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The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the 21st August 1998 at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and 21st of August, whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who, in some cases, may have provided her with direct medicine care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I emphasise that this is a search for fact and your account and answers will be carefully assessed in the light of information arising from other interviews with staff and general correspondence. As a result of this interview and several others, further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. Your solicitor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and you are free to

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leave at any time. Your right to legal advice with Mr GRAHAM in private, extends throughout the period you are at the Police Station, so that basically means any time during the interview you want to have a chat with Mr GRAHAM, then we'll stop the interview. We will leave and obviously you can discuss whatever point you want to discuss.

The next bit is the caution. You do not have to say anything, but it may harm your defence if you do not mention when questioned something which you later rely on in court. Anything you do say may be given in evidence. Okay, do you understand the Caution?

COUCHMAN

DC Code A

I do.

Okay and just one more point I'd like to make about this, because it's quite harshly worded or it may seem harshly worded, myself and Paul here are just get an account of what's happened on those few days, what people's roles are, what the set up to the hospital is and you know, we'll look through the notes on the way through and you can explain various bits that are relevant that you can explain. We're not here to make any judgements and certainly we're not in any position to make any judgements. Any decision that's taken regarding this will be made with full

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consultation with someone who's an expert in this sort of area, who's got a medical background and is medically qualified, so it's not going to be taken by some hard nosed copper somewhere who hasn't got a clue how these things work. Okay, what I'd like to do to start the ball rolling is if you could go over your role within the hospital and your qualifications and experience.

COUCHMAN

I work on Daedulus Ward and I'm an E grade Staff Nurse, which means mostly I take charge of the ward. Um, what else do you want to know?

DC **Code A**

Um, your experience, how long . . .

COUCHMAN

Oh yeah, oh well I trained the seventies and I worked at the Royal Hospital, Portsmouth until it closed, where I had general experience in surgical, medical, children's nursing, private nursing, orthopaedic nursing. When the Royal Mem. . um when the Royal closed, then I moved to QA and I worked on the orthopaedic wards. Then I left QA and for two years I worked with autistic adolescents and quite enjoyed that. That was very near where I live in Alverstoke. Er . . . I then left Anglesey Lodge and moved to Gosport War Memorial, I worked on the Children's Ward originally, where we did minor operations on children,

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ENT and Orthopaedic.

When the NHS closed the Children's Ward then I moved to the ward I'm on at present. We have eight stroke rehab beds and sixteen continuing care beds, which is where I was working when Mrs RICHARDS . . came..

DC **Code A**

Okay, how long have you been on Daedulus Ward?

COUCHMAN

And I've been on Daedulus Ward um. . twelve years I think it is.

DC **Code A**

Okay. So can you sort of describe the continuing care and what sort of patients you tend to get in to the

COUCHMAN

In continuing care we have basically . . we have patients very frail, elderly patients, with multiple medical problems, normally problems like Parkinsons and Alzheimer's, um Multiple Sclerosis, old. . um patients that have had many strokes um patients that are highly dependant normally needing two nurses probably to have a wash and get up and mostly we have to feed our patients. . .

DC **Code A**

Right. . yeah. .

COUCHMAN

. . . mealtimes, and they are fed.

DC **Code A**

So they tend to be very dependant on . . .

COUCHMAN

They are highly dependant patients mostly.

6.26

DC **Code A**

Okay, alright. Thank you for that. Um I mean if we can move on to Mrs RICHARDS. . .

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COUCHMAN Yeah.

DC Code A . . . which is the whole crux of this, what are your memories of . . her?

COUCHMAN My memories of Mrs RICHARDS was that I was her main nurse, but I wasn't actually on the ward when she was admitted. She was admitted under my name by a D grade nurse, who worked with me. I was on leave. When I came back from leave was the day Mrs RICHARDS came . . was re-admitted from Haslar, so that morning we worked as normal. I went for my coffee break about 11 o'clock and as I came back, Mrs RICHARDS had been admitted, so I was met by um two health care support workers, who had acutally not assisted her into bed, but was actually there when she was put on the bed. One of them, support worker, Code A came to tell me that she was quite worried really because this patient had been transferred on a sheet, where she should have been on the canvas on a tall base. .

DC Code A Right.

COUCHMAN . . . and she wasn't happy with the way she was lying. Also she felt the patient was in pain. So I went into the room and introduced myself to the sisters and the patient, I pulled back the covers and had a look and found she wasn't

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lying properly. One sister said, because I was on my own at the time, told me she was a nursing officer - an ex nursing officer - and offered to assist me. I accepted this explanation of a nursing officer and she did help me put her mother in the correct position and she did seem more comfortable. Then I remember lunch came and this sister was trying to . . . daughter I should say, was trying to feed her mother and her mother couldn't take the food, so I did ask one. . another health care support worker to go and mince the food, which she did. She took it to the kitchen, had it minced, bought it back and she carried on attempting to feed her Mum.

Somewhat later, we heard her Mum in pain and distress again and um I went into the room and had a look at the patient and she appeared to be in pain, she was crying out in distress and I spoke to the daughters as is normal. We . . on our ward we try to involve the relatives as much as possible in the patient's care. . .

DC **Code A**

COUCHMAN

Mmmm.

. . and I said to her daughter, um I'd like to give your Mum something to relieve the pain, is it okay if I do it and she said yes please. So I went to find the Manager, Mr BEAD and said this patient, Mrs RICHARDS, is in pain, um I'd

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like to give her some Oromorph, which is a liquid, which is morphine based. We gave her a very small dose er, two qualified staff check these drugs, so nobody ever gives them on their own, so they are in a locked cupboard within a locked cupboard, so we went in and measured the drug, checked that we had the right amount left. We have a book, I expect you've seen it, a CD book. . .

DC Code A

COUCHMAN

Er. . . .

. . . where we enter these drugs.

DC Code A

COUCHMAN

. . . yes I think I've got a copy here actually. . .

. . . and in the book we put the patient's name, the date, the dosage um and then we check the amount that's left that we're going to replace in the cupboard and we both sign and we also sign a treatment card - prescription card. .

DC Code A

COUCHMAN

Right.

. . with again, the date, the name of the person, the amount of the drug and we sign that when the patient's taken it, 'cos sometimes they may not want to have it when we've actually drawn it up. Er so we gave this um Moromol to the patient and she did appear more comfortable and at half past one that day I went off duty.

DC Code ADC Code A

COUCHMAN

Do you want to put the notes. . . .

Yes sure, yeah, yeah. . .

Sorry, I've changed. . . .

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DC If there's anything at all you want to refer to. . .

COUCHMAN . . I've changed the times of my um . .

DC Obviously, yeah, this is a duty rota . . .

COUCHMAN Yeah.

DC Yeah, anything you want to refer to to. . . .

COUCHMAN Yeah.

DC . . refresh your memory. . just er . . .

COUCHMAN Sorry, half past three I went off duty.

11.27 DC Okay. So that was on the . . .

COUCHMAN That was on the . . .

DC On that, on that er . . .

COUCHMAN 17th.

DC On the day of the 17th you said that Mrs RICHARDS was in an awkward position. . .

COUCHMAN Mmmm.

DC Can you describe the position that she was in.

COUCHMAN Yes, she wasn't lying flat on the bed, she was . .
. . one leg was curled . . .

DC Yeah

COUCHMAN . . um, bent . .

DC Right.

COUCHMAN . . and really she was supposed to have a pillow - her position was abduction, she should have had a pillow between both legs, so that she's lying with her legs stretched out and the pillow between.

DC Right.

COUCHMAN . . to keep the hip in the right position.

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DC **Code A** Right and whose responsibility would it have been on the transfer er whose responsibility to put her to bed initially?

COUCHMAN Whoever's on the ward.

DC **Code A** Would it have been . . . I mean could it have been the . . .

COUCHMAN There were two trained staff on the ward that morning. .

DC **Code A** Yeah.

COUCHMAN I was on my coffee break, so I wasn't on the ward. The other trained staff was giving an enema or suppositories, something like that and . . . so she would be gowned and gloved and doing what she had to do. . .

DC **Code A** Mmm not really in a position to . . .

COUCHMAN Not in a position to oversee the transfer of the patient.

DC **Code A** Yeah, but would it be, I mean er, I mean obviously we want . . . and you weren't there. . .

COUCHMAN No.

DC **Code A** . . . but I think we all agree that she didn't come in on a stretcher, she came in on . . .

COUCHMAN She came in on a sheet.

DC **Code A** Yeah, can you describe what that means.

COUCHMAN Which means that it's not taut, therefore as she's been . . . as the poles have been moved over um her body would stretch the sheet . . .

DC **Code A** I take it this sheet business is some form of

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stretcher.

COUCHMAN It's a stretcher. It's a canvas which goes on a stretcher is a um an oblong piece of material which is taut material . .

DC Yeah.

COUCHMAN . . both poles go - there's room both sides for the poles to go down. . .

DC Yeah.

COUCHMAN Okay, so four or two people, two strong people could hold the stretcher, both ends . .

DC Yeah

COUCHMAN . . and the patient would be lying on a taut surface.

DC So in that. . . .

COUCHMAN For a dislocated hip, this is what is required.

DC Yeah so in these circumstances then, if er for arguments sake, I know you wasn't there . . .

COUCHMAN No.

DC . . . two ambulance crew, two of the. . . .

COUCHMAN I wasn't there, but . . .

DC . . transport crew from Haslar to Daedulus Ward . . .

COUCHMAN Yeah

DC I take it they wouldn't hang around in the ward

COUCHMAN I have to say, can I say they had expressed to Haslar that they didn't wish to bring the patient without a canvas.

DC Yeah, but I take its the case they are not going

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to stand around in the ward holding a stretcher waiting for somebody to transfer from stretcher to the bed.

COUCHMAN

Well no, they obviously did it.

DC Code A

Yeah.

COUCHMAN

Yeah.

DC Code A

Yeah, so that more than likely in the hospital, the transfer crew would have put her into the bed?

COUCHMAN

Mmm.

DC Code A

Yeah.

COUCHMAN

It was.

DC Code A

Just in relation to her positioning; it's been described by another colleague that she was sort of in like a figure 4, her legs.

COUCHMAN

Yes, I could describe it as that, I did say one leg was bent . .

DC Code A

Yeah. . .

COUCHMAN

. . so that could look like a . . .

DC Code A

. . tucked under the other and looked a bit like a figure 4.

COUCHMAN

Yeah it could have been like it.

DC Code A

Can we just go over the next few days, what your memories are and then obviously we'll go into the specific bits and pieces and obviously we've got the notes here for that, but in relation to any more dealings you had with Mrs RICHARDS, er anything significant that you

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remember and including obviously any conversations with her daughters, anything that came up during those few days.

15.00 COUCHMAN We actually knew, or we were told, that her daughters were suing the nursing home where she did originally break her hip.

DC **Code A** Right.

COUCHMAN Therefore we bent over backwards to try and prevent a complaint, which we would do anyway and not that they had, not that the patient had any different treatment, she didn't, but we wanted to make sure there were no complaints.

DC **Code A** So it would be fair to say you sort of conscious that er . . .

COUCHMAN We were conscious that this could occur.

DC **Code A** That something could come up from it.

COUCHMAN Yes.

DC **Code A** Okay and other than the complaint that you were aware was being made, was there any other reason that led you to feel that. . . was anything else said or . . .

COUCHMAN In hindsight yes. . . yes.

DC **Code A** Okay, can you tell me what . . .

COUCHMAN Well, one support worker became quite friendly with one daughter. She did her astrology charts. . . her astrology chart and her sister's, um chatting to them in a friendly way. One sister

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who rang her many many times . .

DC Code A
COUCHMAN Can you remember which she was . . .

Mrs MCKENZIE. First of all she was a lawyer, then she was a TV producer. She'd written books, this is what she told the support worker. Um she um expressed an interest in spiritual healing and all sorts of astrology and etc. Things in that vein and she instigated three members of staff, myself included, going to Chichester to a meeting, some medical technical society, which was full of doctors, psychiatrists, medical people.

DC Code A
COUCHMAN Mmm.

The speaker was the President of the National Federation of Spiritual Healers, he's a GP in West Sussex - very nice man. We quite enjoyed this, however when everybody introduced theirselves, as we did, at the beginning of this meeting, Mrs MCKENZIE introduced herself as a interested person, so we knew then that she wasn't a lawyer etc whatever, also, reading . . I'm diverting I know. . but reading the other sister's statement, I don't believe she was a nursing officer, I think she worked in nursing homes.

DC Code A
COUCHMAN Right.

But, anyway, so we were at this meeting and she actually did um she was very derogatory

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about her Mother's death there in front of us, which is probably why she wanted us there and we did actually enjoy the meeting, we left and went home and that was it, you know.

DC [Code A]

COUCHMAN

When you say derogatory, what did she say?

Oh she said she was unhappy with the way her mother died and she didn't feel that the nursing care was adequate, etc.

DC [Code A]

COUCHMAN

Okay, who was actually . . . what other members of staff . . . ?

Present?

DC [Code A]

COUCHMAN

Yeah went to the meeting.

Health Care Support Worker, [Code A] [Code A] and Health Care Support Worker, [Code A] and myself.

DC [Code A]

COUCHMAN

So three of you?

Three of us were there. .

DC [Code A]

COUCHMAN

Okay.

They also sent letters to various members of staff - this is Mrs MCKENZIE - and presents of books, books on healing, after life, after death experiences.

DC [Code A]

COUCHMAN

Okay, do you know who received those?

Um the Manager Philip BEAD, Support Worker, [Code A] one of the night staff, I think that was it, I'm not sure. She also presented us with her Mother's chair from the nursing home, a rather nice easy chair . . .

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DC Code A For the ward?
 COUCHMAN For the ward, to thank us for looking after her Mother.

DC Code A How long after. . .how long after her Mother's death was that then?
 COUCHMAN Within the first month or two.

DC Code A So six to eight weeks go by . . .
 COUCHMAN Yeah.

DC Code A . . and there's been no representation made by Mrs MCKENZIE to
 COUCHMAN I believe there was a complaint, I don't know the date of the complaint. .

DC Code A But up until that day when . . the meeting that you went to, you weren't aware that Mrs MCKENZIE had any representations about her Mother's treatment at all?
 COUCHMAN No.

DC Code A No?
 COUCHMAN No, in fact we were quite shocked to sit there and listen to the complaints at the meeting. .

DC Code A Right.
 COUCHMAN . . therefore we just. . we didn't even say goodbye, obviously, we just got up and left at the end.

DC Code A Right.
 COUCHMAN . . although we enjoyed the meeting itself.
 MR GRAHAM She orchestrated that meeting?
 COUCHMAN Yes she did.

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DC Code A
MR GRAHAM I'm sorry Mr Graham?
It would appear that she orchestrated that meeting to make a complaint in front of other people.

DC Code A
MR GRAHAM Oh right.
COUCHMAN That's the (inaudible) from what's been said.
COUCHMAN Totally ignored her I must say.

DC Code A
COUCHMAN If we can go back to on the ward then. We've got obviously the first day and what you remember of that, the fact she was moved, she obviously came back from Haslar and you're the main nurse.

COUCHMAN Yeah.

DC Code A
COUCHMAN What does actually that mean?
That means I am the patient's advocate. It's my duty to look after the patient and their relatives, to keep them informed of her progress, any medications that we give her. To include them in her treatment, particularly since this lady had Alzheimer's, but this is for every patient anyway.

DC Code A
COUCHMAN On that point can you remember er Mrs RICHARDS' problems she had a the time when she came to the War Memorial? What was wrong with her?

COUCHMAN Yes. She was deaf in both ears. She'd had a cataract operation on both eyes. She'd had a six month history of falls. She had

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Alzheimers, which had worsened over the last six months. She'd had a hysterectomy in 1955 and then she'd fell at the nursing home, Glen Heathers, fractured her right neck of femur on the 30th July '98, where she was subsequently admitted to E6 at Haslar for a right hemiarthroplasty.

DC Code A

Which is a hip replacement, is it?

COUCHMAN

Yeah, similar.

DC Code A

Okay.

DC Code A

On top of that are you aware of any other ailments that she had. I mean we've been made aware that she had Alzheimer's, were you aware?

COUCHMAN

I did say Alzheimer's.

DC Code A

Oh did you, sorry.

COUCHMAN

. . . it worsened over the last six months.

DC Code A

Sorry, I meant Dementia, or is that the same.

COUCHMAN

Well Dementia and Alzheimer's are . . .

DC Code A

One and the same are they?

COUCHMAN

. . . very similar.

DC Code A

Right.

DC Code A

What sort of form did that take do you recall with Mrs RICHARDS? What . . . how. . . ?

COUCHMAN

The Dementia?

DC Code A

Yeah, how did that affect her?

COUCHMAN

It affected her speech and her memory.

DC Code A

Okay, so . . .

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COUCHMAN She did need . . she needed her daughters to look after her.

DC Code A Yeah, was she able to talk or was it . . .

COUCHMAN Very little.

DC Code A Very little.

COUCHMAN She cried out frequently.

DC Code A Right, okay and that was down to the Dementia or the Alzheimer's. .

COUCHMAN Yes.

DC Code A . . that she would cry out like that?

COUCHMAN Yeah.

DC Code A Okay. So was she a woman that was er you said that she needed her daughters constantly. Was she the sort of patient that needed constant and total care? Was there anything that Mrs RICHARDS could do for herself?

COUCHMAN Nothing.

DC Code A Nothing?

DC Code A Right okay. Obviously we're looking from the 17th when Mrs RICHARDS came back in, but did you have any dealings with her on the first occasion that she came into the ward, which was from the 11th.

COUCHMAN On the first occasion she came in I was on leave.

DC Code A So you . . .

COUCHMAN I met her on the 17th.

DC Code A You met her on the 17th, oh right, okay. If we

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go over. . you've mentioned, I think you called it the CDR, which is the Controlled Drug Register?

COUCHMAN

Yes.

DC **Code A**

I've got a copy of it here and um highlighted is the entries relating to Gladys RICHARDS. If you'd just care to have a look through that for a moment. and I believe there's some entries where obviously you've. . your signature is. Um I think it starts off on the 18th.

COUCHMAN

Yeah.

DC **Code A**

Um can you confirm that that's your signature there?

COUCHMAN

That's me, yes.

DC **Code A**

Um and that's the time it's booked at is it, 11.45

COUCHMAN

11.45, yeah.

DC **Code A**

I can't see another one there for you.

COUCHMAN

There, 10.45 on the 20th.

DC **Code A**

Oh yes. . . on the 20th.

COUCHMAN

Mmmm.

DC **Code A**

And that's countersigned on each occasion?

COUCHMAN

Each occasion, yes.

DC **Code A**

On the 20th it's . . .

COUCHMAN

It's Joan LOCK. She, at the time she was a sister on Sultan Ward, she's since retired.

DC **Code A**

Oh right, okay.

COUCHMAN

And this is Philip BEAD, my manager.

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DC **Code A** That's the 18th, yeah.
 COUCHMAN Mmm.
 DC **Code A** And we go to the next page, sorry that one is
 for 30 milligrams Diamorphine injection, the
 one I've just showed you.
 COUCHMAN We we, yes that was in a drug.
 DC **Code A** And er, there's another there on the 20th at
 10.45.
 COUCHMAN That is also countersigned by Sister OLD.
 DC **Code A** Now I think what we've learned from speaking
 to other people is the reason two, there's two
 entries is because you can't get 40 milligrams
 in one . . .
 COUCHMAN Oh yes. Because we'd use a phial of 30
 milligrams of Diamorphine and one of 10.
 DC **Code A** One of 10?
 COUCHMAN To make 40.
 DC **Code A** To make 40?
 COUCHMAN Rather than use 10. . four 10s.
 DC **Code A** Yeah, okay.
 COUCHMAN Yeah.
 DC **Code A** Right, um and then obviously this form says
 it's countersigned because it's a controlled
 drug.
 COUCHMAN Quite.
 DC **Code A** Um and that's your sort of running total down .
 ..
 COUCHMAN That's our total which we keep in a locked

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cupboard in a locked cupboard.

DC **Code A** Oh right. Now I don't understand it. Can you remember when she was put on the syringe driver?

COUCHMAN Um, I honestly didn't remember that day, but but, Philip the Manager said yes it was me and him that did it.

DC **Code A** That actually . . .

COUCHMAN That actually . . .

DC **Code A** . . . started the . . .

COUCHMAN . . . initiated it.

DC **Code A** . . . initiated it.

COUCHMAN However Philip had already spoke to the relatives and the Doctor.

DC **Code A** Right.

COUCHMAN Which is standard procedure.

DC **Code A** Okay. There's just . . if we can go over that and just cover the procedure with that then, so who's decision would it be in order to . . .

COUCHMAN It would be everybody's decision.

DC **Code A** Right.

COUCHMAN the whole team.

DC **Code A** The whole team would . . .

COUCHMAN Right, plus the relatives.

DC **Code A** Right, so there'd be a consultation about it?

COUCHMAN Yeah, yeah.

DC **Code A** Were you present during that consultation or any discussions?

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COUCHMAN Not on the initial, the initial would be between .
. formal one would be between Doctor
BARTON and the relatives.

DC Code A Right okay.

COUCHMAN Yeah, but however Philip would have said to
me what he was going to do. . .

DC Code A Yeah.

COUCHMAN . . do you agree.

DC Code A Okay and obviously, I take it nursing staff
would have to because obviously they are
going to do it.

COUCHMAN We would agree if the patient was in distress
and pain.

DC Code A Okay, so ultimately then who . . .

COUCHMAN Nobody is left in that condition.

DC Code A . . .whose decision is it to do it, I mean if.

COUCHMAN It would be mine if it were me there . . .

DC Code A Yeah, yeah.

COUCHMAN Okay? If I was there with Philip, he's the
Manager, so it's the . . .

DC Code A Yeah.

COUCHMAN . . it would be his, but I would make that
decision if he weren't there.

DC Code A What to actually put her on a syringe?

COUCHMAN Yeah, to operate it, yeah.

DC Code A Oh right, okay, so . . .

COUCHMAN I'm . . .

DC Code A No, no, I think you might be confusing, I think

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this needs clarification . .

DC: Code A Let me, let me get this, let me get this right.

DC: Code A 'Cos you can't, you can't authorise controlled drugs, can you?

COUCHMAN Cause I can.

DC: Code A What the administration of them?

COUCHMAN Yeah.

DC: Code A I'm sorry, we didn't appreciate that, I didn't.

DC: Code A Right, if I tell you what I understand previously . .

COUCHMAN Yeah.

DC: Code A . . because it's different to um what, what. .
Basically as I understand it, Dr BARTON is a .
. . . .

COUCHMAN Dr BAR. . sorry, Dr BARTON would have to write the actual . .

DC: Code A Prescription?

COUCHMAN The actual amount and the actual prescription, sorry yeah. .

DC: Code A Right

COUCHMAN This is what you mean, isn't it, sorry.

DC: Code A Yeah. So ultimately . . .

COUCHMAN I can't write it, no.

DC: Code A I mean I know you have to agree with it. . cos obviously . .

COUCHMAN Yeah. . I don't have to agree with it. . .

DC: Code A No. . right. . we'll cover that point . .

COUCHMAN Yeah.

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DC **Code A** Let's just take one at a time. So Dr BARTON is the one who says well I'm going to prescribe this particular drug. . .?

COUCHMAN Yes.

DC **Code A** er and this amount . . .

COUCHMAN Yes

DC **Code A** And then there is a consultation . . .

COUCHMAN Yes

DC **Code A** . . and basically I take it she'll listen to every .

COUCHMAN Quite, yes.

DC **Code A** . . Other peoples' views . .

COUCHMAN Yes.

DC **Code A** . . 'Cos as I understand it, she comes in on a daily basis . .

COUCHMAN She does.

DC **Code A** Um and obviously she's going to listen to members of staff who are there permanently . .

COUCHMAN Quite, yes.

DC **Code A** . . . who can see what is happening.

COUCHMAN Yes, 24 hours.

DC **Code A** Am I right in saying ultimately, the decision to prescribe controlled drugs falls on Dr BARTON as the GP?

COUCHMAN She prescribes it, yes.

DC **Code A** Yeah, okay.

COUCHMAN She does. . she writes it.

DC **Code A** And to clarify that, you're not in a position to say that lady's in pain . . .

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COUCHMAN To clarify it . .

DC: Code A . . . I'm going to give her 40 milligrams of
Diamorphine off your own back.

COUCHMAN Oh. . . off my own back no. . .no.

DC: Code A Right, okay.

COUCHMAN I do beg your pardon.

MR GRAHAM Just something else I want to clear up. Who's
ultimate decision is it to put somebody on the
syringe driver?

COUCHMAN The team.

MR GRAHAM You can't make it on your own?

COUCHMAN The team. Everybody.

DC: Code A I know, but do you need a . . . who's . .

COUCHMAN I have said that though, didn't I? I said that.

MR GRAHAM Yeah, but it was slightly confusing.

DC: Code A Can you, if you say Dr BARTON and Mr
BEAD, your first line manager, weren't there,
would you be able . . .

COUCHMAN If I were there on duty . . .

DC: Code A . . Can I, oh can I just finish. . .

COUCHMAN Yeah.

DC: Code A If Dr BARTON and Philp BEAD weren't there
. . .

COUCHMAN Yeah.

DC: Code A . . are you qualified and authorised to make a
decision on the ward to say I want that lady on
a syringe driver?

COUCHMAN Do you mean if Dr BARTON had already

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written the . . .

DC [Code A] No. No if that wasn't the . . .

COUCHMAN No, I would have to contact Dr BARTON, wouldn't I and say . .

DC [Code A] Saying this lady I believe she's in pain when you give an injection, can I suggest that we put in a syringe driver and then it would be under her authority . . .

COUCHMAN That's it.

DC [Code A] . . that the syringe driver . .

COUCHMAN I couldn't do it on the telephone conversation authority, I couldn't take a telephone . . .

DC [Code A] Oh right.

COUCHMAN . . um I couldn't take it over the telephone..

DC [Code A] No.

COUCHMAN She would have to come and write it.

DC [Code A] Yeah. Right.

DC [Code A] Then obviously from there then Dr BARTON has said prescribes this course of treatment, syringe driver and these drugs . . .

COUCHMAN Yeah.

DC [Code A] In your role you are obviously authorised then to administer that.

COUCHMAN Yeah.

DC [Code A] But in terms of actually prescribing it, making the ultimate decision to follow that course of treatment and to prescribe those drugs, that is down to Dr BARTON?

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31.03 COUCHMAN Yes.

DC Code A Okay.

COUCHMAN Yes, I'm not allowed to prescribe controlled drugs.

DC Code A Yeah, but you are allowed to administer?

COUCHMAN Yes.

DC Code A Right, okay.

DC Code A Got there.

COUCHMAN With another qualified member of staff.

DC Code A Yeah, there's two of you there all the time.

DC Code A Two of you there. Yeah, I probably didn't phrase the question quite well . . .

COUCHMAN Sorry, no, no, it's probably me sir.

DC Code A Now this is , , obvioulsy that's why we need to get these things sorted out, so . .

COUCHMAN Yeah, yeah.

DC Code A Okay. If we just go over that then, so let's start again. So we've got this sort of consultatin process erm and I think we were talking about whether you remembered being involved in that. Whether you recall any any conversations with Philip BEAD or Dr BARTON, or the family, the two sisters, in relation to the syringe driver and what drugs were being proposed.

COUCHMAN I can't actually recall their conversation, but I do know our procedure which we follow regularly.

DC Code A Right, okay.

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COUCHMAN We always adhere to the same procedure.
 DC Code A Are you aware of any concerns that the sisters
 had about this treatment as being . . .

COUCHMAN No.
 DC Code A Okay, did they make any representations to
 you. . . .

COUCHMAN No.
 DC Code A . . . personally? They didn't, okay. Did you
 become or are you aware of any representations
 they made to any other member of staff?

COUCHMAN No.
 DC Code A Right, okay.

COUCHMAN As far as I was concerned they agreed . . .
 DC Code A Right thankyou.

COUCHMAN . . . that their Mother would not suffer.
 DC Code A All right. Let's just clear up Dr BARTON's
 role, um which maybe I should have done at
 the beginning to make this a bit clearer. What
 is her sort of responsibilities with the ward?

COUCHMAN Her responsibility is to the ward and to the
 Consultant. She visits, she is the clinical
 assistant. The Consultant does her rounds
 regularly and she will give her views on the
 treatment of the patient and on a day to day
 basis Dr LORD will carry out that treatment.

DC Code A Okay, now Dr LORD is the Consultant for the .
 . .

COUCHMAN She is the Consultant Geriatrician for our ward.

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DC: **Code A** Okay and Dr BARTON, who's a GP will come in on a . . .

COUCHMAN She was the Clinical Assistant.

DC: **Code A** And will talk with staff on a daily basis . .

COUCHMAN Yeah, yeah.

DC: **Code A** . . about the patients.

COUCHMAN Yes.

DC: **Code A** Now I understand she wouldn't necessarily deal with every patient on the ward?

COUCHMAN She will do all the the patients that require her.

DC: **Code A** That would be sort of brought to her attention or . .

COUCHMAN That would be brought to her attention, yes.

DC: **Code A** Right, okay. What would . . .

COUCHMAN We can also ring her or bleep her if we have an emergency.

DC: **Code A** Right. Okay and if she's not available, if it's out of hours, is there any other doctors. .

COUCHMAN Then her partners deputise for her. . .

DC: **Code A** Right, so . . .

COUCHMAN . . in the, in the Practice.

DC: **Code A** Okay, is there always a sort of a Doctor available?

COUCHMAN There's always a Doctor available.

DC: **Code A** In one form or another?

COUCHMAN In one form or another.

DC: **Code A** Okay and what's Mr BEAD's role, Clinical Manager, something?

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COUCHMAN He's in charge of the ward. He would have been the old sister or a charge nurse, but now you are called a Clinical Manager.

DC **Code A** Right, so he's a registered . . .

COUCHMAN You actually have more responsibilities.

DC **Code A** Right, so he's a registered nurse?

COUCHMAN Yes.

DC **Code A** Does he have more qualifications than you . .

COUCHMAN Yes.

DC **Code A** . . or is he just more experienced? He's got more qualifications?

COUCHMAN Yeah.

DC **Code A** Okay. So, um, do you know what his sort of role is or . . .

COUCHMAN I know what his role is.

DC **Code A** Okay, can you just go over that for us?

COUCHMAN Um, he's in charge of the ward, he's in charge of all the staff and um his role is to um monitor that the ward is run correctly and that the staff are all motivated and um etc. and now he has a budget as well . .

DC **Code A** Yeah . .

COUCHMAN . . which he has to adhere to. Therefore his responsibilities probably greater than they used to be as a sister.

34.59 DC **Code A** Right, okay. All right, so we've covered the consultation process with . . and that's a general one as well, that applies to any patient .

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.in relation to

COUCHMAN

Yeah

DC Code A

. . . this sort of treatment that we're talking about with the syringe driver. There would be consultations with the family, with members of staff who had an interest. . .

COUCHMAN

Yes.

DC Code A

. . . and people could offer their opinions, basically. . .

COUCHMAN

Right.

DC Code A

. . . but ultimately Dr BARTON is the one who says yes or no.

COUCHMAN

Yes.

DC Code A

. . . we're going to do this or not?

COUCHMAN

Yeah.

DC Code A

Okay. This is another general question. If a decision was made by any Doctor about a type of treatment they were proposing to prescribe and you . . . you had strong reservations about it . . .

COUCHMAN

Then we don't do it, basically.

DC Code A

You don't do it?

COUCHMAN

No.

DC Code A

Okay. If there came a scenario where the Doctor insisted it was done, and I'm not for one minute saying this was the case in this case, but this is just a . . . what I'm trying to get at is the procedures in place if there are procedures in

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place.

COUCHMAN The procedures in place would be . . . yes, that we have another manager above Philip . .

DC **Code A** Right.

COUCHMAN First of all we go to Philip then we would go to the other manager. We also have our ICN representative, our Union body who would instigate an investigation.

DC **Code A** So its, basically, it's fair to say that you'd be aware of . people with . .

COUCHMAN Basically we wouldn't give a drug if we didn't feel it . . necessary.

DC **Code A** And you certainly wouldn't feel on your own or isolated because - you know -

COUCHMAN No. Not at all.

DC **Code A** You know of people you could go to if there was a problem.

COUCHMAN You know you have a very good support system, yeah.

DC **Code A** Yeah. During your time at the hospital, have you ever had sort of . . . situations

COUCHMAN This has never happened no . . .

DC **Code A** Situations where you've had a disagreement with a Doctor over a level of treatment or . . .

COUCHMAN No, no.

DC **Code A** . . .you've never had a problem?

COUCHMAN No we'd always talk if we felt . . actually I've never had to, but I would.

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DC Code A No, okay. But you're aware of what you would do . . .

COUCHMAN And I wouldn't give a drug if I didn't feel it necessary.

DC Code A Yeah. Okay. All right. Has there ever been anything in the ward where someone's had a particular er problem with what's been prescribed to a patient, that you're aware of?

COUCHMAN No. . no.

DC Code A No? Okay. All right. If we go over to the syringe driver now. .

COUCHMAN Yeah.

DC Code A What I would like to do is talk about the syringe driver and the drugs and what they do. If you could just explain to me what the syringe driver is and what it's there for. What it's job is.

COUCHMAN Yeah. The syringe driver is just a means of administering the drug over a 24 hour period. Prev . .well before we had syringe drivers we would give injections every four hours, of morphine or strong drugs for pain. Quite often it didn't last four hours we'd have to go back to the Doctor and say that patient's writhing in pain, falling out of bed, it's three hours, can we give another one and quite often they would say no. Now we can give the drug over 24 hours and it delivers a regular dose. This

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doesn't happen these troughs and lows, they don't happen any more. People walk around with drivers, it's just. . it's any drug.

DC **Code A**

Yeah.

COUCHMAN

It's a means of delivering it.

DC **Code A**

Okay. So it's not just something that's set up for palliative care?

COUCHMAN

No.

DC **Code A**

Okay. Now the next question would be can you just, if you can, sum up what palliative care is in a . . .?

COUCHMAN

Palliative care is a means of easing a patient who perhaps is a terminal patient and needs . . difficult to explain . . . I would say it eased the last few months or whatever of their life so that it improved their . . enhanced their standards of care.

DC **Code A**

Right, okay. In relation to Mrs RICHARDS, when she was obviously put on the driver, what impression did you have of her health and what was going to happen to her.

COUCHMAN

She was very distressed and in a great deal of pain.

DC **Code A**

Did you feel that she was dying?

COUCHMAN

Not at that time, no.

DC **Code A**

When did you or did you ever come to a conclusion that she was dying?

COUCHMAN

Probably a couple of days before she died um

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we realised that it was probably imminent, as nursing staff.

DC **Code A** Yeah, okay, but are you aware of what she was dying of?

COUCHMAN We knew she had multiple problems. We knew at that time she had a haematoma which is a blister on her affected hip, the hip that she'd broken.

DC **Code A** Right, a haematoma's like a bruise isn't it?

COUCHMAN It's a blister, it's blood, it's a collection . . . haema's blood and it's a collection of blood.

DC **Code A** Oh, I see, okay, yeah.

COUCHMAN So we knew that caused a lot of pain. . .

DC **Code A** Right.

COUCHMAN . . . and with all her other medical problems. . .

DC **Code A** So it was in. . .

COUCHMAN And we also thought she probably had a chest infection.

DC **Code A** Okay, what made you think that?

COUCHMAN Because her chest was rattling.

DC **Code A** Right. Okay. Now in relation to the haematoma, when did, can you remember when that came about, I'll put the notes there if you want to look at them.

COUCHMAN Well on this particular day, on this particular day when she arrived back from Haslar on the 17th, one of the daughter's mentioned that a Doctor at Haslar said that her Mum should go

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back if this hip came out again, her Mum, rather than if she was in pain she should go back to Haslar.

DC **Code A**
COUCHMAN

Mmm.

And um I rang Dr BARTON and said . . mentioned the way the lady was transferred, I mean it was possible that that hip could have slipped out again and she arranged for an x-ray at our hospital, we have an x-ray department and Mrs RICHARDS was x-rayed and it wasn't out, so she didn't return to Haslar.

DC **Code A**
COUCHMAN

Right, okay.

However, it was discovered later I believe that she had a haematoma.

DC **Code A**
COUCHMAN

Right, what would cause that then? I know it's . . .

Well it's possible I feel the ambulance crew said she was in pain and distress as soon as she got in the ambulance and it's possible that the way she was transferred, both in Haslar and in our hospital.

DC **Code A**
MR GRAHAM

Sort of could cause.

What would cause a collection . . . does that mean that she'd ruptured some blood vessels or something that had collected there or . . .?

COUCHMAN

Or two pieces rubbing together could cause a collection of blood or maybe from the operation.

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DC COLVIN Right so yeah, I mean obviously you're not in a position to say exactly, but those are some of the examples it could be.

COUCHMAN Yeah.

DC COLVIN Okay. And so I've got the contact notes here and there's a few relevant to you, you may have already seen them and we've. . a lot of them you've covered anyway, to be honest. Um, but I think what we'll do actually saying that we'll take a short break 'cos the tapes are running out.

DC MCNALLY Tapes run out after 45 minutes and we're on 43.
. so . .

COUCHMAN (inaudible)

DC MCNALLY Time by my watch is 1104. Turning the recorder off.

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