		authority to do so, discretion to increase the dosage
	COUCHMAN	Quite, if the patient required it.
	DC Code A	If the patient required it, yeah. Would that involve any further
		consultation with Dr BARTON before
	COUCHMAN	Not necessarily.
	DC Code A	Wouldn't necessarily. She's given you that sort of
	COUCHMAN	Yes.





RECORD OF INTERVIEW

Tape Counter Times •	Person Speaking	Text
	DC Code A	those guidelines to fit in, so
	COUCHMAN	Yeah.
	DC Code A	I mean I take it if you had to go over that
	COUCHMAN	Well she knows that two of us would have decided.
	DC Code A	Right.
	COUCHMAN	If we decided that this patient was in distress and pain we could
		have upped her pain
	DC Code A	Right.
	COUCHMAN	or if we felt she was terribly anxious we could have upped her.
	DC Code A	Okay
	COUCHMAN	anti anxiety drugs.
)	DC Code A	Right, so yeah, if the level was not working then
	COUCHMAN	Yes.
	DC Code A	and it's within the parameters that are set, you can increase it
		within those.
	COUCHMAN	We can, yes.
	DC Code A	Okay, you mentioned that the Haloperidol and the Midazolam
		were both for anxiety?
	COUCHMAN	Yes.
Signature	e(s):	• Not relevant for contemporaneous notes

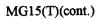




RECORD OF INTERVIEW

Continuation Sheet No: 8

Record of interview of: Margaret COUCHMAN		
Tape Counter Times •	Person Speaking	Text
	DC Code A	Um
	COUCHMAN	I believe she prescribed them because of the patient's condition
		and her high level of anxiety.
	DC Code A	Right.
	COUCHMAN	Um, however the Haloperidol was 5 milligrams over 24 hours,
		which is very low, if you're asking why she had both.
	DC Code A	Yeah, yeah. What would the reason in all the thinking be behind
		that, would you be able to
	COUCHMAN	The thinking would be that of the high level of anxiety of the
		patient.
	DC Code A	Okay, and the other question, I mean is there any reason why
ı		there's two and not like they just increased the Midazolam for
	^ .	example.
	COUCHMAN	Well I didn't actually - this is a question you would have to ask Dr
		BARTON, because she actually prescribed it.
	DC Code A	Right, okay okay. In terms of of what's been loaded onto the
		driver, are you able to comment on whether that's a normal
	COUCHMAN	I would say it's a perfectly normal dose
	DC Code A	sort of in relation
Signatur	e(s):	

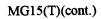




RECORD OF INTERVIEW

Continuation Sheet No: 9

Tape Counter Times ◆	Person Speaking	Text
	COUCHMAN	and quite normal.
	DC Code A	Yeah, what about the combination of the four medicines.
	COUCHMAN	What about it?
)	DC Code A	Is tha have you seen that sort of combination before?
	COUCHMAN	Oh yes yes.
	DC Code A	Is it the sort of thing they've given to somebody in Gladys
		RICHARDS condition?
	COUCHMAN	Yeah
	DC Code A	It is?
	DC Code A	Okay.
	DC Code A	Are you aware of any er adverse side effects that a combination of
		one or two or the mix of all four
	COUCHMAN	No because we wouldn't use it if we were aware there were any
		adverse side effects.
	DC Code A	That was the question, are you aware that there would be any
		adverse side effects?
	COUCHMAN	No.
	DC Code A	No?
	DC Code A	Okay. What I'd like to do now, is I've got a

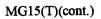




RECORD OF INTERVIEW

Continuation Sheet No: 10

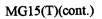
Tape Counter Times	Person Speaking	Text
	DC Code A	Can I just check one thing. On one of the drugs, one has been
		increased.
	COUCHMAN	Which one?
)	DC Code A	You can tell me.
	COUCHMAN	Oh I can't see now. They're all 400, they're all 400 micrograms.
	DC Code A	Wasn't one increased?
	COUCHMAN	They're all 20s. The Diamorphine is all 40s and the Haloperidol is
		all 5 milligrams.
	DC Code A	No, one of them's increased.
	COUCHMAN	Where?
	DC Code A	(Inaudible) just (inaudible) from 200 - oh no it is 400 isn't it?
	DC Code A	That's 400 there, that's all 20s
	COUCHMAN	That's all 40s
	DC Code A	I thought there was one increased.
	COUCHMAN	That's all 5s. Possibly we
	DC Code A	I think you're looking at the Oromorph.
	COUCHMAN	This, this was changed
	DCCode A	Yeah.
	COUCHMAN	She started off on an extremely low dose, which is





RECORD OF INTERVIEW

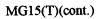
Tape Counter Times *	Person Speaking	Text
	DC Code A	And that was raised. It started off, what was it, 200
	COUCHMAN	That's micrograms and then
	DC Code A	Is that 200 or 400?
)	COUCHMAN	400
	DC Code A	To me it looks like a 4, but
	COUCHMAN	It is a 400 and the actual dosage is within 200 micrograms to
		800 micrograms, so it's still only half.
	DC Code A	Yeah.
	DC Code A	Yeah, it's still within the
	COUCHMAN	Yeah.
	DC Code A	the parameters.
)	DC Code A	Do you know, I don't know whether you're qualified to tell us or
		not, but do you know whether all of these drugs are licensed by
		the drug company?
	COUCHMAN	Of course they are, yes.
	DC Code A	For use in a syringe driver for subcutaneous use.
	COUCHMAN	Of course
	DC Code A	They are?
	COUCHMAN	They are, yeah. We can bring you literature
Signatur	e(s):	◆ Not relevant for contemporaneous notes





RECORD OF INTERVIEW

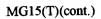
Tape Counter Times •	Person Speaking	Text
	DC Code A	Yeah.
	COUCHMAN	if you'd like to see it, on the drugs.
	DC Code A	Right.
)	DC Code A	Is that available on the ward?
	COUCHMAN	Its available on the ward, yes. If you came on the ward you'd be
		able to see it.
	DC Code A	Yeah. So all the drugs that you have in stock, is there something
	V	you can refer to for the prescription.
	COUCHMAN	Oh yes, we're, we're controlled on the trust by the pharmacy at
		QA as to what we can order and what we can give
	DC Code A	I take it
)	COUCHMAN	and they're all checked and
	DC Code A	If by mistake or for whatever reason, if a Doctor prescribed drugs
		for the patient and the Pharmacist gets it first and he looks at it
		and says hold on mate, hold on a minute, you can't do that.
	COUCHMAN	Mmm, can I just tell you that the Pharmacist comes from QA
		every Thursday on our ward. She checks every prescription
	DC Code A	Right
	COUCHMAN	for any problems or any drugs that are given it's her
Signature	e(s):	• Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Tape Counter Times ◆	Person Speaking	Text
e e		she's the expert.
	DC Code A	Right, so if
	COUCHMAN	So any drugs that interact, she'll tell us
	DC Code A	That's right, she'll say
	COUCHMAN	She'll pass it onto the Doctor and they'll change it.
	DC Code A	So there is something in force that if somebody wasn't aware that
		a combination of drugs
	COUCHMAN	Oh yeah yeah.
	DC Code A	could cause a potential problem to a patient by administering
		the two drugs together, or (inaudible) together
	COUCHMAN	It would be very quickly picked up.
	DC Code A	the Pharmacist is the person to say Whee, what you doing
		here, you can't do that.
	COUCHMAN	That's right, mmmm.
11.49	DC Code A	Try this one instead.
	COUCHMAN	Yes, she, she visits every week.
	DC Code A	Oh right.
	DC Code A	Do you know, is it a particular day that she visits?
	COUCHMAN	Normally it's Thursday, I did notice she was there Monday this
Signatur	e(s):	◆ Not relevant for contemporaneous notes





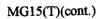
RECORD OF INTERVIEW

Continuation Sheet No: 14

Tape Counter Times ◆	Person Speaking	Text
		week, but sometimes she changes.
	DC Code A	But it's a weekly basis?
	COUCHMAN	It's a weekly basis and I can tell you her name if you want to
•		know it, Jean DALTON.
	DC Code A	Right.
	COUCHMAN	She's been a Pharmacist for many years.
	DC Code A	Okay. Just going back to the syringe driver, I mean obviously
		we've been talking about literature for this, what training do you
		get to use the syringe driver.
	COUCHMAN	Um, we get in house training I should say, on the ward. We get
		training, we used to have a school of nursing at QA, it's now
•		moved to Southampton. We get trained, we used to get trained in
		there. We do study days on the ward for all staff, cos I was
		talking about trained staff. Obviously because we work as a team
		on the ward, the untrained need to know about the drugs and why
		we use them and etc.
·	DC Code A	Right, so they've done
	COUCHMAN	So we have days on the ward when we will all get together and sit
		and talk about it.

Signature(s):

Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 15

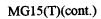
Tape Counter Times •	Person Speaking	Text
	DC Code A	Right, okay and is there any instructions for the driver?
	COUCHMAN	Yes.
	DC Code A	To hand?
•	COUCHMAN	Yes it's actually on the door, if you come into our controlled, into
		our drug room, it's on the door
	DC Code A	Oh right.
	COUCHMAN	as you go in.
	DC Code A	Okay.
	DC Code A	Do you know do you know the
	COUCHMAN	Oh the drivers are taken regularly over to QA to the technical
		department to be checked.
	DC Code A	Oh for maintenance to make sure that they
	COUCHMAN	For maintenance and they are dated on the drivers.
	DC Code A	Yeah.
	DC Code A	Oh what they all get sticky labels, do they?
	COUCHMAN	Yes, yeah.
	DC Code A	Do you know the make of the driver?
	COUCHMAN	Yes. Grazeby.
	DC Code A	Grazeby. You're the first one who knew that, well done.





RECORD OF INTERVIEW

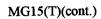
Tape Counter Times ◆	Person Speaking	Text
	COUCHMAN	I was told to look it up.
		General laughter.
	COUCHMAN	I wouldn't have remembered.
•	DC Code A	Are they we have got an instruction we've got to find out what
		the make of the driver is and hopefully we'll try and get hold of
		one, I think.
	COUCHMAN	We, we've got all the stuff for you.
	DC Code A	Yeah.
	COUCHMAN	We came on the board (inaudible)
	DC Code A	Right.
	DC Code A	Okay. Now I'd like to move onto the now what I've got here
•		is the nursing care plan? I think this particular one is for nights.
		Now if I think what I'll do as well, because you've got some.
	COUCHMAN	yes it is nights.
<u> </u>	DC Code A	. I've been made aware obviously we've got the internal, it's
		called a statement, but I'm aware that it's not actually a signed
		statement, it's more a somebody's summary of your
	*	conversation really, I think that's the best way
	COUCHMAN	Code A Manager.
Signatur	re(s) :	
		◆ Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Tape Counter Times	Person Speaking	Text
	DC Code A	Do you want to have a quick, have you
	COUCHMAN	I have looked at it.
	DC Code A	had chance to read it? Now you've got some issues with this
•		haven't you, I've been made aware about.
	COUCHMAN	Well I just felt that the interview that she and I had together.
	DC Code A	Yeah.
	COUCHMAN	it's like your written statements isn't it and if I'd have seen it I
		would have said to her well it's not really, you know it's not really
		what we talked about.
	DC Code A	Did you get a chance to look at this
	COUCHMAN	No, no.
	DC Code A	after it was typed? You didn't, so when was the first time
		you've actually seen this?
	COUCHMAN	When this compl well when you initiated this enquiry.
	DC Code A	On this occasion, so what
	COUCHMAN	Couple of weeks ago.
	DC Code A	couple of weeks ago, right. Okay. What are your sort of
		problems with it? What are
	COUCHMAN	I don't have any problems with it, I just feel that um
Signatur	e(s):	• Not relevant for contemporaneous notes

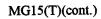




RECORD OF INTERVIEW

Continuation Sheet No: 18

Tape Counter Times	Person Speaking	Text
	DC Code A	Is it a case of the way it's worded, is
	COUCHMAN	Yes, yes.
	DC Code A	you're not happy with?
•	COUCHMAN	It's just not
	MR Code A	I think for safety reasons, that should not be put to my client, and
		you shouldn't ask her any comments on that.
	COUCHMAN	And I feel also, I'll tell you something else I feel, that Mrs
		MCKENZIE got my name from here and she's included me in her
		complaint to you.
	DC Code A	Right okay.
	COUCHMAN	Mmm, 'cos she mentions my name
	DC Code A	Right.
	COUCHMAN	quite a bit.
	DC Code A	Okay, you you I'll tell you this straight away, I don't think you
		as an individual has been complained about.
	COUCHMAN	No, but what she said about
	DC Code A	About you
	COUCHMAN	naming me
	DC Code A	She's moaned about you to the

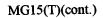




RECORD OF INTERVIEW

Continuation Sheet No: 19

Tape Counter Times	Person Speaking	Text
,	COUCHMAN	The things she said about me are untrue.
	DC Code A	Right, okay, but can we just make sure that we're quite clear
		about this
)	COUCHMAN	I think she got my name from there.
	DC Code A	Yeah. Let's make it quite clear that we're not talking to you
		today because she's said to us that you want to go and speak to
		Margaret COUCHMAN, she's got something to say. We are
		talking to every member of staff
	COUCHMAN	Yes I know.
	DC Code A	that was on duty during the time Gladys RICHARDS was in
		hospital.
•	COUCHMAN	. I'm just saying that what she said about me wasn't true.
	DC Code A	Okay.
	DC Code A	Okay. I only brought that up because I thought there was an issue
		with it, but we've cleared that now.
	COUCHMAN	There's no real issue, no.
	DC Code A	Yeah, okay.
i	COUCHMAN	I could have written it better.
	DC Code A	Yeah, yeah and you've made it clear that actually you've not
Signature		Yeah, yeah and you've made it clear that actually you've not





HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 20

Record of interview of: Margaret COUCHMAN Tape Person Speaking Text Counter Times * I've lost my job now, but still. **COUCHMAN** DC Code A You didn't have the opportunity to read it? No. **COUCHMAN** Okay. Let's move onto the care plan then. Now as I understand DC Code A on her admission, or any patient's admission, there are certain forms that need to be completed. Yes, lots of paperwork. **COUCHMAN** DC Code A Can you go through what generally would be Yeah, okay. required for a patient? Yes, um there's all this, all general information, there's . . we like **COUCHMAN** to put past history, sometimes we put social history, so that we can look at that and we've got a resume of the patient. Huh huh. DC Code A Then what happens when they (inaudible), their understanding, **COUCHMAN** communication, are they continent of urine, are their bowels continent, how they eat, what type of diet, what's their appetite like, pain, teeth, vital signs, blood pressure, weight, etc. Mental study - the reason this wasn't done on Gladys RICHARDS, was because it would have been nought because we couldn't initiate

Signature(s):				_
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RECORD OF INTERVIEW

Continuation Sheet No: 21

Tape Counter Times *	Person Speaking	Text
		any answers.
	DC Code A	Right.
	COUCHMAN	So I suppose you could say we should have had nought there
	DC Code A	Right.
	COUCHMAN	with some, a lay person looking at it.
	DC Code A	Yeah.
	DC Code A	But to be honest, I'll tell you now, we've looked at that and not
ā.		seen anything untoward about it at all, we don't know what's
	COUCHMAN	No.
	DC Code A	Again, me and Lee are policemen, we don't know what forms
		have got to be filled in, what haven't got to be filled in, so
		(inaudible)
	COUCHMAN	Yeah that's an indication of the patient's mental
	DC Code A	Yeah.
	COUCHMAN	condition, out of ten
	DC Code A	yeah.
	COUCHMAN	So if you's had say 2 out of 10 you would have had
	DC Code A	some form of conversation
	COUCHMAN	Yes, some form, but none of it would probably be relevant.



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Tape Counter Times ◆	Person Speaking	Text
		Bartel, this is important for us
	DC Code A	Right.
	COUCHMAN	This is three, which is fairly normal for our ward. Now this is an
•		indication of what happens with her bowels, what happens with
		her bladder, do we need to wash and dress her, yes we do. Do we
		need to take her to the toilet? Definitely and how many, how
		dependant she is.
	DC Code A	Oh right, yes.
	COUCHMAN	Okay? So she is because she scores nought, she is totally
		dependent. And feeding: can she feed herself, do we need to cut
		up the food? Yes we do, everything, so that's another nought.
		Transfer: now we've got major help which is right, so it's one to
		two people to transfer. Mobility: she can't so she got a nought.
	DC Code A	Mmm.
	COUCHMAN	Dressing: highly dependant, so we have to wash and dress her.
		Stairs: no way, nought. Bathing: highly dependant, nought, so
		she's scores three, which tells us that she needs two people to
		look after her, she's highly dependant.
	DC Code A	And as you said, I think, some time ago, that she was totally
Signatur	e(s):	◆ Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 23

Record of interview of: Margaret COUCHMAN

Tape

Counter Person Speaking

Text

Times *

dependant.

COUCHMAN

Totally dependant, yeah. This is a water low pressure score prevention, now this is you're probably aware that people who can't move, be it because they're elderly or because they're depressed and won't move, develop pressure sores extremely quickly.

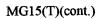
DC Code A

Oh right, yeah.

COUCHMAN

this um and initiate the appropriate treatment, so we go through and her build is average and she gets a nought. Her skin type, someone said is healthy, I would question that, and she got a nought. Sex and age: she gets 2 for being female and 5 because she's 80 plus. They haven't done anything with the special risk. Continent: they've put down occasional incontinence - I don't think that's right, she got one for that. Mobility: chairbound - 5, Appetite: average, I would have said it was extremely poor, but she got a nought anyway. Because she'd had surgery and a CVA she's got 4 there and because she's been on the table, surgical table . . .

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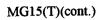




RECORD OF INTERVIEW

Continuation Sheet No: 24

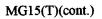
Counter Times •	Person Speaking	Text
	DC Code A	Right, yes.
	COUCHMAN	which is notorious for getting sores and things, she actually
		comes out with very high risk, 27, so she was nursed on an air
		mattress which are pretty expensive, but they proves to having an
		air mattress, we would have turned her two hourly which would
		have been most uncomfortable wouldn't it for her? Also you can't
		turn a patient with a fractured hip, on her side
	DC Code A	Mmm.
	COUCHMAN	you've got to really tilt them.
	MR Code A	so the mattress she was on was probably the most comfortable.
	COUCHMAN	Of course.
	MR Code A	that she could've had.
	COUCHMAN	Yeah, yeah and we wouldn't lifting and handling we have to
		have a that's the medicine she's on, she was she came in
		on lactalose and haloperidol, the one you questioned in the driver.
		She was having one milligram twice a day
	DC Code A	Right.
	COUCHMAN	she actually came in on two milligrams of haloperidol. Then
		the contact record where we write every day: that's somebody





RECORD OF INTERVIEW

Tape Counter Times •	Person Speaking	Text
		said the (inaudible) found on the floor and normally it's signed -
		you see
	DC Code A	By the relevant nurse, yeah. There's an entry for you at the
)		bottom there.
	COUCHMAN	There's an entry for me at the bottom. In hindsight, I wish I'd
		have written that over the other side of the page, 'cos she said I
		added that afterwards
	DC Code A	But you didn't, can we clear that up then?
	COUCHMAN	Yeah, I did not write that afterwards. I told you how I discovered
		Mrs
	DC Code A	Yeah, it was brought to your attention `
	COUCHMAN	Yes.
	DC Code A	. by er I think it was Code A
	COUCHMAN	Yes.
	DC (Code A	and you've included let me just summarise what you've.
	COUCHMAN	I've put, I've written what they, which we would normally do.
		looked at her notes when she came from Haslar and they said to
		remain in a straight knee splint for four weeks, which is 4/52
	DC Code A	Mmm mmm.
Signatur	e(s):	◆ Not relevant for contemporaneous notes

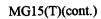




RECORD OF INTERVIEW

Continuation Sheet No: 26

Tape Counter Times ◆	Person Speaking	Text
	COUCHMAN	and pillow between her legs, that's to abduct her hips, but at
•		night. No follow up unless complications and I signed it and then
		I, the same morning, as Code A told me there was no canvas, I
)		thought well that's very important, I'd better add that and I put it
		here.
	DC Code A	But that was added on the same day?
	COUCHMAN	On the same day.
	DC Code A	On the same morning?
	COUCHMAN	On the same morning.
	DC Code A	Okay.
	COUCHMAN	We checked her for (inaudible) I don't know whether you know
)		about MRSA, do you?
	DC Code A	That's the flesh eating bug is it?
	COUCHMAN	No it isn't the flesh eating
	DC Code A	No?
	COUCHMAN	That's another one.
	DC Code A	That's another one, is it?
	COUCHMAN	This is a staphylococcus aurius that's become resistant.
	DC Code A	(inaudible)

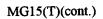




RECORD OF INTERVIEW

Continuation Sheet No: 27

Tape Counter Times •	Person Speaking	Text
	COUCHMAN	that's a bug. We all carry this bug on our bodies.
•	DC Code A	Oh all right.
	COUCHMAN	You've got some
)	DC Code A	I'm sure I have.
	COUCHMAN	It's become resistant to the normal anti-biotics and um is's very
		prevalent I must watch what I'm saying for people that
		come out of surgery, where she'd come, so therefore we tested
		her for it.
	MR Code A	Careful 'cos I'm going in for surgery soon, don't frighten me.
	COUCHMAN	I know. Oh, sorry, sorry. It's particularly a problem for the
		elderly and very young, you're all right.
	DC Code A	In fact, I've noticed that, there's a
	COUCHMAN	There's a negative result yes.
	DC Code A	Pathology service.
	COUCHMAN	That's right. She was negative.
	DC Code A	Is it like swabs they take?
	COUCHMAN	They're swabs, mmm.
	DC Code A	Swabs, yeah and they're all negative, so
	COUCHMAN	So she didn't have it. And then these are all the we've got





RECORD OF INTERVIEW

Continuation Sheet No: 28

Tape Counter Times	Person Speaking	Text
		different nursing care plans now, cos this is two years ago, we've
		got better ones. We'd have one for the nights
	DC Code A	Which is that one.
)	COUCHMAN	One for nutrition. One for constipation. Then we also have a
		bowel chart there.
•	DC Code A	Yeah.
	COUCHMAN	Personal hygiene. That's her prescription sheet. Investigations
		and that's it basically.
	DC Code A	Yeah. Just going back to the care plans, now although you're the
		named nurse
	COUCHMAN	Yeah.
	DC Code A	I mean it's obviously quite clear that you're not the sole person
		who's going to attend to Mrs RICHARDS. I mean clearly,
		obviously when you're off duty it falls down to other people and
		from what you've described it as, really you're sort of like a point
		of contact almost between
	COUCHMAN	I was um
	DC Code A	Other members of staff
	COUCHMAN	team leader I think at the time.

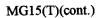




RECORD OF INTERVIEW

Continuation Sheet No: 29

Tape Counter Times •	Person Speaking	Text
	DC Code A	Right.
	COUCHMAN	We work in teams.
	DC Code A	Yeah, so, but what I'm saying is not solely your responsibility to
		look after Mrs RICHARDS in terms of her care plan. It would
		fall down to the team basically.
	DC Code A	Yeah.
	DC Code A	But when you and your team aren't there and the
	COUCHMAN	It would fall down to another team.
	DC Code A	That's right, but although your name's on the top of the sheet,
		when you're not there, obviously you can't be responsible for
	COUCHMAN	Quite, yeah.
)	DC Code A	They don't phone you up at home and say you'd better come in
		'cos she needs a wash.
•	COUCHMAN	No, no.
	DC Code A	I take it as you're there during the day, you'd be the person more
		than likely to interact with the sisters and the family.
	COUCHMAN	I would probably be the person to yes, make all the contacts.
	DC Code A	'Cos obviously you become a familiar face with the patient and the
	L	family and they can relate to you.



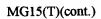


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HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 30

Tape Counter Times	Person Speaking	Text
	COUCHMAN	Yeah.
	DC Code A	And that's why you're named as a named nurse.
	COUCHMAN	Mmm.
	DC Code A	Yeah.
	DC (Code A	Okay. So we'll just go through this, we've got the nutrition and
•		obviously there's various points here, um refused breakfast and
,		lunch and porridge eaten and no food taken. We've got her bowel
		movements and her personal hygiene. Um now I'd say there
		should be a mobility one as well, generally.
	COUCHMAN	There could have been.
	DC Code A	There could have been.
•	COUCHMAN	However, she had no mobility did she, so
	DC Code A	Right, so, if she's clearly not going to be mobilised because of her
	<u> </u>	condition, there's no need for the form to go on there.
	COUCHMAN	Where, when no. I mean you could argue that when she
	*.	became her mobility became better, then we would initiate it.
	DC Code A	You would initiate it? Right, okay.
	COUCHMAN	However, we'd be putting everyday, we'd be putting 'no mobility'
	•	wouldn't we, 'no mobility.'

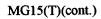




RECORD OF INTERVIEW

Continuation Sheet No: 31

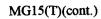
Tape Counter Times ◆	Person Speaking	Text
	DC Code A	Yeah, right, I understand that. Okay, there's one or two things
		and this doesn't necessarily fall down you see this is a general
		question about the about the ward itself I mean obviously .
	COUCHMAN	It's not very good, is it?
	DC Code A	Yeah, I mean that's one thing that's been sort of mentioned by the
	L	sisters is the notes, that there are gaps in days for example,
		start with the nutrition on the 14 th
	COUCHMAN	I can't explain why there's nothing between the 14 th and 21 st .
	DC Code A	Yeah.
	DC Code A	Well obviously she wasn't in your care on the 14th. I think she
		came back on the 17 th .
ľ	COUCHMAN	I do know that on the day that I came back, 'cos I already told
		you, I sent her lunch to the kitchen to have it minced
	DC Code A	to be minced, yeah"
	COUCHMAN	because she couldn't eat it.
•	DC Code A	Yeah, there is there is obviously evidence to suggest that she
		was
	COUCHMAN	Obviously I should have myself, I should have written on there, on
		the 17th and I didn't. I was probably busy sorting her pain relief





RECORD OF INTERVIEW

Tape Counter Times *	Person Speaking	Text
		out I was busy.
	DC Code A	I think you've already mentioned before the daughters were there
		quite a lot and they did spend a lot of time in the room and they
		fed her.
	COUCHMAN	They did, yes.
	DC Code A	But obviously they're not responsible for filling in the
	COUCHMAN	They're not responsible for writing we fall down very badly
		on our
	DC Code A	Well no, the thing is I mean if the Health Care Worker didn't feed
		her and the daughters fed her, then I presume there would be an
		entry on the nutrition notes.
	COUCHMAN	Well we should have done. We should have put 'fed by
		daughters, yeah.
•	DC Code A	'Fed by daughters' yes.
	DC Code A	Yeah, okay. So that's
	COUCHMAN	Yeah, I do accept that.
	DC Code A	That's an ommision on whoever it fell down to on that particular
		day.
	COUCHMAN	Yeah.





RECORD OF INTERVIEW

Tape Counter Times *	Person Speaking	Text
	DC Code A	Okay of course we've got it again on the bowel movements there,
		but would that necessarily be filled in if she wasn't if her bowels
		weren't opened.
)	COUCHMAN	If she didn't actually have her bowels open it wouldn't necessarily
		be filled in and sometimes on the night sheet, if she had a motion
		at night, it would be on there, you see.
	DC Code A	Mmm.
	COUCHMAN	(inaudible)
	DC Code A	And obviously the personal hygiene which I think is fairly.
		there's quite a bit on there.
	COUCHMAN	That's quite comprehensive, yeah.
	DC Code A	Okay. Okay, nearly there now. Just one general thing about the
		contact record, um I understand that that again is not completed
		every time you go into the room or go to her bed and she's still
		asleep, or
	COUCHMAN	It's only filled in it's only completed if something happens .
	DC Code A	Significant in change and condition
	COUCHMAN	Significant in change, yeah.
	DC Code A	Okay.
Signature	e(s):	◆ Not relevant for contemporaneous notes

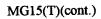




RECORD OF INTERVIEW

Continuation Sheet No: 34

Tape Counter Times	Person Speaking	Text
	COUCHMAN	I actually filled this bit in because fortunately, 'cos I had discussed
		with the daughters about her mother's medication.
	DC Code A	About her oromorph because she was in pain.
)	COUCHMAN	Yeah and I mentioned the x-ray.
	DC Code A	'Cos she was still showing signs of was she showing signs of
		pain.
	COUCHMAN	Well I thought that perhaps you know that she could have put
		her hip out again.
	DC Code A	Mmm.
<i>2</i>	COUCHMAN	and that in fact it does say she didn't.
	DC Code A	Were you, were you ever aware during the last, during the. from
1		the 17th onwards, and this is something that the two daughters
		state that they made mention to staff and I'm not clear whether it
	·	was yourself, that Haslar were prepared to take Mrs RICHARDS
		back, should any problems occur.
	COUCHMAN	Yeah, this is why I initiated this x-ray.
	DC (Code A	Right.
	COUCHMAN	Because they actually mentioned that Haslar said she should not
		be left in pain, which is right, isn't it?





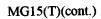
Signature(s):

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 35

Tape Counter Times	Person Speaking	Text
	DC Code A	Yeah, yeah.
	COUCHMAN	and that she should go back if necessary.
	DC Code A	Yeah.
	COUCHMAN	So that is why she had that x-ray on that day that she arrived back
		from Haslar.
	DC Code A	Right, okay, so obviously when that was assessed a decision
	I	would be made
	COUCHMAN	She had the x-ray and it was decided no, that the hip was still in
		place.
	DC Code A	Right, and as you understand it, it was still in place.
	COUCHMAN	Yeah.
).	DC (Code A	Did you see the x-rays, or was that something you just
	COUCHMAN	No, I don't read x-rays.
	DC Code A	Right, okay.
	COUCHMAN	as a nurse.
	DC Code A	Oh right, but that's what came back, then that it was okay.
	COUCHMAN	Yeah, yeah.
	DC Code A	Who would it fall down to to read the x-ray?`
	COUCHMAN	Well Dr BARTON would look at it. The radiologist would look

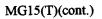




RECORD OF INTERVIEW

Continuation Sheet No: 36

Tape Counter Times Times	Person Speaking	Text
		at it.
	DC Code A	Right, are they as like are the radiologists qualified to diagnose
		any problems on an x-ray.
•	COUCHMAN	Yes, yes. I mean they would point out things if I wanted to see it.
	DC Code A	Yes.
	COUCHMAN	But I'm not, I haven't done anything you know along those
		lines of reading x-rays. I can see cracks in bones and things
		obviously, but
	DC Code A	But yeah, you're not actually qualified to assess them?
	COUCHMAN	No.
	DC Code A	Okay. And in terms, this is probably a question that sounds like
		we're repeating ourselves, but it's just a point I want to cover, in
		relation to her mobilisation, um and from your recollection of Mrs
		RICHARDS, was she ever in a position where you could attempt
X.		to try and
	COUCHMAN	No.
	DC Code A	get her on her feet or physio or
	COUCHMAN	No.
	DC Code A	anything of that nature.

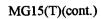




RECORD OF INTERVIEW

Continuation Sheet No: 37

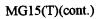
Tape Counter Times ◆	Person Speaking	Text
	COUCHMAN	No, I met her she that morning she arrived back from Haslar.
	DC Code A	Mmm yeah okay.
	COUCHMAN	in a lot of pain and distress
•	DC Code A	Right.
	COUCHMAN	I've never seen her able to mobolise.
32.20	DC Code A	Right, okay. Now this is another question on the sort of palliative
		care side, in relation to hydration and food
	COUCHMAN	Yeah.
	DC Code A	When would circumstances dictate that you wouldn't be able to
		provide food or drink for a particular patient?
	COUCHMAN	The only reason we wouldn't give food or drink to a patient is it
		we would harm them.
	DC (Code A	Right, okay and what would that be.
	COUCHMAN	If they were unable to swallow. If we thought there's a possibility
		that it went into their lungs and kill them.
	DC Code A	Right, okay. Would there be other ways of providing fluids?
	COUCHMAN	We do provide we don't use IV drips on our ward
	DC Code A	Yeah.
	COUCHMAN	because we have no medical cover 24 hours, there's no doctor





RECORD OF INTERVIEW

Tape Counter Times	Person Speaking	Text
		on the ward for 24 hours
	DC (Code A	Right.
	COUCHMAN	and we're visited daily as we said by a Doctor. Now we have,
•		we would have given her perhaps sub cup fluids, which means we
		use the same bag as the IV fluid, we use a little needle called a
		butterfly needle
	DC Code A	Oh right.
	COUCHMAN	that we would put under the skin on a fleshy part - we find a
		fleshy part of skin, perhaps here, if it's likely to be pulled out.
	DC Code A	That's at the back
	COUCHMAN	It's a very tiny little needle we would put just under the skin, 'cos
)		it's sub cutaneous
	DC Code A	Yeah, yeah.
	COUCHMAN	With a plaster on the top - very slowly over 24hours we would
		drip a litre of fluids um saline probably
	DC Code A	Okay.
	COUCHMAN	normal saline into the patient, but at that time that wasn't
		initiated, it wasn't standard practice.
	DC Code A	Right, how long has that been
,		
Signatur	e(s):	◆ Not relevant for contemporaneous notes

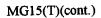




RECORD OF INTERVIEW

Continuation Sheet No: 39

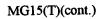
Tape Counter Times •	Person Speaking	Text
	COUCHMAN	That's been standard, I know Philip may have the actual date. I
•		would say over the last year from my recollection or maybe
		not that long, but
	DC Code A	When you say standard practice, is that standard practice for the
,		Daedulus Ward or is that throughout the Trust
	COUCHMAN	All throughout the Trust
	DC Code A	For the Trust, is that for the whole of the Trust?
	COUCHMAN	You actually have yeah, a procedure from the Trust
	DC Code A	Right, okay.
	COUCHMAN	whereby we can follow this. However, I don't think that
		nurses can initiate it, we're still following Doctors' orders.
·	DC Code A	Doctor's huh huh.
	DC Code A	And that wasn't in place at that time? No?
	COUCHMAN	It wasn't in place. No.
	DC Code A	Okay and
	COUCHMAN	But that is the only way we could hydrate a patient that couldn't
		swallow.
	DC Code A	So I take it that the condition Mrs RICHARDS was in and the
•		the. the combination of the medicine she was taking, put her in a





RECORD OF INTERVIEW

Tape Counter Times	Person Speaking	Text
		position that she couldn't swallow, she couldn't eat and she
		couldn't hydrate.
	COUCHMAN	I think even before she had the medicine she was having great
		difficulty
	DC Code A	problems eating?
	COUCHMAN	Eat and drink, yeah.
	DC Code A	Okay, but obviously there's procedures in place now. Are there
		still occasions when even providing fluid sub-cutaneously would
		be um would not be carried out, you know for the patient's
		benefit, are there circumstances ?
	COUCHMAN	No, all the patients now, basically what we do now is if they don't
		manage to take in orally about 1000 millilitres.
	DC Code A	Right.
	COUCHMAN	a day, then they have a sub cut overnight.
	DC Code A	Oh right, okay, but are there any times when it would be decided
		well it's for the benefit, the patient's own comfort.
	COUCHMAN	If a patient was dying, okay, if a patient was dying, we probably
		wouldn't do that.
	DC Code A	No, okay and why would that be?
Signatur	re(s)	
Signatui		◆ Not relevant for contemporaneous notes

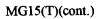




HAMPSHIRE CONSTABULARY RECORD OF INTERVIEW

Continuation Sheet No: 41

Tape Counter Times •	Person Speaking	Text
	COUCHMAN	Because medical opinion will tell you that there's research to
		prove that the patient will probably be more comfortable without
		sub cup.
	DC Code A	Oh right, okay. Right, well I think we're just about there aren't
-		we?
	DC Code A	Yeah.
	DC Code A	Okay. Is there anything you'd like to add?
	COUCHMAN	I'd like to say that I, I, I find it difficult to come to terms with the
		fact that people who can be so friendly to the staff on a day to day
		basis, can give us the chair, can send staff books and letters um
	•	can complain.
	DC Code A	Okay. Thank you. Anything
	COUCHMAN	I'm not happy with the way that it was all presented to the staff on
		the ward. We've had to um it's not your fault probably, but
		we've had to gather information from and if where we could
		and I'm not happy with that.
	DC Code A	Okay just to let you know that. I think Mr (Code A will back
		us up on that Mr Code A s probably got more
		documentation relating to Gladys RICHARDS' time in hospital

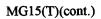




RECORD OF INTERVIEW

Continuation Sheet No: 42

Tape Counter Times •	Person Speaking	Text
		than we have and er
	MR Code A	I'm not going to admit that on tape.
	DC Code A	but the disclosure that the police have given Mr (Code A
)		which at the end of the day and I'm going to pass the buck here, is
		Mr C Code A ?s responsibility to make sure that
	COUCHMAN	I wasn't blaming you.
	DC Code A	Yeah, I know, is that everything that we've got that we refer to
		during this interview, Mr Code A has had.
	MR Code A	And so's Mrs COUCHMAN.
	DC Code A	Yeah that's right, I'm saying
	COUCHMAN	Yeah, I just feel that it's been dripping in bits and pieces. Nobody
		came and said, okay this complaint has been made
	DC Code A	And we appreciate it's two years old.
	COUCHMAN	Yeah.
	DC Code A	But me and [codeA] have only been with it for six weeks. The police
	<u> </u>	investigation only started 6 weeks ago and hopefully myself and
		code A and my other colleagues that are working on this matter, are
		being as professional, as expeditious as we can possibly can to get
		this matter as cleared up as possible, cos we are aware that you





RECORD OF INTERVIEW

Record of	Record of interview of: Margaret COUCHMAN		
Tape Counter Times •	Person Speaking	Text	
		poor people have been sitting on this for two years. But hopefully	
		we'll draw it to conclusion very shortly.	
	COUCHMAN	We have been sitting on it for two years because we thought with	
)		the initial investigation	
	DC Code A	That was it, yeah.	
	COUCHMAN	That's it.	
	DC Code A	Okay then. Right Is there anything else you'd like to add?	
	COUCHMAN	No.	
	DC Code A	No? Anything you'd like to clarify?	
	COUCHMAN	I don't think so.	
	DC Code A	Anything you said that you feel ? I'll hand you a notice	
•		explaining the tape recording procedure, which is under these piles	
		of paper somewhere. I'd like you to complete it and return it to	
		me before you leave the room. There it is. The time by my watch	
		is 11.56 and I'm turning the recorder off.	

Signature(s):	
	Not relevant for contemporaneous notes