MG15(T)

NPSHIER ON STABUL

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN :		ROTI :		Contemporar	eous Notes			
Person inte	erviewed :	Anita TUB	BRITT	[—
Place of interview : Park Gate Police Station Police exhibit no. : Number of pages : Signature of interviewing officer producing exhibit : Signature of interviewing								
Date of int	Date of interview : 28 June 2000							
Time com	menced : 1	0.19	Time conclu	uded : 10	.58			
uration o	of interview	: 39 minu	tes Tape	e reference nu	umbers * : 44	/00/30648		
Interviewi	ng Officers	: DC 14	84 COLVIN,	DC 2353 Ch	ris MASON			
Other pers	sons present	: Mr GR	AHAM - Sau	let & Co Soli	icitors, Portsmo	outh		

Tape Counter Times [◆]	Person Speaking	Text
-	DC COLVIN	This interview is being tape recorded, I am DC fourteen eighty
		four COLVIN, the other police officer present is
	DC MASON	DC two three five three Chris MASON
[DC COLVIN	I'm interviewing Anita TUBBRITT, please can you give your full
		name and date of birth?
	TUBBRITT	Mrs Anita TUBBRITT, thirty first of January nineteen sixty four.
	DC COLVIN	Okay and also present is
	SOLICITOR	Mr GRAHAM from Saulet and Co Solicitors, Portsmouth, Legal
		Advisor.
	DC COLVIN	Okay this interview is being conducted at Park Gate Police
		Station on the twenty eighth of June, two thousand and the time
Signature	e(s): DC 1484 COLVIN	• Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 1

Record of interview of: Anita TUBBRITT

Гаре Counter Гimes ◆	Person Speaking	Text		

by my watch is 10.19. At the conclusion of the interview I'll give

you a notice explaining what will happen to the tapes and I'll also

remind you that the legal advice you have is accessible

throughout the interview and the interview can be delayed at any

Okay, right this is basically an explaination of why we're here

was unlawfully killed as a result of a course of treatment that was

embarked upon between the seventeenth and twenty first of

August whilst admitted to this hospital. We are seeking to

interview those members of 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 nursing care or treatment in order

that an account can be obtained in particular circumstances and

time for you to seek further advice, okay.

TUBBRITT

DC COLVIN

Okay.

and what we're aiming to achieve. The Hampshire Police have undertaken an investigation into the circumstances into the death of Mrs Gladys RICHARDS, on the twenty first of August nineteen ninety eight at Gosport War Memorial Hospital. The investigation centers around an allegation that Mrs RICHARDS

Signature(s) : DC

DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 2

Record of interview of: Anita TUBBRITT

Таре		
Counter	Person Speaking	Text
Times •		

issues that existed between those dates. I emphasise this is a search for the facts 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're free to leave at any time. Your right to free legal advice in private extends throughout the period you're at the police station, okay. Now the next bit is a 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 that?

TUBBRITT

Yes.

DC COLVIN

Alright, it's quite harshly worded but there's a couple of points I would say it's, what we're seeking is basically an account from

Signature(s) :

DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 3

Record of	Record of interview of: Anita TUBBRITT			
Tape Counter Times •	Person Speaking	Text		
		people if they're prepared to give it on various points that we're going to cover and basically a decisions not going to be made by the likes of me or Chris or basically the Police Service on its own. We will be seeking professional advice from someone who's got knowledge of medical matters and background and how these things work so it's not going to be a sort of blind decision or a witch hunt or anything, it's a considered process, okay. Alright, so as I say that's what we're looking into, I think to start off with		
.33	TUBBRITT DC COLVIN	 what I'd like to do is if you could explain your role within the hospital and you know what your responsibilities are and what sort of things you cover, if you could do that? Erm well I'm a senior staff nurse on light duty, I start my shift in minor injuries although I am in overall charge of the night nursing staff Right. 		
	TUBBRITT	during the course of the night duty in the absence of the night		

sister, so from the hours of er eight fifteen to about ten thirty I'm based in minor injuries and don't have a lot to do with the ward until after that time.

Signature(s) :

DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 4

Tape Counter Times ◆	Person Speaking	Text
	DC COLVIN	Right, okay so what sort of times do you work? What are your
		hours?
4.08	TUBBRITT	Erm my shift starts at eight fifteen at night and I finish at seven
		forty five in the morning.
	DC COLVIN	Okay.
	TUBBRITT	So from ten thirty until seven forty five I'm around, based on
		Dryad ward but visit all the other wards in the hospital, I'm
		available if needed.
	DC COLVIN	Okay. What sort of things would you, would you be doing
		around the wards then? What would your sort of role be there?
	TUBBRITT	Helping in er nursing care erm mostly superivisory things,
		checking of medication, erm relieving trained staff when they go
		for breaks, really anything that's required of me.
	DC COLVIN	Okay so if there was anything untoward you would expect to be
		notified?
	TUBBRITT	I would, yes.
	DC COLVIN	Okay and depending on what sort of the problem was, you would
		obviously act on that?
	TUBBRITT	I would assist or help or whatever I could do.
Signature	e(s): DC 1484 COLVIN	• Not relevant for contemporaneous notes

MG15(T)(cont.)

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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 5

Tape Counter Times ◆	Person Speaking	Text
	DC COLVIN	Okay. If it was a problem that required a doctor, what sort of
		things, examples could you give where a doctor would be called
		and what procedure would you follow in order to call one?
24	TUBBRITT	Erm if one of the members of staff were concerned about one of
		the patients erm if they felt it was urgent they would probably
	л. А. 	contact a doctor directly, different staff do different things erm
		some of them might call me to check the patient first erm if it's
		something we felt that the doctor could intervene with and would
		give medical care or advice then we'd contact them directly, it
		not we would monitor the patient and call them as we fel
		necessary.
	DC COLVIN	Right, okay. Just going over your sort of experience, how long
		have you been a trained nurse?
	TUBBRITT	I've been a trained nurse for nearly fourteen years.
	DC COLVIN	Okay, and what sort of areas have you covered in that time?
	TUBBRITT	I've only worked at really Gosport War Memorial Hospital
	DC COLVIN	Oh, okay.
	TUBBRITT	worked there for thirteen years.
	DC COLVIN	Okay so is that primarily with elderly patients?
Signatur	e(s): DC 1484 COLVIN	

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 6

Tape Counter Times •	Person Speaking	Text
	TUBBRITT	Yes.
	DC COLVIN	So fourteen years experience has been based sort of covering
	TUBBRITT	The same type of patient.
	DC COLVIN	same type of patient, yeah and how long have you been a senior
		staff nurse?
6.31	TUBBRITT	Er I think around three years.
	DC COLVIN	Okay. I've got the duty sheet somewhere, have you had a chance
		to look at them and remember what you were doing between the
		seventeenth and the twenty first?
	TUBBRITT	I've had a quick look.
	DC COLVIN	Thank you. Well I'll show you it now just to
	TUBBRITT	Okay, yeah.
	DC COLVIN	which is the duty sheet from August ninety eight and I think
		that's you
	TUBBRITT	That's me yep
	DC COLVIN	there so looking down on the twentieth and is says hosp, which
		I guess is short fo hospital
	TUBBRITT	(inaudible) I was on duty.
	DC COLVIN	so that mean's you're on duty at the hospital?
Signatu	re(s): DC 1484 COLVIN	• Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 7

Tape Counter Times ◆	Person Speaking	Text
÷	TUBBRITT	Yes.
	DC COLVIN	At that time, okay so that would be the twentieth and the
7.12	TUBBRITT	Twenty first and the twenty second.
	DC COLVIN	obviously and the twenty second of August, okay. Do you have
		any memory of Mrs RICHARDS?
	TUBBRITT	Only a vague recollection, I can recall the night she died, I
		remember the family being present on the ward and I can
		remember I think it was one of the daughters I couldn't say which
		one asked me if I saw another colleague would Ishe had a book
		she wanted to pass on to one of my colleagues
	DC COLVIN	Oh right.
	TUBBRITT	and would I do that
	DC COLVIN	Okay.
	TUBBRITT	and that was really all I had to with either Mrs RICHARDS or
		her family.
	DC COLVIN	Right, do you know who, what colleague that was?
	TUBBRITT	Er Staff nurse Jeannette FLORIO.
	DC COLVIN	Jeannette FLORIO, okay and do you know what the book was?
	TUBBRITT	Something to do with erm I think either spiritualism or that type

Signature(s): DC 1484 COLVIN

MG15(T)(cont.)

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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 8

Гаре Counter Гimes ◆	Person Speaking	Text
		of thing. I think one of the daughters had been reading it during
		the course of visiting her mother and I think they chatted about it
		so one of the daughters thought she might like to read it once
		they'd finished.
8.16	DC COLVIN	Right, okay. So you actually went down to theyou were at the
		ward when
	TUBBRITT	After she died.
	DC COLVIN	after she died. Was that because you were notified by someone
		or?
	TUBBRITT	Yes.
	DC COLVIN	were you already down there?
	TUBBRITT	I normally visit the wards after I've finished in minor injuries bu
		I'm almost certain I would have been contacted, I would hav
		visited the ward straight after, as soon as I'd finished in mino
		injuries.
	DC COLVIN	Yeah, okay. You obviously had this conversation with th
		daughter about the book?
	TUBBRITT	Yes.
	DC COLVIN	Do you recall any other conversation?

Signature(s): DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Tape Counter Times •	Person Speaking	Text
	TUBBRITT	No.
	DC COLVIN	In particular any concerns she had about her mother or any
		problems she had regarding the treatment or?
56	TUBBRITT	No.
	DC COLVIN	No, okay. During the twentieth which is a Thursday and onto the
		Friday, when you start work do you have like a briefing at all
		with the wards at any point?
	TUBBRITT	Myself?
	DC COLVIN	Yeah, are you sort of notified about any particular problems
		with?
	TUBBRITT	Usually erm the, as I visit the wards the whoevers in charge of
		that ward will normally tell me of any patients they're concerned
		about or during the course of the night I will ask myself if they've
		got any patients they're concerned about.
	DC COLVIN	Right.
	TUBBRITT	As the patients don't often change I have a vague idea of many of
		the patients on the ward.
	DC COLVIN	So you build up a picture?
	TUBBRITT	Yeah.
Signatur	e(s): DC 1484 COLVIN	

MG15(T)(cont.)

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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 10

Tape Counter Times ◆	Person Speaking	Text
	DC COLVIN	Okay, I mean do you ever other than the point where you were
		notified of Mrs RICHARDS death, were you ever spoken to
		about her condition or any problems that the staff were having
X.		with her or with the family in any way?
9.57	TUBBRITT	I think I probably had been told by members of the staff that there
		were problems with the family but not of any specific problems.
	DC COLVIN	Right, okay it was nothing you had, obviously you didn't have
		any direct involvement with them and in terms of the medical
		side of it, in terms of Mrs RICHARDS
	TUBBRITT	Yes.
	DC COLVIN	Do you recall having any conversation about her condition or
		?
	TUBBRITT	No.
	DC COLVIN	any problems with that?
	TUBBRITT	Not that I can remember.
	DC COLVIN	Okay. Did you other than coming down seeing Mrs RICHARDS
		after death, did you see her beforehand on the twentieth or the
		twenty first before she died?
	TUBBRITT	Erm I possibly might have looked in on her during the course of
Signatu	re(s): DC 1484 COLVIN	• Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 11

Tape Counter Times ◆	Person Speaking	Text
		the night
	DC COLVIN	Yeah.
	TUBBRITT	not so I can remember.
).43	DC COLVIN	Not so you can remember.
	TUBBRITT	Nothing sticks in my mind.
	DC COLVIN	Okay, alright. I think what we'll do now then is I've got
		obviously the health record for Mrs RICHARDS which she's got
		the contact notes and the care notes. If you'd like to take a look
		through. As I understand it these contact notes are made by
		members of staff on the ward or?
	TUBBRITT	Yes.
	DC COLVIN	obviously consultants or doctors who come in and have
		something to write. If you have a look and just see if there's any
		ones there that are relevant to you, anything that you've
		completed.
	TUBBRITT	(looking through documents). No, not in the contact record
		(looking through again) nothing.
	DC COLVIN	Nothing there, okay.
	TUBBRITT	Nothing that I can see.
Signatur	re(s): DC 1484 COLVIN	Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 12

Tomo		
Tape Counter Times ◆	Person Speaking	Text
	DC COLVIN	When would you complete or you would have needed to
		complete a contact record, not just in this case but generally
		(inaudible)?
.13	TUBBRITT	Really if I'd spoken to relatives erm to do with patients care, if
		I'd had any direct contact with the patient or if I'd taken any
		telephone calls.
	DC COLVIN	Right, okay. Would you complete it when you attended a patient
		and there was no change in her and she was asleep for example,
		would you feel the need to complete it then?
	TUBBRITT	All that would normally be completed would be a nursing care
		plan which would be dated and signed.
	DC COLVIN	Right, okay.
	TUBBRITT	The only time we make any comment is if there is any difference
		in the care required.
	DC COLVIN	Okay so if her condition has changed in any way or there's a
		difference to medication or something like that?
	TUBBRITT	Yeah that would probably have been recorded.
	DC COLVIN	That would be recorded?
	TUBBRITT	Yes.

Signature(s) : DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 13

Record of	f interview of: Anita TU	BBRITT
Tape Counter Times *	Person Speaking	Text
	DC COLVIN	But generally if conidtions the same, still asleep or no change
		then you wouldn't necessarily record it?
	TUBBRITT	Record it, no.
	DC COLVIN	Okay, okay. Where you aware regarding Mrs RICHARDS of the
		drugs she was being administered?
13.22	TUBBRITT	Yes, I think so.
	DC COLVIN	Okay, can you recall what?
	TUBBRITT	Erm diamorphine, midazolam and I can't remember off hand
		what else.
	DC COLVIN	Okay, well if I show you the prescription record here relating to
		Mrs RICHARDS and perhaps if you can look and agree with me
		that looking at this there's four that were loaded on with a syringe
		driver?
	TUBBRITT	Yes.
	DC COLVIN	On the eighteenth, which is the hyoscine, midazolam
	TUBBRITT	Midazolam
	DC COLVIN	the haloperidol
	TUBBRITT	Haloperidol
	DC COLVIN	and the diamorphine?

Signature(s): DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 14

Record of	Record of interview of: Anita TUBBRITT		
Tape Counter Times •	Person Speaking	Text	
	TUBBRITT	Yes.	
	DC COLVIN	Okay now as I understand it these initials here are the people that	
		have actually loaded the driver and administered the drugs?	
	TUBBRITT	Yes, yes.	
	DC COLVIN	Okay, are there any entries there that are relevant to yourself?	
14.19	TUBBRITT	No, not that I can see.	
	DC COLVIN	Okay. In relation to this syringe driver, what are the thoughts	
		behind using a driver and what are the advantages of using?	
	TUBBRITT	Syringe drivers normally used for patients that can't take	
		medication orally or to give continuous pain relief or continuous	
		medication. It's a more erm how can I put it, it's a more constant	
		form of medication instead of getting peaks and troughs you see,	
		allergies or any other type of drug.	
	DC COLVIN	Right, okay so as I understand it there's no time when the drugs	
		will start wearing off for example and start feeling pain again, it	
		gives a	
	TUBBRITT	It shouldn't do, you can't, if the patients pain increases you	
		could possibly get breakthrough pain where other medication	
		might be required but the idea behind a syringe driver is that the	
Signature	(s): DC 1484 COLVIN		

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 15

Tape Counter Times [•]	Person Speaking	Text
		patient should remain pain free.
	DC MASON	So presumably then when you would administer a drug like a
		pain killer four hourly
	TUBBRITT	Yes.
15.23	DC MASON	okay for the first couple of hours they're pain free and ther
		apparently it starts to wear off so the idea of this then is to slowly
		administer it so they're pain free for that long?
	TUBBRITT	That's right.
	DC COLVIN	Okay. Would you mind just going over the drugs and just
		explaining what they're designed to do? Like an exam (laughs).
	TUBBRITT	Yeah (laughs). Erm oromorph is oral analgesia er morphine
		based, diamorphine is similar but given intravenaeously,
		subcutaneously or intromuscularly usually given through the
		syringe driver, hyoscine can be used, is usually used for drying up
		sort of respiratory secretions, can be given for erm abdominal
		pain, midazolam is a muscle relaxant erm some patients when
		they're dying tend to get twitchy or rigid and that helps to relax
		the body. Do you want me to go through (inaudible)?
	DC COLVIN	Yeah I think there's some duplications actually but yeah if you

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 16

Tape Counter Times •	Person Speaking	Text
	TUBBRITT	Er haloperidol, haloperidol can be used as a sedative but I also
		believe it can be used as erm an anti-emetic as well, if a patients
		feeling sick or if you feel they're agitated that would be given, I
~		thinks that's it really, it's mostly haloperidol on this side.
16.50	DC COLVIN	Yeah and there's a lactulose which is (inaudible)
	TUBBRITT	Lactulose is given forto regulate bowels
	DC COLVIN	Right, okay
	TUBBRITT	as an empiriuant.
	DC COLVIN	Okay. Just looking at the doses for the diamorphine
	TUBBRITT	Үер.
	DC COLVIN	and the other drugs
	TUBBRITT	forty milligrams, yep
	DC COLVIN	forty milligrams to
	TUBBRITT	to two hundred milligrams.
	DC COLVIN	to two hundred, and obviously you've got the haloperidol which
		is five
	TUBBRITT	Haloperidol which is five to ten milligrams, midazolam twenty
		to eighty milligrams, hyoscine two hundred to eight hundred
		micrograms.

Signature(s) : DC

DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 17

Record of	f interview of: Anita TUBBI	RITT
Tape Counter Times *	Person Speaking	Text
	DC COLVIN	Right, okay does that mean that that's on a sliding scale or that
		there's some discretion there by whoever administered the drugs
		as to the amount?
7.34	TUBBRITT	To a degree it's normally discussed with the, the GP visits each
		morning during the week and it's normally discussed then, if we
·		feel that we need to increase anything then we've got the leeway
		there should we need to.
	DC COLVIN	Right, so in another case then
	TUBBRITT	Үер.
	DC COLVIN	over aovernight a patient was starting to feel more pain for
		example how would you flag that up for the doctor, would you
		actually see the doctor in the morning?
	TUBBRITT	Yes if erm the patient was in a lot of pain during the night then I
		would probably contact a doctor during the night.
	DC COLVIN	Right.
	TUBBRITT	Erm but it we've got some leeway we coulusually we have an
		idea of what the doctor wants us to do at some point during the
		patients care she would have given us an indication of what she
		wants or the nursing staff on the ward but generally it's first thing
Signature	(s) : DC 1484 COLVIN	

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 18

Tape Counter Times ◆	Person Speaking	Text
		in the morning
	DC COLVIN	Okay.
	TUBBRITT	when she arrives.
א.35	DC COLVIN	And in August ninety eight that would have been Doctor
		BARTON?
	TUBBRITT	Doctor BARTON.
	DC COLVIN	I'm right in saying she would come in on a daily basis?
	TUBBRITT	She does, not always everynot always at the weekend, I think it
		she's on call at the weekend then she come's in or if she's around
		she come's in
	DC COLVIN	Yeah.
	TUBBRITT	but Monday to Friday she's in every day or (inaudible)
	DC COLVIN	Okay am I right in saying when it's out of hours there's, you
		either contact Doctor BARTON or?
	TUBBRITT	Her surgery so I think there's only one GP in her surgery that is
		possibly on call but it's usually health call which is a deputising
		service.
	DC COLVIN	Yeah like a call out sort of scheme?
	TUBBRITT	Yes.

Signature(s) : DC 1484 COLVIN

MG15(T)(cont.)



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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 19

Tape Counter Times ◆	Person Speaking	Text
	DC COLVIN	Okay. In relation to the level of drugs that have been given as to
an an an		how high an amount there is or how low an amount you know
		what sort of level are we talking about that's been administered?
).24	TUBBRITT	Erm it's a moderate level.
	DC COLVIN	Okay and looking at those, those four drugs in particular
	TUBBRITT	Yes.
	DC COLVIN	the fact they're on a driver, would you be in a position to
		comment on the condition of the patient, a patient if they're on
		that sort of type of drug on a driver?
	TUBBRITT	It would really depend on the patient erm I imagine she possibly
		would be unconscious but she might not be, probably asleep most
		of the time but rouseable.
	DC COLVIN	Mmm, okay. Did you see Mrs RICHARDS 'cause you may be
		aware that she had two spells at the hospital, did you ever see her
		on the first sort of spell she was in the hospital?
	TUBBRITT	I might have done but I don't remember.
	DC COLVIN	You don't remember?
	TUBBRITT	No.
	DC COLVIN	Okay, because the question I was going to ask was could you
Signature	(s): DC 1484 COLVIN	

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 20

Tape Counter Times ◆	Person Speaking	Text
		comment on how it affected Mrs RICHARDS, these drugs?
	TUBBRITT	Yes erm as I don't remember seeing her before I can't really
		comment.
	DC COLVIN	No, okay. Alright so the fact that they've got a sort of between
		forty and two hundred for example of diamorphine and five to
		ten, so it doesn't necessarily mean that the staff have got carte
		blanche to
20.53	TUBBRITT	No
	DC COLVIN	increase it? They would have to consult with a doctor would
		they?
	TUBBRITT	They would do plus erm trained staff know that there is certain
		amounts that they can increase things by erm if they've, if erm
		Mrs RICHARDS was rouseable and they needed to give her say
		oromorph for breakthrough pain that would be calculated into the
		increased dose for the following day.
	DC COLVIN	Right, okay. Okay, so I mean we've covered obviously
		consultations with the doctor and
	TUBBRITT	Yes.
	DC COLVIN	if you had a concern about type of drug, or how it was affecting
Signatur	e(s): DC 1484 COLVIN	• Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 21

Tape Counter Times [◆]	Person Speaking	Text
		her or breakthrough pain
	TUBBRITT	Yeah.
	DC COLVIN	and this is another question just hypothetical.
.43	TUBBRITT	Okay.
	DC COLVIN	If you were to speak to a doctor in the morning and course of
		treatment is prescribed by that doctor
	TUBBRITT	Yes.
	DC COLVIN	and it's one that you don't necessarily agree with because o
		your observations, is there a procedure in place where you could
		make representations in order to try and reverse that decision
		within the hospital? Is there like hospital guidelines of how you
		would go about doing that?
	TUBBRITT	I think there must be but I can't recall being aware of one, I think
		I would say directly to the GP.
	DC COLVIN	Yeah, okay.
	TUBBRITT	I mean she's quite approachable
	DC COLVIN	Yeah
	TUBBRITT	you've always been able to do that.
	DC COLVIN	Yeah and again I'm saying this hypothetically
Signature	e(s): DC 1484 COLVIN	

MG15(T)(cont.)



Signature(s) :

DC 1484 COLVIN

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 22

	Record of interview of: Anita TUBBRITT	
Tape Counter Times •	Person Speaking	Text
	TUBBRITT	Hypothetically I understand that.
	DC COLVIN	If that wasn't to happen, if you spoke to the GP and the GP said
		no this is how it's going to be and you clearly weren't happy with
		that are you aware of any procedure in place where you, you
		know is there a hierarchy you would go through in order to speak
		to other people?
22.42	TUBBRITT	If the patient was prescribed something that I wasn't happy about
		giving erm if it wasn't detrimental to their health I would not give
		it, if it was something the patient needed but I still wasn't happy
		about giving I would contact er probably the manager on call and
		ask for their advice.
	DC COLVIN	Right, is that the clinical manager?
	TUBBRITT	It would, during the night it would be erm manager on call
	DC COLVIN	Right.
	TUBBRITT	so it could be anyone.
	DC COLVIN	It could be anyone, okay.
	TUBBRITT	If it was during the day, the clinical manager or the hospital
		manager.
	DC COLVIN	Mmm, okay, during your career have you ever had a problem

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 23

Tape Counter Times ◆	Person Speaking	Text
		with a course of treatment that's been prescribed by anybody at
		the hospital?
	TUBBRITT	Not that I can remember.
`3.3 0	DC COLVIN	Okay. It's never something that's come up? That you've had an
		issue with?
	TUBBRITT	Erm I think er years and years ago when I first starting working at
		the hospital erm syringe drivers were first coming into use and it
		wasn't necessarily explained to us how they were going to be
		used and erm why the drugs were being used that type of thing
		and I think probably a number of us voiced our concerns to the
		doctor at the time and the staff and we got training sort of
		afterwards.
	DC COLVIN	So that was like a training issue?
	TUBBRITT	Yeah not really a (inaudible).
	DC COLVIN	A bit like the police really they bring something in and don't tell
		you until
	TUBBRITT	Yeah which is often the case.
	DC COLVIN	Okay. What training do you get then? I mean do you get a
		certificate or some sort of record that you've?
Signature	(s): DC 1484 COLVIN	

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 24

Tape Counter Times ◆	Person Speaking	Text
	TUBBRITT	We get a yearly erm drug administration update
	DC COLVIN	Right.
	TUBBRITT	at ward level and anything else is at the clinical manager's
		discretion or your own discretion, for palliative care drugs or
		drugs used in the syringe driver there are regular study days that
		we can attend and we're encouraged to do so.
24.44	DC COLVIN	Right, but that's more optional?
	TUBBRITT	Optional, yes.
	DC COLVIN	Okay, but you have a yearly
	TUBBRITT	Drug assessment.
	DC COLVIN	drug assessment, okay. If you don't attend that I mean is it
		basically you're not authorised to use the driver or is it just?
	TUBBRITT	I don't know to be honest because it's never come up (laughs)
	DC COLVIN	It's never (laughs), yeah, okay.
	TUBBRITT	it's never arisen.
	SOLICITOR	Can I just clear one point up about the syringe driver (inaudible
	DC COLVIN	Yeah, please do.
	SOLICITOR	Is it correct in saying that you don't have to be bed ridden to be
		on a syringe driver?

Signature(s) :

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DC 1484 COLVIN

MG15(T)(cont.)



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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 25

Record of interview of: Anita TUBBRITT		
Tape Counter Times ◆	Person Speaking	Text
	TUBBRITT	No, people use them, ambulance people use them, people in the
		community use them.
	DC MASON	So you can walk around
	DC COLVIN	As I understand yeah, cancer patients can carry them around
		'cause they're
25.26	TUBBRITT	Yes, I think hospice patients erm they might start off in the
		hospice with a syringe driver, get the pain control sorted out and
		then live a relatively comfortable life at home
	DC COLVIN	Yeah
	TUBBRITT	over a period of time.
	DC COLVIN	Okay, yeah. Right, okay. Do you know who was sort of in
		charge and I accept what you're saying initially that you can't
		remember with
	TUBBRITT	Yeah.
	DC COLVIN	with the family but you were sort of made aware that there was
		a problem with the family or there was some, some sort of
		problem with
	TUBBRITT	Yeah.
	DC COLVIN	the daughters. Do you remember who was sort of in principal
Signatur	e(s): DC 1484 COLVIN	 Not relevant for contemporaneous notes

MG15(T)(cont.)



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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 26

°ape Counter ∑imes ◆	Person Speaking	Text
		charge of Mrs RICHARDS' treatment during that period of time?
	TUBBRITT	Nursing wise or doctor wise or?
	DC COLVIN	Nursing and doctor wise?
	TUBBRITT	Erm I don't know who her named nurse was if that's what you
	•	mean
26.14	DC COLVIN	Right
	TUBBRITT	so at night duty it would have been staff that were on because
		we have sort of a skeleton crew at night, you know we look after
		all patients equally.
	DC COLVIN	Yeah, yeah as I understand a named nurse is one who seems to
		have sort of some responsibility?
	TUBBRITT	Yes.
	DC COLVIN	But again obviously they have days off
	TUBBRITT	Yes.
	DC COLVIN	and then it obviously falls to the
	TUBBRITT	whoever
	DC COLVIN	staff?
	TUBBRITT	Yes.
	DC COLVIN	Okay. What is the actual reasoning behind having a named

Signature(s): DC 1484 COLVIN

MG15(T)(cont.)



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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 27

Tape Counter Times ◆	Person Speaking	Text
		nurse?
	TUBBRITT	So there's some continuity between relatives and patient and the
		nurse erm it's the one person they can speak to hopefully most of
		the time and the staff would have a familiar face to talk to and
		also that member of staff would also get to know the relatives
		perhaps better than if it was a different person every time.
27.10	DC COLVIN	Yeah, okay.
	TUBBRITT	You know build up a relationship of some sort.
	DC COLVIN	Yeah, so it's just to have a familiar face for the family and for the
		patient?
	TUBBRITT	Really, yes.
	DC COLVIN	Okay, right I think we've sort of gone over your, your role,
		there's just a few more questions I want to ask about the care
		notes
	TUBBRITT	Yeah
	DC COLVIN	which are I think we'll go back a bit, we've covered the contact
		notes, we've obviously got theI think that's the nursing care plan
		for nights isn't it
	TUBBRITT	Night care plan.
Signatur	e(s): DC 1484 COLVIN	• Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 28

Гаре Counter Гimes [◆]	Person Speaking	Text
	DC COLIVN	what I'm showing you now?
	TUBBRITT	Yes
	DC COLVIN	And then we've got nutrition, constipation with a sort of
		(inaudible)
	TUBBRITT	Bowel chart.
	DC COLVIN	bowel chart and then
	TUBBRITT	Hygeine
28.00	DC COLVIN	personal hygeine?
	TUBBRITT	Yes.
	DC COLVIN	Okay, where are these notes kept when the patient is on the ward?
	TUBBRITT	Erm usually in the patients room, end of patients bed erm I
		believe Daedalus ward keeps there's at the end of the patients bed
		so they can be looked at before you attend to a patient.
	DC COLVIN	Right so you're able to see what's
	TUBBRITT	(inaudible) what the patient requires before you attend to the
		patient.
	DC COLVIN	Right, okay. Would you mind just taking a look through those
		and just see if those any relevant to yourself?
	TUBBRITT	Okay. (looking through documents). No.

Signature(s): DC 1484 COLVIN

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MG15(T)(cont.)



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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 29

Record of interview of: Anita TUBBRITT

Tape Counter Times ◆	Person Speaking	Text
	DC COLVIN	Nothing there relevant to you?
	TUBBRITT	No.
	DC COLVIN	Okay. Now this is a general question, now obviously with this
		care plan there appears to be sort of a gap with the food and
•		we've got on the twenty first, no food taken, then obviously goes
		back to the fourteenth which is when the previous time she was
		in. Is there any reasons that you're aware of why there would be
		gaps in these care plans?
29.18	TUBBRITT	I would imagine the staff just haven't had time to record what
		they have and haven't done.
	DC COLVIN	Okay, is there any other, I mean we've got the headings here,
		nutrition, constipation, is there any other care plan headings that
		maybe included in the health record?
	TUBBRITT	Mobility care plan erm any patient that, when the patient is first
		admitted it would be any problem that we would conceive the
		patient had that we could try to manage, mobility or lack of
		mobility would probably be a care plan.
	DC COLVIN	Right.
	TUBBRITT	So if a patient was bed bound it would give what type of nursing
Signature	e(s): DC 1484 COLVIN	Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 30

Record of	Record of interview of: Anita TUBBRITT	
Tape Counter Times ◆	Person Speaking	Text
		care we should give or equally if they were mobile how we would
		manage that patient, how we would protect their safety.
	DC COLVIN	Okay. So even if they were bed bound and there was obviously
		not a great deal you could do in terms of trying to remobilise you
		would still, there still should be a plan
30.32	TUBBRITT	There would be some type of care plan.
	DC COLVIN	Whose responsibility would that be to ensure that that plan is set
		out?
	TUBBRITT	The named nurse I would have thought.
	DC COLVIN	Right, okay so those forms should be set out?
	TUBRITT	She should be in charge of the care plan and indicate what she
		wants, or flag up if she feels there's something lacking.
	DC COLVIN	Right so in terms of the mobility one and the others, would that
		be solely her decision as to?
	TUBBRITT	No it would be discussed with other members of the team.
		They would need to assess the patients mobility or lack of
		mobility and the type of treatment care she would require.
	DC COLVIN	Right, and would that include like Doctor BARTON or any
		consultant?

Signature(s): DC 1484 COLVIN

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MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 31

Record of interview of: Anita TUBBRITT Tape Counter Person Speaking Text Times • Probably not, it might do but it would be mostly nursing care, I TUBBRITT mean the nursing care plan so it would be whatever the nursing team would do. DC COLVIN Yeah, okay. Okay, can you just go over again, we've covered it briefly but just go over the circumstances when you came down when Mrs RICHARDS had died and you've mentioned the conversation with Mrs MACKENZIE. Can you just go over that and what you did during that time you came down? TUBBRITT From what I can recall I visited the ward at some point after finishing in minor injuries so it would have been sometime after nine fifteen, nine er ten fifteen, ten thirty. DC COLVIN And this is on the twenty first? TUBBRITT On the twenty first erm I can recall erm seeing the family on the ward, I believe they were attending to Mrs RICHARDS (inaudible) and must have spoken to Staff nurse GIFFIN who's was in charge of the ward that night, she would have contacted me and informed me that Mrs RICHARDS had died and I would have visited the ward and asked if there was anything I could do to help, or if they needed me in any way.

Signature(s) : DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 32

Record of interview of: Anita TUBBRITT		
Tape Counter Times ◆	Person Speaking	Text
	DC COLVIN	Mmm, okay. In that sort of case with Mrs RICHARDS who you
		know obviously according to the notes, which obviously you
		weren't party to but death would have seem to have been
		expected.
	TUBBRITT	Yes.
	DC COLVIN	Would the doctor necessarily be notified at that time?
32.51	TUBBRITT	Not until the morning, not during the night, no.
	DC COLVIN	So in a normal procedure then, what would normally happen with
		the body?
	TUBBRITT	Erm death would be verified by a trained member of staff, two
		where possible but that's not always possible at night duty and
		then the body would go to a body store if it was an expected
		death.
	DC COLVIN	Okay and then what would happen in the morning?
	TUBBRITT	In the morning er the doctor would come and visit the body in the
		mortuary.
	DC MASON	Would they always come through the next day, what's the sort of
		time period that they sort of soon as possible, next day or?
	TUBBRITT	I think it's as soon as possible or the next day but if it's during the
Signature	(s) : DC 1484 COLVIN	

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 33

Tape Counter Times ◆	Person Speaking	Text
		week Doctor BARTON would be in during the day first thing in
		the morning, so I imagine she goes straight down.
	DC COLVIN	Okay just a couple of more questions, this is another general one
		in relation to sort of patient care. In relation to feeding and
		providing water for a patient what circumstances would cause a
		patient not to be given food and water?
33.57	TUBBRITT	If they weren't able to swallow, if erm or if they had a swallow
		problem we felt that given them food or water would be
		detrimental to their health.
	DC COLVIN	Right, okay. I take it that's for choking?
	TUBBRITT	Yeah, you know if their conscious levels were not good or
		they've had a stroke or for some reason they had a swallow
		problem so to prevent choking.
	DC COLVIN	Okay, would there be other ways of providing some sort of fluid?
	TUBBRITT	Fluids could be given subcutaneously or intravenously but we
		don't give, we don't have the training or the staff to give
		intravenous fluids.
	DC COLVIN	Right.
	TUBBRITT	We don't have medical cover, you know doctor cover at night
Signature	(s): DC 1484 COLVIN	

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 34

	Record of interview of: Anita TUBBRITT	
Tape Counter Times [•]	Person Speaking	Text
		withmost of the time during the day so it's not done at Gosport
		War Memorial Hospital.
	DC COLVIN	Okay and what reasons would there be for not giving fluids
		subcutaneously?
	TUBBRITT	If it was not thought, if it was not felt that it was required by the
		doctor I would imagine. If erm it was not going to make any
		difference to the patients condition you know improve it or do
		anything.
35.10	DC COLVIN	Right.
	TUBBRITT	Then I imagine it wouldn't be given.
	DC COĻVIN	And I ask this knowing that your sort of contact with Mrs
	. · · ·	RICHARDS was minimal.
	TUBBRITT	Yes.
	DC COLVIN	But are you saying then in a case where a patient is dying and you
		know they've got drugs to give them a pain free death, a decision
		may be made that to hydrate them would actually be detrimental
		to them?
	TUBBRITT	Erm I think it would be considered inappropriate.
	DC COLVIN	Right. The reasons for that are?
Signature	e(s): DC 1484 COLVIN	• Not relevant for contemporary sets

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 35

Tape Counter Times ◆	Person Speaking	Text
	TUBBRITT	Patients dying already and hydration would not really make any
		difference.
	DC COLVIN	It wouldn't actually improve their health?
	TUBBRITT	No.
	DC MASON	It would probably prolong it wouldn't it?
36.01	TUBBRITT	Possibly.
	DC COLVIN	Right, okay.
	TUBBRITT	It wouldn't really improve their condition.
	DC COLVIN	Okay, just a couple, couple more just to try and clear up a few
		things. We've talked about the handing over procedure in the
		morning where you, I mean would you talk to Doctor BARTON
		on a daily basis during the week?
	TUBBRITT	I myself erm would see Doctor BARTON on my own ward
		because I'm actually ward based although I'm in charge of the
		hospital at night.
	DC COLVIN	Right, okay.
	TUBBRITT	Otherwise it would probably be the day staff that hand over to
		Doctor BARTON depends what time she arrives on each ward.
	DC COLVIN	Right, so to hand over to Doctor BARTON would you necessaril
Signature	e(s): DC 1484 COLVIN	

MG15(T)(cont.)



Signature(s) :

DC 1484 COLVIN

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 36

Person Speaking TUBBRITT DC COLVIN	Text comment on Daedalus ward patients to Doctor BARTON? Sometimes I have done.
	Sometimes I have done.
DC COLVIN	
	Sometimes and what reasons would that be for? Would that be
	because there's a particular problem with them or?
TUBBRITT	If I'm concerned about them in any way or felt they needed some
	change to their care or even if she's asked me, she's asked me
	before.
DC COLVIN	Oh what to have a look out for somebody
TUBBRITT	Yeah
DC COLVIN	report back?
TUBBRITT	Because she knows I visit the ward she might, you know she
	might well ask me about a patients condition, how have they been
	during the course of the night.
DC COLVIN	Right, okay. Do you recall having any conversation with Doctor
	BARTON about Mrs RICHARDS on the
TUBBRITT	No
DC COLVIN	Friday morning it would have been?
TUBBRITT	Not that I can recall.
DC COLVIN	No, okay. Is there anybody else involved in these handover?
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MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 37

Tape Counter Times ◆	f interview of: Anita TUBBR Person Speaking	Text
	TUBBRITT	Erm no because it's a reasonably informal type of thing, Doctor
		BARTON would arrive on the ward and it would be just a few
		minutes erm and she would get her main handover from the day
		staff, we would handover to them and then they would handover
		in further detail. We do make comments sometimes if we feel
		medication needs changing or whatever, we do sometimes make
		comments in the ward diary on Dryad ward and I can't say the
		same for Daedalus I don't know what they do.
38.02	DC COLVIN	You don't know what they do?
	TUBBRITT	But that's usually just minor things that we might not have time
		to bring up at the handover.
X	DC COLVIN	Okay so the handover could involve basically all the nursing
		staff?
	TUBBRITT	It's usually the nurse in charge of the day shift, she would do a
		round, visit each patient in turn.
	DC COLVIN	Okay
	TUBRITT	Some would be discussed in the office and Doctor BARTON
		from what I've seen usually likes to visit each patient.
	DC COLVIN	What about the clinical manager, where would?
Signature	(s) : DC 1484 COLVIN	Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 38

Tape Counter Times ◆	Person Speaking	Text
	TUBRITT	That may well be the person who does the round with Doctor
		BARTON, if she's the nurse in charge of that ward that day then
		she probably or he would probably do that round.
	DC COLVIN	Okay but is it a case that it would vary from shift to shift who
		would do the round?
	TUBRITT	Yes, yes.
38.52	DC COLVIN	Okay. Right I think we've covered everything we need to so far.
		Is there anything you would like to add?
	TUBRITT	Don't think so.
	DC COLVIN	Okay. Just to sum up then really, your contact with Mrs
		RICHARDS was minimal, you may have looked in on her on the
		Thursday night into Friday morning but that's not something
		that?
	TUBRITT	It doesn't stick in my mind.
	DC COLVIN	that doesn't stick in your mind?
	TUBRITT	No, so
	DC COLVIN	And obviously you came down after death and had a conversation
		with Mrs MACKENZIE about the book, Jeannette FLORIO for
		her?

Signature(s): DC 1484 COLVIN

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No: 39

Record of interview of: Anita TUBBRITT		
Tape Counter Times ◆	Person Speaking	Text
	TUBRITT	Yes.
	DC COLVIN	And that's basically your contact with the family?
	TUBBRITT	(inaudible) contact that I can recall.
	DC COLVIN	Okay, is there anything you'd like to clarify?
	TUBBRITT	Erm I don't think so, I'm sure there will be afterwards but not at
		the moment.
	DC COLVIN	I'm handing you a notice explaining the tape recorder procedure,
		I'll hand that to Mr GRAHAM. Complete the lower half and
		return before you leave the room and the time by my watch is
		eleven fifty eight and I'm turning the recorder off.
	DC MASON	It's ten fifty eight.
	DC COLVIN	Ten fifty eight, sorry.
		END OF INTERVIEW

Signature(s): DC 1484 COLVIN