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RECORD OF INTERVIEWNumber:
Y17AEnter type:
(SDN, ROTI, Contemporaneous Notes, Full Transcript)Person interviewed:

Place of interview: Park Gate Police Station

Date of interview: 01/06/2000

Time commenced: 1502

Time concluded: 1519

Duration of interview:

17 mins

Tape reference nos.
(♦) 44/00/02913

Interviewing Officer(s):

DC DC Other persons present:
Portsmouth.

Mr. GRAHAM, Saulet & Co Solicitors,

Police Exhibit No: LMC/CM/10

Number of Pages: 17

Signature of interviewing officer producing exhibit

Tape
counter
times(♦)Person
speaking

Text

DC

Okay, this interview is being tape recorded, this is the re-commencement of the interview of Catherine MARJORAM and I am DC 1484 COLVIN, the time by my watch is 15.02. Just remind you that you are still under caution,

RESTRICTED

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okay and I'll just remind you what the caution is. You do not have to say anything however it may harm your defence if you do not mention when questioned something which you later rely on in court, anything you do say may be given in evidence, okay. Can you just confirm that you've not been asked any questions during the break while we've been changing the tapes.

Code A

0.55

DC Code A

No, no questions asked.

Okay, thank you. Right we were discussing the notes and how they work and what's filled in. Now as I understand it and forgive me if I've gone over something that I've already asked but the contact record notes which one's here...

Code A

DC Code A

...Yeah

...the buff coloured ones, there purely for unusual incidences for times when health is deteriorating....

Code A

...Or change of treatment when they've been seen by a consultant or by Doctor BARTON and the treatments been changed, they're really a erm record for that kind of thing, not a care plan, a care plan is care given by nurses.

DC Code A

Okay.

Code A

To patients.

DC Code A

In your role would you ordinarily be completing the care plan in terms of personal

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hygeine and...?

Code A

If I'd done, if I'd done that, if I'd washed someone I would record that I had washed them.

DC **Code A**

Yeah.

Code A

Who actually does the care to them records what they've done and signs it.

2.08 DC **Code A**

Okay and where is that care plan kept?

Code A

At the foot of the patients bed.

DC **Code A**

Okay, alright, can we just have another look just to see if there's any...I think this is the night (inaudible) one isn't it and the only one...

Code A

...Yes

DC **Code A**

...I'm sorry let me just go over this again...

Code A

...Yes, yes.

DC **Code A**

...because of that break.

Code A

Mmm,mmm

DC **Code A**

I've completely forgotten, lost me train of thought for a minute, so the 17th that is the entry completed by....

Code A

...Yeah

DC **Code A**

...in relation to the oromorph...

Code A

...Yeah.

DC **Code A**

...so there's medication given so you've completed the care plan, okay. Right so just to recap so far then, in relation to Mrs RICHARDS you sort of remember her presence as such but nothing...

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2.59 [Code A] ...Yeah.

DC [Code A] ...specific about her appearance or...

[Code A] ...No.

DC [Code A] or her daughters....

[Code A] ...No.

DC [Code A] Right, okay.

[Code A] No I don't remember her daughters at all.

DC [Code A] Okay, now this is the first night she came back from Haslar?

[Code A] Yeah.

DC [Code A] Now you obviously as you say you prescribed or you administered oromorph to her...

[Code A] ...Yes.

DC [Code A] ...on that evening. Can you remember what she was like at that time or are you, you were compelled to give her that oromorph, what was her...if you can?

[Code A] I can't remember the specific...

DC [Code A] ...No

[Code A] ...instance why I gave her oromorph. I know why I would give someone oromorph...

DC [Code A] ...Yeah.

[Code A] ...but I can't remember why (inaudible)

DC [Code A] ...In this particular case?

[Code A] No.

DC [Code A] No, okay.

[Code A] I can't see her face or anything like that at all.

DC [Code A] No, but you have explained already I believe

RESTRICTED

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DOCUMENT RECORD PRINT

the circumstances why you would give it but in this case you can't remember exactly why?

Code A

I can't remember specifically no, sorry.

DC Code A

Okay, Just going to..want to go onto a couple of more questions, general questions about treatment. To start off with hydration, what would be the circumstances where hydration would not be given to a patient?

Code A

If they were unconscious, unable to swallow, if they'd lost a swallow reflex say a brain problem erm oral hydration (inaudible)...

DC Code A

...Yeah.

Code A

...erm there could be other ways of hydrating people but depending on the circumstances.

4.45

DC Code A

What would be the other (inaudible)?

Code A

Well you could either, you could either, we don't actually have IV's in the War Memorial you know cannular for a intravenous...

DC Code A

...Right.

Code A

...drip it's not a thing that we practice because it needs sort of 24 hour care by a doctor and we don't have that...

DC Code A

...You don't have that, no.

Code A

...in the Gosport War Memorial erm there are other ways of giving fluid which weren't practiced at this time which should become common now and its given in the same way as the syringe driver except its attached to a giving

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set in a bag and its put in under the skin erm
which can be satisfactory or not really,
depending it tends to go into the tissues quite a
lot and you end up changing the site quite a lot
and erm but patients are given now...

DC (Code A

...Okay

Code A

...it wasn't I have to say nobody was having
that sort of erm treatment at this time it's
obviously something thats you know become
what shall I say...

SOLICITOR

...Policy.

Code A

...yeah (inaudible).

DC (Code A

Was it available at that time?

Code A

Not to my knowledge.

DC (Code A

No, so it's a new concept that's come into
being?

Code A

It's a new concept that's come in, it's obviously
to keep people out of acute beds I think you
know instead of sending them back, you can
give them a litre in 24 hours through a
subcutaneous infusion as its called.

DC (Code A

I'll write that one down as well.

Code A

Yeah.

DC (Code A

Are there occasions when obviously we've
mentioned orally that they would be able to
take it, are there occasions when that new
system wouldn't be appropriate either?

Code A

Oh yes obvi, I mean obviously every patient is,

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

is treated to some, they're treated as individuals and you don't have a great role in plan for everybody, you know you don't just do this because, you do what you have to do for each individual so each individual people are...

- 6.53 DC **Code A** ...Everyone's different yeah.
- Code A** ...Yeah.
- DC **Code A** I wonder if you could give us some examples (inaudible)?
- Code A** Sorry.
- DC **Code A** Examples of when an intravenous infusion would not be appropriate you know?
- Code A** I think if somebody was patently dying you wouldn't try to rehydrate them, it wouldn't be in their best interests nor would it be kind so...
- DC **Code A** ...Right.
- Code A** ...you know you wouldn't if they were patently dying.
- DC **Code A** Yeah, yeah so that would form part of their palliative care?
- N **Code A** Yes, yes palliative care, and a lot of research into you know given fluids, withholding fluids erm the other latest thinking on it is people who are in the process of dying don't suffer for not having fluids it's, it seems that it's gone from them that they're thirsty and not, that's just some of the research that we've...
- DC **Code A** Right, okay. What decisions are taken in that

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course of... I mean obviously we've got the drugs that are dealt with by...

Code A

...Yeah.

DC Code A

...the clinical assistant or the consultant...

Code A

...Yeah.

DC Code A

...In relation to the hydration and this new system...?

Code A

...Well you would, you would report that you felt that the patient needed hydrating, they weren't taking it sufficient orally most people who are hydrated that way are people who are not making a litre a day...

DC Code A

...Right.

Code A

...in the fact they're drinking something but it's coming well under what they should really be having to maintain their body systems so really you would say, I would say to Doctor BARTON Mrs so and so is not drinking really very much and Doctor BARTON would probably say well put up some sodium chloride as a, a subcutaneous infusion...

DC Code A

..Okay.

Code A

...and run it you know for 12 or 24 hours and that's really how that would work.

DC Code A

So the authorities down to the clinical assistant or the consultant to do that...

Code A

...Oh yes you ...

DC Code A

...it's not a nursing staff...?

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DOCUMENT RECORD PRINT

Code A

No you can't prescribe drugs for patients.

DC Code A

Right.

Code A

Not even paracetamol, you can actually but you know all drugs that are given to patients are prescribed by a doctor.

DC Code A

By a doctor, okay, right. Now in relation to Mrs RICHARDS, well aware of the answers you've given already...

Code A

...Yeah.

DC Code A

...on the nights you recall and we're talking about the 17th, 18th, were there times where any attempt was made to give her a drink, do you recall?

Code A

Well I don't recall, all I can say is that if she'd been in any way able to receive a drink she would have been offered a drink...

DC Code A

...Yeah.

Code A

...because that is the policy and the health care support workers know quite well that you know people are to be given drinks so if there's any way that she could have taken a drink she would have been offered one...

9.47

DC Code A

...Yeah.

Code A

...or helped with one or fed with one or you know, so...

DC Code A

Okay, now I've mentioned her daughters and you can't actually...do you remember them being there or is just you don't remember them

RESTRICTED

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DOCUMENT RECORD PRINT

at all?

Code A

I can't remember them at all, I'm sor, I just don't think they were in the ward when I was there at all at that time.

DC Code A

Okay because the question I was going to ask is are you aware of any complaints they had about the treatment of their mother, during the time there?

Code A

Well early in the..was handed over to us you know they were there and they had got several complaints but we weren't deal...I wasn't dealing with them so I haven't really taken it on board you know.

DC Code A

Do you know who was sort of in charge of her care? I know we've got the GP who comes in daily but was there someone sort of overseeing her?

10.48

Code A

Each patient has a named nurse.

DC Code A

Yeah.

Code A

Erm which is a system that works and it doesn't work in that if you've got a day off they haven't got a named nurse have they, you know it's one of those things...

DC CC Code A

...Yeah, yeah.

Code A

...but we do all have our own named patients (inaudible)

DC Code A

Well I've got...

SOLICITOR

...Mrs COUCHMAN

RESTRICTED

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DOCUMENT RECORD PRINT

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

...Yeah.

Oh right, there's Margaret, yeah, yeah so that's the normal system it really...

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

...Yeah.

...means that erm what shall I say, yes she decides some of their care and deals with their social workers and that kind of thing, you know sort out the discharge from hospital, it's usually, usually doing that the system is a team nurse, team nursing with male nurses...

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

...Okay.

...so that's the sort of thing they'd be doing.

11.44 DC **Code A**

Yeah so from your recollection you don't recall having spoken to the daughters directly?

Code A

No, not at all, no.

DC **Code A**

But you were aware at the time of some...?

Code A

...That they weren't happy.

DC **Code A**

Can you remember what they, did you get any messages what they were, weren't happy about?

Code A

I just think they were just not happy with the standard of care they felt we should be providing in the ward, possibly they misinterpreted what, you what was going to happen to their mother in the ward erm I don't really sorry.

DC **Code A**

No, okay.

Code A

You know it's...

RESTRICTED

DOCUMENT RECORD PRINT

DC **Code A**

There was something else I was going to ask but it's gone. Okay, obviously you weren't around the last few days when Mrs RICHARDS (inaudible) hospital?

Code A

No I was off duty.

DC **Code A**

But what was you final, can you recall your final impression of her, can you?

12.48

Code A

No, sorry not really, I don't.

DC **Code A**

Okay

Code A

I mean that's nearly two years ago, no not really, I suppose really if I had any impression of her I just probably hoped you know that she'd be kept peaceful and pain free, it's you know the best you can hope for them...

DC **Code A**

...But you have no specific recollection of...

Code A

...No.

DC **Code A**

...condition or ...?

Code A

...No, no not you know she's obviously a poorly lady but you know.

DC **Code A**

Another general question, patients transferred from one hospital to another like Mrs RICHARDS was from Haslar to Gosport War Memorial, are you in your position privy to the like the handover notes from the people that discharged her from Haslar to the care of the Gosport War Memorial?

Code A

Usually their medical notes are sent with them erm there was a time when Haslar didn't send

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

notes because it was a military thing...

DC **Code A**

...Yeah.

Code A

...establishment, we got photocopies but usually what happens is whoever's in charge of the ward writes a letter...

DC **Code A**

...Yeah.

Code A

...detailing what's happened and what, what sort of treatment they're having and how they've been in there and ...

DC **Code A**

...Yeah.

Code A

...that sort of thing and that's a nurse to nurse thing.

DC **Code A**

Yeah and who would get that at the Gosport War Memorial?

Code A

Well whoever was either admitting her or whoever the ambulance man gave the notes to, you'd open the letter, read it and then anybody could read the letter it was no you know sort of secret thing it's just...

DC **Code A**

...So if somebody was to come in like at midday as it was with Mrs RICHARDS, who...I know you probably don't know who actually got the notes and referred to them for the course of treatment from then on in but would they generally hand them to the ward manager like Mr BEED, Philip BEED is it or could it be the staff nurse or..?

14.49

Code A

If he was on duty or...

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DOCUMENT RECORD PRINT

DC Code A ...Yeah, the staff nurse say there's nobody in particular that the notes...

Code A

...No.

DC Code A

...Do they go to the most senior person on the ward at that time?

Code A

Well usually yes, they...

DC Code A

...Yeah

Code A

...usually you know they usually send us a, they're also given to the person who's admitting the patient you know it just depends on you know what you're doing at the time, it's not erm you're not sitting there waiting to admit someone by any means you know you're doing lots of other things but you know the note would be read by the staff, if there ever was a note I don't know.

DC Code A

Mmm

DC Code A

Okay.

Code A

But that's what happens normally.

DC Code A

But you, did you see any notes in relation to any letters or ...?

Code A

Not that I can recall, usually on night duty if we'd had someone admitted when we'd stop work, I'd pick these up and read them for every patient that was admitted you read them you know...

15.46 DC Code A

...A lot of the times I take it you just rely on the handover you get from the staff nurse on duty

RESTRICTED

DOCUMENT RECORD PRINT

before you?

Code A

You do at the time but then it's...

DC Code A

...This is Mrs RICHARDS, she's in from so and so, this is the treatment she's on...

Code A

...Yes.

DC Code A

...the course of medication is to keep her comfortable or this is what we've been required to do...

Code A

...Yes, yeah and then there's an initial period when you're actually working quite hard, when you actually stop that kind of work...

DC Code A

...Yeah.

Code A

...you'd find that most nurses will go and pick the notes up and read them.

DC Code A

Mmm

Code A

And see what's you know happening.

DC Code A

Okay, I think...

DC Code A

Yeah, yeah

DC Code A

Is there anything you would like to add, anything you feel you'd like to say?

Code A

(inaudible) I feel that the ward keeps a good standard of care and a lot better than a lot of wards and a lot better than some wards I've worked in and you know we try and work as a team and we try very much to put the patients first and the relatives as well and a lot of time is devoted to patients families.

DC Code A

Okay, is there anything you'd like to clarify,

RESTRICTED

DOCUMENT RECORD PRINT

anything you've said you feel warrants further explanation?

Code A

No, I don't think so.

DC Code A

Okay. I'll hand you a notice explaining the tape recorder procedure, which Mr GRAHAM will persist in filling out. The time by my watch is 15.19 and I'm turning the recorder off.

END OF INTERVIEW

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