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RECORD OF INTERVIEW

Number: Y5

Enter type:
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: TUBBRITT, ANITA

Place of interview: Park Gate Police Station

Date of interview: 01/06/2000

Time commenced: 1019 Time concluded: 1058

Duration of interview: 39 mins Tape reference nos.
(♦) 44/00/30648

Interviewing Officer(s): DC / DC

Other persons present: Mr. GRAHAM (Saulet & Co Solicitors,
Portsmouth)

Police Exhibit No: LMC/AT/16 Number of Pages: 40

Signature of interviewing officer producing exhibit

Tape counter times(♦)	Person speaking	Text
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DC <input type="text" value="Code A"/>	This interview is being tape recorded, I am DC
	<input type="text" value="Code A"/> the other police officer present is...
DC <input type="text" value="Code A"/>	DC <input type="text" value="Code A"/>
DC <input type="text" value="Code A"/>	I'm interviewing Anita TUBBRITT, please can you give your full name and date of birth?

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TUBBRITT	Mrs Anita TUBBRITT, Code A
	Code A
DC Code A	Okay and also present is...
SOLICITOR	Mr GRAHAM from Saulet and Co Solicitors, Portsmouth, Legal Advisor.
DC Code A	Okay this interview is being conducted at Park Gate Police Station on the twenty eighth of June, two thousand and the time 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 time for you to seek further advice, okay.
TUBBRITT	Okay.
DC Code A	Okay, right this is basically an explanation of why we're here 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 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

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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 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.

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	DC Code A	<p>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 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 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?</p>
3.33	TUBBRITT	<p>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...</p>
	DC Code A	<p>Right.</p>
	TUBBRITT	<p>...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.</p>
	DC Code A	<p>Right, okay so what sort of times do you work?</p>

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		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 Code A	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 Code A	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 supervisory things, checking of medication, erm relieving trained staff when they go for breaks, really anything that's required of me.
	DC Code A	Okay so if there was anything untoward you would expect to be notified?
	TUBBRITT	I would, yes.
	DC Code A	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.
	DC Code A	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?
5.24	TUBBRITT	Erm if one of the members of staff were concerned about one of the patients erm if they

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		felt it was urgent they would probably 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, if not we would monitor the patient and call them as we felt necessary.
	DC Code A	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 Code A	Okay, and what sort of areas have you covered in that time?
	TUBBRITT	I've only worked at really Gosport War Memorial Hospital...
	DC Code A	Oh, okay.
	TUBBRITT	...worked there for thirteen years.
	DC Code A	Okay so is that primarily with elderly patients?
	TUBBRITT	Yes.
	DC Code A	So fourteen years experience has been based sort of covering...
	TUBBRITT	...The same type of patient.
	DC Code A	...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 Code A	Okay. I've got the duty sheet somewhere, have

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		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 [Code A]	Thank you. Well I'll show you it now just to...
	TUBBRITT	Okay, yeah.
	DC [Code A]	...which is the duty sheet from August ninety eight and I think that's you...
	TUBBRITT	...That's me yep
	DC [Code A]	...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 [Code A]	...so that mean's you're on duty at the hospital?
	TUBBRITT	Yes.
	DC [Code A]	At that time, okay so that would be the twentieth and the ...
7.12	TUBBRITT	...Twenty first and the twenty second.
	DC [Code A]	...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 I...she had a book she wanted to pass on to one of my colleagues...
	DC [Code A]	...Oh right.

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	TUBBRITT	...and would I do that...
	DC Code A	...Okay.
	TUBBRITT	...and that was really all I had to with either Mrs RICHARDS or her family.
	DC Code A	Right, do you know who, what colleague that was?
	TUBBRITT	Er Staff nurse Code A
	DC Code A	Code A okay and do you know what the book was?
	TUBBRITT	Something to do with erm I think either spiritualism or that type 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 Code A	Right, okay. So you actually went down to the...you were at the ward when
	TUBBRITT	...After she died.
	DC Code A	...after she died. Was that because you were notified by someone or...?
	TUBBRITT	...Yes.
	DC Code A	...were you already down there?
	TUBBRITT	I normally visit the wards after I've finished in minor injuries but I'm almost certain I would have been contacted, I would have visited the ward straight after, as soon as I'd finished in minor injuries.
	DC Code A	Yeah, okay. You obviously had this

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		conversation with the daughter about the book?
	TUBBRITT	Yes.
	DC Code A	Do you recall any other conversation?
	TUBBRITT	No.
	DC Code A	In particular any concerns she had about her mother or any problems she had regarding the treatment or..?
8.56	TUBBRITT	No.
	DC Code A	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 Code A	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 Code A	Right.
	TUBBRITT	As the patients don't often change I have a vague idea of many of the patients on the ward.
	DC Code A	So you build up a picture?
	TUBBRITT	Yeah.
	DC Code A	Okay, I mean do you ever other than the point where you were notified of Mrs RICHARDS

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		death, were you ever spoken to about her condition or any problems that the staff were having 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 Code A	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 Code A	...Do you recall having any conversation about her condition or?
	TUBBRITT	...No.
	DC Code A	...any problems with that?
	TUBBRITT	Not that I can remember.
	DC Code A	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 the night...
	Code A	...Yeah.
	TUBBRITT	...not so I can remember.
10.43	Code A	Not so you can remember.
	TUBBRITT	Nothing sticks in my mind.
	DC Code A	Okay, alright. I think what we'll do now then is I've got obviously the health record for Mrs

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		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 Code A	...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 Code A	Nothing there, okay.
	TUBBRITT	Nothing that I can see.
	DC Code A	When would you complete or you would have needed to complete a contact record, not just in this case but generally (inaudible)?
12.13	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 Code A	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.

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	DC (Code A	Right, okay.
	TUBBRITT	The only time we make any comment is if there is any difference in the care required.
	DC Code A	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 Code A	That would be recorded?
	TUBBRITT	Yes.
	DC Code A	But generally if conditions the same, still asleep or no change then you wouldn't necessarily record it?
	TUBBRITT	Record it, no.
	DC Code A	Okay, okay. Where you aware regarding Mrs RICHARDS of the drugs she was being administered?
13.22	TUBBRITT	Yes, I think so.
	DC Code A	Okay, can you recall what...?
	TUBBRITT	...Erm diamorphine, midazolam and I can't remember off hand what else.
	DC Code A	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 Code A	On the eighteenth, which is the hyoscine, midazolam...

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	TUBBRITT	...Midazolam
	DC Code A	...the haloperidol...
	TUBBRITT	...Haloperidol
	DC Code A	...and the diamorphine?
	TUBBRITT	Yes.
	DC Code A	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 Code A	Okay, are there any entries there that are relevant to yourself?
14.19	TUBBRITT	No, not that I can see.
	DC Code A	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 Code A	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

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		but the idea behind a syringe driver is that the patient should remain pain free.
	DC Code A	So presumably then when you would administer a drug like a pain killer four hourly...
	TUBBRITT	...Yes.
15.23	DC Code A	...okay for the first couple of hours they're pain free and then 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 Code A	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 intravenaously, subcutaneously or intramuscularly 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 Code A	Yeah I think there's some duplications actually but yeah if you...
	TUBBRITT	...Er haloperidol, haloperidol can be used as a sedative but I also believe it can be used as erm

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		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 Code A	Yeah and there's a lactulose which is (inaudible)...
	TUBBRITT	Lactulose is given for..to regulate bowels...
	DC Code A	...Right, okay
	TUBBRITT	...as an empiruant.
	DC Code A	Okay. Just looking at the doses for the diamorphine...
	TUBBRITT	...Yep.
	DC Code A	...and the other drugs...
	TUBBRITT	...forty milligrams, yep
	DC Code A	...forty milligrams to
	TUBBRITT	...to two hundred milligrams.
	DC Code A	...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.
	DC Code A	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?
17.34	TUBBRITT	To a degree it's normally discussed with the, the GP visits each morning during the week and

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		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 Code A	Right, so in another case then...
	TUBBRITT	...Yep.
	DC Code A	...over a..overnight 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 Code A	Right.
	TUBBRITT	Erm but it we've got some leeway we coul...usually 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 in the morning...
	DC Code A	...Okay.
	TUBBRITT	...when she arrives.
18.35	DC Code A	And in August ninety eight that would have been Doctor BARTON?
	TUBBRITT	Doctor BARTON.
	DC Code A	I'm right in saying she would come in on a daily basis?
	TUBBRITT	She does, not always every...not always at the

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		weekend, I think if she's on call at the weekend then she come's in or if she's around she come's in...
	DC Code A	...Yeah.
	TUBBRITT	...but Monday to Friday she's in every day or (inaudible)
	DC Code A	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 Code A	Yeah like a call out sort of scheme?
	TUBBRITT	Yes.
	DC Code A	Okay. In relation to the level of drugs that have been given as to 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?
19.24	TUBBRITT	Erm it's a moderate level.
	DC Code A	Okay and looking at those, those four drugs in particular...
	TUBBRITT	...Yes.
	DC Code A	...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

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		she might not be, probably asleep most of the time but rouseable.
	DC: Code A	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: Code A	You don't remember?
	TUBBRITT	No.
	DC: Code A	Okay, because the question I was going to ask was could you 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: Code A	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: Code A	...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

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		for the following day.
	DC Code A	Right, okay. Okay, so I mean we've covered obviously consultations with the doctor and ...
	TUBBRITT	...Yes.
	DC Code A	...if you had a concern about type of drug, or how it was affecting her or breakthrough pain...
	TUBBRITT	...Yeah.
	DC Code A	...and this is another question just hypothetical.
21.43	TUBBRITT	Okay.
	DC Code A	If you were to speak to a doctor in the morning and course of treatment is prescribed by that doctor...
	TUBBRITT	...Yes.
	DC Code A	...and it's one that you don't necessarily agree with because of 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 Code A	Yeah, okay.
	TUBBRITT	I mean she's quite approachable...
	DC Code A	...Yeah
	TUBBRITT	...you've always been able to do that.
	DC Code A	Yeah and again I'm saying this hypothetically...

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	TUBBRITT	...Hypothetically I understand that.
	DC Code A	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 Code A	Right, is that the clinical manager?
	TUBBRITT	It would, during the night it would be erm manager on call....
	DC Code A	...Right.
	TUBBRITT	...so it could be anyone.
	DC Code A	It could be anyone, okay.
	TUBBRITT	If it was during the day, the clinical manager or the hospital manager.
	DC Code A	Mmm, okay, during your career have you ever had a problem with a course of treatment that's been prescribed by anybody at the hospital?
	TUBBRITT	Not that I can remember.
23.30	DC Code A	Okay. It's never something that's come up? That you've had an issue with?

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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 Code A	So that was like a training issue?
TUBBRITT	Yeah not really a (inaudible).
DC Code A	A bit like the police really they bring something in and don't tell you until....
TUBBRITT	...Yeah which is often the case.
DC Code A	Okay. What training do you get then? I mean do you get a certificate or some sort of record that you've...?
TUBBRITT	We get a yearly erm drug administration update...
DC Code A	...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 Code A	Right, but that's more optional?
TUBBRITT	Optional, yes.

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	DC Code A	Okay, but you have a yearly....
	TUBBRITT	...Drug assessment.
	DC Code A	...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 Code A	...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 Code A	Yeah, please do.
	SOLICITOR	Is it correct in saying that you don't have to be bed ridden to be on a syringe driver?
	TUBBRITT	No, people use them, ambulance people use them, people in the community use them.
	DC Code A	So you can walk around...
	DC Code A	...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 Code A	...Yeah
	TUBBRITT	...over a period of time.
	DC Code A	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...

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	TUBBRITT	...Yeah.
	DC Code A	...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 Code A	...the daughters. Do you remember who was sort of in principal charge of Mrs RICHARDS' treatment during that period of time?
	TUBBRITT	Nursing wise or doctor wise or...?
	DC Code A	Nursing and doctor wise?
	TUBBRITT	Erm I don't know who her named nurse was if that's what you mean...
26.14	DC Code A	...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 Code A	Yeah, yeah as I understand a named nurse is one who seems to have sort of some responsibility?
	TUBBRITT	Yes.
	DC Code A	But again obviously they have days off...
	TUBBRITT	...Yes.
	DC Code A	...and then it obviously falls to the ...
	TUBBRITT	...whoever
	DC Code A	...staff?
	TUBBRITT	Yes.
	DC Code A	Okay. What is the actual reasoning behind

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		having a named 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 Code A	Yeah, okay.
	TUBBRITT	You know build up a relationship of some sort.
	DC Code A	Yeah, so it's just to have a familiar face for the family and for the patient?
	TUBBRITT	Really, yes.
	DC Code A	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 Code A	...which are I think we'll go back a bit, we've covered the contact notes, we've obviously got the..I think that's the nursing care plan for nights isn't it...
	TUBBRITT	...Night care plan.
	DC Code A	...what I'm showing you now?
	TUBBRITT	Yes
	DC Code A	And then we've got nutrition, constipation with a sort of (inaudible)...
	TUBBRITT	...Bowel chart.
	DC Code A	...bowel chart and then ...

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	TUBBRITT	Hygeine
28.00	DC Code A	...personal hygeine?
	TUBBRITT	Yes.
	DC Code A	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 Code A	Right so you're able to see what's...
	TUBBRITT	..(inaudible) what the patient requires before you attend to the patient.
	DC Code A	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.
	DC Code A	Nothing there relevant to you?
	TUBBRITT	No.
	DC Code A	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.

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DC	Code A	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	Code A	Right.
TUBBRITT		So if a patient was bed bound it would give what type of nursing care we should give or equally if they were mobile how we would manage that patient, how we would protect their safety.
DC	Code A	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	Code A	Whose responsibility would that be to ensure that that plan is set out?
TUBBRITT		The named nurse I would have thought.
DC	Code A	Right, okay so those forms should be set out?
TUBBRITT		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	Code A	Right so in terms of the mobility one and the

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TUBBRITT	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 Code A	Right, and would that include like Doctor BARTON or any consultant?
TUBBRITT	Probably not, it might do but it would be mostly nursing care, I mean the nursing care plan so it would be whatever the nursing team would do.
DC Code A	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 Code A	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

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		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.
	DC Code A	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 Code A	Would the doctor necessarily be notified at that time?
32.51	TUBBRITT	Not until the morning, not during the night, no.
	DC Code A	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 Code A	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 Code A	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...?

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	TUBBRITT	I think it's as soon as possible or the next day but if it's during the week Doctor BARTON would be in during the day first thing in the morning, so I imagine she goes straight down.
	DC Code A	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 Code A	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 Code A	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 Code A	Right.
	TUBBRITT	We don't have medical cover, you know doctor cover at night with...most of the time during the day so it's not done at Gosport War Memorial

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		Hospital.
	DC Code A	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 Code A	Right.
	TUBBRITT	Then I imagine it wouldn't be given.
	DC Code A	And I ask this knowing that your sort of contact with Mrs RICHARDS was minimal.
	TUBBRITT	Yes.
	DC Code A	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 Code A	Right. The reasons for that are?
	TUBBRITT	Patients dying already and hydration would not really make any difference.
	DC Code A	It wouldn't actually improve their health?
	TUBBRITT	No.
	DC Code A	It would probably prolong it wouldn't it?
36.01	TUBBRITT	Possibly.
	DC Code A	Right, okay.

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	TUBBRITT	It wouldn't really improve their condition.
	DC Code A	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 Code A	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 Code A	Right, so to hand over to Doctor BARTON would you necessarily comment on Daedalus ward patients to Doctor BARTON?
	TUBBRITT	Sometimes I have done.
	DC Code A	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.
37.02	DC Code A	Oh what to have a look out for somebody...
	TUBBRITT	...Yeah
	DC Code A	...report back?
	TUBBRITT	Because she knows I visit the ward she might, you know she might well ask me about a

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		patients condition, how have they been during the course of the night.
	DC Code A	Right, okay. Do you recall having any conversation with Doctor BARTON about Mrs RICHARDS on the ...
	TUBBRITT	...No
	DC Code A	...Friday morning it would have been?
	TUBBRITT	Not that I can recall.
	DC Code A	No, okay. Is there anybody else involved in these handover?
	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 Code A	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.
	DC Code A	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.

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	DC Code A	Okay
	TUBRITT	Some would be discussed in the office and Doctor BARTON from what I've seen usually likes to visit each patient.
	DC Code A	What about the clinical manager, where would..?
	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 Code A	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 Code A	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 Code A	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 Code A	...that doesn't stick in your mind?
	TUBRITT	No, so
	DC Code A	And obviously you came down after death and had a conversation with Mrs MACKENZIE about the book, Code A for her?

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TUBRITT Yes.
DC **Code A** And that's basically your contact with the family?

TUBRITT (inaudible) contact that I can recall.
DC **Code A** Okay, is there anything you'd like to clarify?

TUBRITT Erm I don't think so, I'm sure there will be afterwards but not at the moment.

DC **Code A** 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 **Code A** It's ten fifty eight.

DC **Code A** Ten fifty eight, sorry.

END OF INTERVIEW

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