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**RECORD OF INTERVIEW**Number:  
Y18AEnter type: ROTI  
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: COUCHMAN, MARGARET ROSE

Place of interview: PARK GATE POLICE STATION

Date of interview: 29/06/2000

Time commenced: 1117

Time concluded: 1156

Duration of interview:

39 MINS

Tape reference nos.  
(♦) 44/00/030848

Interviewing Officer(s):

Code A

Code A

Other persons present:

Legal advisor

Mr GRAHAM. Saulet &amp; CO Solicitors -

Police Exhibit No: LMC/MRC/18

Number of Pages: 44

Signature of interviewing officer producing exhibit

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<sup>th</sup> June, taken a short break. I will remind you that you are still under caution and I'll just go through

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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.

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 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.

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DC **Code A** . . .and stops patients waking up or in pain or whatever, towards 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 . .

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.

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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 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<sup>th</sup> of the eighth, I can see my signature here.

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, 20<sup>th</sup> 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, 20<sup>th</sup> of the eighth, 10.45, that's my signature.

DC **Code A** Okay, and I believe you've got the haloperidols?

COUCHMAN Haloperidol - 20<sup>th</sup> of the eighth, 10.45, 5

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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.

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.

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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 . . .

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 this case . . .

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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.  
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.

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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.

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 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 . . .

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COUCHMAN I would say it's a perfectly normal dose . . .

DC **Code A** . . . sort of in relation . .

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 . .

DC **Code A** .

DC **Code A** Can I just check one thing. On one of the drugs, one has been increased.

COUCHMAN Which one?

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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 . .

DC **Code A** Yeah.  
 COUCHMAN She started off on an extremely low dose,  
 which is . . .

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.

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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 . . .

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 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 . .

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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 . . 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.

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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 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.

DC Code A Right, okay and is there any instructions for the

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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.

Code A Do you know the make of the driver?

COUCHMAN Yes. Grazeby.

Code A Grazeby. You're the first one who knew that, well done.

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

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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.

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 Sue HUTCHIN, Manager.

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

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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 . . .

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 GRAHAM

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 . . .

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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 . . .  
 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.

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DC **Code A** Yeah, okay.

COUCHMAN I could have written it better.

DC **Code A** Yeah, yeah and you've made it clear that actually you've not . . .

COUCHMAN I've lost my job now, but still.

DC **Code A** You didn't have the opportunity to read it?

COUCHMAN No.

DC **Code A** Okay. Let's move onto the care plan then. Now as I understand on her admission, or any patient's admission, there are certain forms that need to be completed.

COUCHMAN Yes, lots of paperwork.

DC **Code A** Yeah, okay. Can you go through what generally would be required for a patient?

COUCHMAN Yes, um there's all this, all general information, there's . . . we like 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.

DC **Code A** Huh huh.

COUCHMAN Then what happens when they (inaudible), their understanding, 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

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couldn't initiate any answers. .

DC Code A  
COUCHMAN Right.  
So I suppose you could say we should have had  
nought there . .

DC Code A  
COUCHMAN Right.  
. . with some, a lay person looking at it.

DC Code A  
DC Code A Yeah.  
But to be honest, I'll tell you now, we've  
looked at that and not 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. 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

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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 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.

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COUCHMAN

Oh right, yeah.

. . . and in their first 24 hours of admission, we are supposed to do 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 . . .

DC Code A

COUCHMAN

Right, yes.

. . . 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.

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COUCHMAN . . . you've got to really tilt them.  
MR GRAHAM so the mattress she was on was probably the  
most comfortable . .

COUCHMAN Of course.  
MR GRAHAM . . 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 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.

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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. I 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.  
 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 Linda 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?

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COUCHMAN This is a staphylococcus aurius that's become resistant .

DC Code A (inaudible)

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 GRAHAM 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 different nursing care plans now, cos this is two years ago, we've got better ones.

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We'd have one for the nights . .

DC Code A  
 COUCHMAN Which is that one.  
 One for nutrition. One for constipation. Then  
 we also have a bowel chart there.

DC Code A  
 COUCHMAN Yeah.  
 Personal hygiene. That's her prescription  
 sheet. Investigations and that's it basically.

DC Code A  
 COUCHMAN 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.

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

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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 family and they can relate to you.

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

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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 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.'

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 sisters is the notes, that there are gaps in days . . . for example, start with the nutrition on the 14<sup>th</sup> . . .

COUCHMAN I can't explain why there's nothing between the 14<sup>th</sup> and 21<sup>st</sup>.

DC Code A Yeah.

DC Code A Well obviously she wasn't in your care on the

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14<sup>th</sup>. I think she came back on the 17<sup>th</sup>.

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 17<sup>th</sup> and I didn't. I was probably busy sorting her pain relief 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.

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DC Code A Yeah, okay. So that's . . .

COUCHMAN Yeah, I do accept that.

DC Code A That's an omission on whoever it fell down to on that particular day.

COUCHMAN Yeah.

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.

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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.

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 the 17<sup>th</sup> 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?

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.

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DC **Code A** Right, okay, so obviously when that was assessed a decision 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 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

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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 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.

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 mobilise.

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 if we would harm them.

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DC **Code A**  
COUCHMAN Right, okay and what would that be.  
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**  
COUCHMAN Right, okay. Would there be other ways of providing fluids?  
We do provide . . we don't use IV drips on our ward. . .

DC **Code A**  
COUCHMAN Yeah.  
. . because we have no medical cover 24 hours, there's no doctor on the ward for 24 hours . . .

DC **Code A**  
COUCHMAN Right.  
. . 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**  
COUCHMAN Oh right.  
. . 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**  
COUCHMAN That's at the back  
It's a very tiny little needle we would put just under the skin, 'cos it's sub cutaneous. . .

DC **Code A**  
COUCHMAN Yeah, yeah.  
With a plaster on the top - very slowly over 24hours we would drip a litre of fluids um saline probably . . .

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DC **Code A**  
COUCHMAN Okay.  
. . . normal saline into the patient, but at that time that wasn't initiated, it wasn't standard practice.

DC **Code A**  
COUCHMAN Right, how long has that been . . .  
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**  
COUCHMAN When you say standard practice, is that standard practice for the Daedulus Ward or is that throughout the Trust . . .  
All throughout the Trust. . .

DC **Code A**  
COUCHMAN For the Trust, is that for the whole of the Trust?  
You actually have yeah, a procedure from the Trust. . .

DC **Code A**  
COUCHMAN Right, okay.  
. . . whereby we can follow this. However, I don't think that nurses can initiate it, we're still following Doctors' orders.

DC **Code A**  
DC **Code A**  
COUCHMAN Doctor's . . huh huh.  
And that wasn't in place at that time? No?  
It wasn't in place. No.

DC **Code A**  
COUCHMAN Okay and . . .  
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

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medicine she was taking, put her in a 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?

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?

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DC  Yeah.

DC  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  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  Okay just to let you know that . . I think Mr GRAHAM will back us up on that . . Mr GRAHAM's probably got more documentation relating to Gladys RICHARDS' time in hospital than we have and er . . .

MR GRAHAM I'm not going to admit that on tape.

DC  . . . . but the disclosure that the police have given Mr GRAHAM which at the end of the day and I'm going to pass the buck here, is Mr GRAHAM's responsibility to make sure that . . .

COUCHMAN I wasn't blaming you.

DC  Yeah, I know, is that everything that we've got that we refer to during this interview, Mr GRAHAM has had.

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MR GRAHAM

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 Lee have only been with it for six weeks. The police investigation only started 6 weeks ago and hopefully myself and Lee 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 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

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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.

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