

RESTRICTED**RECORD OF INTERVIEW**

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(SDN / ROTI / Contemporaneous Notes / Index of Interview with VIW / Visually recorded interview)

Person interviewed: REID, RICHARD IAN

Place of interview: FAREHAM POLICE STATION

Date of interview: 04/07/2006

Time commenced: 1002 Time concluded: 1042

Duration of interview: 40 MINUTES Tape reference nos.
(→)

Interviewer(s):

Code A

Other persons present: Mr CHILDS - Solicitor

Police Exhibit No: Number of Pages: 25

Signature of interviewer producing exhibit

Person speaking Text

Code A

This is a continuation of the interview of Doctor Richard Ian REID. Doctor can you just confirm that we just stopped briefly just to change the tapes over?

REID

Yes.

Code A

Yeah. And the personnel in the room still stayed the same?

REID

The same, yes.

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And we haven't spoken to you during that interim period?

REID

No.

Code A

Thank you. We were just talking about Dryad Ward, oh sorry the time is 1002, we were just talking about Dryad Ward, what sort of ward was Dryad?

REID

I mean as I remember at that time it was a continuing care ward that, I mean, uh, I can't, I mean I just, I mean there might have been some patients there who would go home who might have improved over a long period of time, so there might have been one or two what I would call, um, we got what we used to call 'slow stream rehabilitation' sort of patients at the start of it.

Code A

Okay. We will probably go back to that again later on as well and so thanks for that. And what sort of age groups are we talking about there then?

REID

Anyone over, it could be anyone over sixty-five with, who had, usually patients who suffered multiple, who were frail and or had multiple medical problems.

Code A

While you were engaged in that work from '99 onwards, what was your annual leave entitlement whilst working at the hospital?

REID

Six weeks.

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Six weeks. And do you recall what leave you did take while you were there?

REID

No. I certainly took my full quota.

Code A

Sorry?

REID

I would have taken the full quota.

Code A

Yeah, okay.

REID

But what I can't say that the leave year runs from April to March, so I mean it might have been, you know, five weeks during the time, I just, I don't know.

Code A

No, yeah. And how was your role covered when you were on annual leave then?

REID

Well there's only Doctor, well Doctor BARTON did the routine day-to-day care and, you know, Doctor LORD was, you know, if I wasn't there then she was usually around, but I mean there wouldn't be anyone to do the ward rounds.

Code A

Right. So what would (pause), if you weren't, say for argument, what would you, typically how long would you be away about two weeks?

REID

About a week or two weeks.

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A week or two weeks. So say for arguments sake you had a period of summer leave there...

REID

Yeah.

Code A

Yeah.
...and you were away for two weeks,...

REID

Yeah.

Code A

...what involvement, if everything, ran...

REID

Smoothly.

Code A

...smoothly, what involvement would Doctor LORD have had with the ward?

REID

None.

Code A

None at all?

REID

No.

Code A

And what would cause her to have any involvement in the ward?

REID

By Doctor BARTON if she was very concerned about a patient, or I mean let's say if there were, uh, relatives who,

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um, had spoken to Doctor BARTON and wanted to speak to a Consultant then she might do that stuff.

REID

I mean do you want me to say a bit more about that?

Code A

Yes please go on.

REID

Yeah. Well, um, it's always very difficult, um, when someone's on leave: "What do you do about it, do you bring in a locum?" Um, and certainly I know that before I came to the department we had employed locums who were, um, you know, so bad that they were dangerous and, um, so I mean I sort of, I can't see it written down on a bit of paper but there was certainly a sort of very conscious decision that for short periods of absence, um, we would not normally employ locums because they often created more risk than they actually produced, ...

Code A

Yeah.

REID

...and it was felt that in particular somewhere like, um, Dryad Ward the turnover was quite low certainly at the start of that period, um, and therefore not an awful lot, you know, happened and there usually wouldn't be, um, a great call for either, you know, me to go and see Doctor LORD's patients or visa versa.

Code A

So you didn't use locums at all then?

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REID

I've no recollection of there being a locum in Gosport in the time I was there I couldn't, you know,...

Code A

No.

REID

... say absolutely not but I have no recollection of it.

Code A

And you were performing ward rounds at the Queen Alexandra Hospital?

REID

Yes...

Code A

Yeah.

REID

...at the same time.

Code A

Yeah. And how often would your ward rounds be at the Q.A.?

REID

At least twice a week.

Code A

And what wards would they have been?

REID

There was an Ann ward.

Code A

And what sort of ward, what sort of...

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REID Well it's like, sorry it's an acute elderly care ward, but almost certainly I would go in at other times, um, I mean sometimes I would go in almost every day,...

Code A

Yeah.

REID ...you know, because, um, well we often had sort of problems with staffing there, um, you know the junior staff, um, off ill, patients there might not be a, you know, Registrar around because they were off doing clinic at St Mary's so you'd often have to pop round to the ward and see what's going on and sort out the problems there.

Code A

And that was twice a week your ward round there?

REID

Yeah. I would be on the ward at least twice a week.

Code A

Yeah. And what about that Dryad Ward, what were your ward rounds there?

REID

Once a week.

Code A

Once a week.

REID

On a Monday afternoon.

Code A

Okay. And did you mention in one of those statements that you made earlier that you actually, did you ever do any ward rounds on Daedalus?

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REID

I have no recollection of ever doing a ward round on Daedalus Ward.

Code A

Obviously I was talking about in the absence of Doctor LORD.

REID

Yes, yeah, yeah.

Code A

I think we've covered that haven't we because you said 'it would be something remarkable to get her to go in'.

REID

Yeah, yeah.

Code A

What about sick leave then Doctor, have you ever taken extended periods of sick leave for anything?

REID

Um yes I had a shoulder operation last, a year ago in January.

Code A

So it's quite recent, yeah.

REID

But not at that time.

Code A

Not at that time. Right the next question was, what cover was provided during your absence, but I think we've covered that as well haven't we? There's no cover for...

REID

There's no cover.

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Code A

...when you're on leave or...

REID

No.

Code A

No. Presumably, say for arguments sake something untoward had occurred to you and you had a forced lay off with a broken leg or something and you're off work for four months

REID

That, that...

Code A

... is that something that would have been...

REID

That would have been different.

Code A

Yeah.

REID

I mean would have, we would have to have considered engaging a locum at that time...

Code A

Yeah.

REID

...and, um, I mean it usually would have been sort of, Doctor JARRETT would have made the decision.

Code A

Uh-huh.

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Am I right in thinking if there is any, or if there was any problems on the ward it's a phone call to the elderly medicine?

REID

Yes.

Code A

So would that be if you were away for two weeks and let's say for arguments sake whoever was doing the ward rounds whether it be Doctor BARTON or somebody else, there was someone that they, when you weren't there there was someone they could contact?

REID

Yes. I mean, well Doctor BARTON, um, Doctor BARTON was sort of very assiduous in her duties, I mean she came in every morning at sort of seven-thirty (0730), um, well I suppose I've seen her occasionally but somebody told the nursing staff that she came in every morning without fail and she would obviously invariable come in in the afternoons too, so the nurses have sort of had lots of opportunity to, um, you know present problems that have arisen. What, what I can't say is, because I just can't remember, is say, because if I remember correctly Doctor LORD also had her ward round on Monday afternoons so Doctor BARTON would sort of join us on alternate weeks. Now I think that what probably happened is that say when Doctor LORD was away I would probably have said: "Oh you go on to Daedalus Ward," rather than sort of check the round with me because like I say, you

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know, it's better to have one, some Doctor rather than sort of no cover at all,...

Code A

Yeah.

REID

...so that sort of thing would happen.

Code A

Okay. So no local cover was arranged at all?

REID

No.

Code A

How would you describe your workload at that time then?

REID

I mean it was, it was very heavy. I mean I would be working six, at least sixty hours a week. I would be in before eight (0800) in the morning and often you're not home until that time at, or after that time at night.

Code A

Yeah. So that's regular twelve-hour shifts there?

REID

Yes.

Code A

Yeah. And how did you cope with that do you think?

REID

(Laughs) Um, well I mean it wasn't easy, um, funnily enough I quite enjoyed working hard, um, I mean there's a sense in which that, um, sometimes you felt that you were in the wrong place (laughs), you know you were down in

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Gosport and there was a problem up in Q.A., or you were up in Q.A. and there was a problem down in Gosport.

Code A

Yeah. And that's a geographical site problem really?

REID

Yes.

Code A

Yeah.

REID

Yeah.

Code A

Have you got any questions Chris?

Code A

There are a couple I would just like to just go back over Doctor. I mean were mistaken and we thought you were the head of the department because you were a Director of Medicine, but it was Doctor JARRETT?

REID

Yeah.

Code A

Can you just explain as best you can, obviously I know you said 'you can't remember exactly how many Consultants...

REID

Yes.

Code A

...there were and things like that', but at the top of the tree obviously in elderly medicine you've got Doctor JARRETT. I mean how does it sort of filter down from there?

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REID

Yeah I mean it's, it's quite, it's quite difficult in a way. I mean everyone likes to assume themselves as being equal...

Code A

Uh-huh.

REID

...and certainly as you practice as an individual Consultant you're all equal, um, and not all Consultants would recognise this at that time, well I think Consultants in our department would, but Doctor JARRETT was, um, Lead Consultant in terms of, if you like, the administration,...

Code A

Right.

REID

...all the input to administration departments, it's not to say that, you know, he could go and tell another consultant what to do clinically it's more around the Administration Department how cover was arranged, where people worked,...

Code A

Yes.

REID

...the new development of policies, that sort of thing.

Code A

Right I've got that then, so you've got Doctor JARRETT and the Consultants. I'm probably using the wrong term when I say 'beneath',...

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REID

Yeah.

Code A

...but the next level down is the Registrars.

REID

Yes well Senior, well at that time the Senior Registrars and then Registrars.

Code A

But are they under the guidance of the Consultants there?

REID

They're under, I mean I think, I'm not, I'm not sure just how where clearly the responsibilities would be seen back at that time,...

Code A

Yeah.

REID

...um, but I think most people would accept that if a Registrar was working for them, they were responsible for their actions,...

Code A

Yeah.

REID

...not, not, so Doctor JARRETT wasn't responsible, I don't think say with regards say Doctor JARRETT's responsible for the actions of all the Registrars and Junior Staff in departments that would be the Consultants.

Code A

The Consultants it would be. And where does the Clinical Assistant fit in here?

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REID

Right. Well a Clinical Assistant is a different type of post completely, it's what called a 'career post', in other words it is not a Doctor in training so it's not like all the other grades Registers, Senior Registrars,...

Code A

Yeah.

REID

...it's sort of like career post and I mean although, and most, um, Clinical Assistants, um, were appointed, you know, working in hospitals or in sort of secondary care base services and outpatient clinics and usually, um, working in a department where there was a consultant.

Code A

Right. I mean we're going to cover the whole thing about the Clinical Assistant a little more in a little bit of time, but do they sit equal to the Senior Registrars, or...

REID

No it's just completely, it's completely different really...

Code A

Right. I understand the Registrars...

REID

...and the Senior Registrars are still in training.

Code A

Training yeah.

REID

Um I mean Clinical Assistants could, you know, I mean there were some people in full time jobs as Clinical Assistants who wouldn't be much short of the experienced

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Consultant, and there were others who would be, you know, a G.P. who had maybe had, you know, did two sessions in an ENT clinic, they'd just go and see the sort of simpler cases in an ENT Clinic,...

Code A

Yeah.

REID

...or would be covering say St. Christopher's Hospital...

Code A

So they've got a good standing?

REID

Yes.

Code A

They've got an equal...

REID

Yes.

Code A

...standing so to speak?

REID

Yeah. They're not Doctors in training,...

Code A

They're not Doctors but are they...

REID

...so you'd expect them to be able to take a fair degree of responsibility.

Code A

Are they still under the guidance of a Consultant?

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REID

Um usually they were working in a department. I mean I would, I'm just not clear of what the employment law is, but I mean I think most people would regard them as sort of working, you know, under the supervision of a Consultant.

Code A

Okay. And just one other thing is you've mentioned in the last tape actually that 'you attended a management course some time ago',...

REID

Yeah.

Code A

...what was that about?

REID

It was about, um, and I can't remember what it was entitled, um, it was called 'A Senior Management Programme' and it was at Keele University and it wasn't for Doctors, there were a couple of Doctors on the course, but it was for, you know,...

Code A

General management?

REID

Yes.

Code A

Non-specific?

REID

Non-specific, we had black people from the Nigerian Electricity Board and Indian Coal Board and...

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Code A

Yeah, right. Yeah that's fine. One more thing we were talking about, only can you just explain you mentioned 'Registrars, Senior Registrars and Specialist Registrars' earlier,...

REID

Right.

Code A

...can you just explain for the benefit of ...

REID

What's happened, I can't remember the date it happened...

Code A

Yeah.

REID

...but the Senior Registrar and Registrar grades were combined and they became one grade called 'Specialist Registrar' and that would have happened about 2000 I think,...

Code A

Uh-huh, yeah.

REID

...about that time, so.

Code A

Thanks.

Code A

Finished with that Chris?

Code A

Yeah.

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Right Doctor the next part we are hoping is to give you an opportunity to explain, amongst other things, your role, the role of the Consultant, which we've covered quite a bit already I think, what that entails and how much of your working day was taken up. What were your responsibilities as a Consultant, what was your job as a Consultant?

REID

Well it would be to, um, look after any inpatients who were under my care, to do outpatient clinics, um, to, um, do clinics in the day hospital, um, obviously provide on call sort of out of hours cover at weekends and during the week.

Code A

Yeah. And when we talk about, I mean through this enquiry we've picked up a bit of knowledge about hospital workings etcetera, etcetera, and for instance on wards, general wards and surgical wards etcetera you'll have a Consultant and he works with a team?

REID

Yeah.

Code A

Yeah. Did you have a team working with you?

REID

Um yes on, on Ann Ward I did,...

Code A

Yeah.

REID

...um, and that would have been me, there was either a, there was either a Registrar, or a Senior Registrar at that

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time, um, and it was a Pre-registration House Officer, so a very inexperienced...

Code A

Yeah.

REID

...person on the ward but first job.

Code A

Pardon?

REID

The first or second job out of medical school.

Code A

Yeah, yeah. So a Registrar is still a training role isn't it?

REID

Yes.

Code A

Yeah. So your Consultant would be your main man?

REID

Yes.

Code A

Yeah. Regarding the patients, yeah?

REID

Yeah.

Code A

And then you'd have a junior Doctor and then a more Senior Doctor and then yourself as a Consultant?

REID

Yeah there's three of us.

Code A

Yeah, yeah. And that was in Ann Ward?

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REID

Yes.

Code A

Yeah. But the War Memorial wasn't like that was it?

REID

No. There was just Doctor BARTON.

Code A

Yeah. How does that, can you just explain how that comes about how, why the War Memorial Hospital operates in a certain, in a different way to say Ann Ward?

REID

Well it's probably just a sort of an accident of sort of...

Code A

Evolution.

REID

Yeah history really.

Code A

Yeah.

REID

There were Junior Doctors, well what, the fundamental role of the sort of the Royal colleges, and there's one for Physicians and one for General Practice for Surgeons, is training that's one of them and awarding specialist qualifications. So the Royal colleges would, um, only approve certain jobs as being suitable for trainees, so the jobs in Queen Alexandra Hospital were deemed to be suitable for trainees and the reason for that basically is because there more, well there's years, there's a Consultant presence most of the time, whereas say down in Gosport,

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um, maybe down once a week, to put a Junior Doctor in training down there would just be totally, at that time would have been totally inappropriate, um, and, um, I mean, I mean I have no idea how things started off in the War Memorial Hospital when it was first opened, whether it was, you know, entirely G.P.'s looking after their own patients,...

Code A

Yeah.

REID

...but I mean it may have been that and then it may then have been that the G.P.'s felt not very comfortable about dealing with patients with Consultants cos it was a bit beyond their level of expertise and so someone like, you know, Doctor BARTON with a practice would be employed to, you know, come in and do ward rounds and provide out of hours cover etcetera so, but it's, there'd have been no process for it, it's just, well that's the way it happened.

Code A

Brilliant, yeah, that's quite useful actually yeah. So how did your department work in relation to the care of the elderly, and particularly with Gosport?

REID

Um well what would happen is that, do you mean in terms of patients?

Code A

Yeah.

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REID

Most patients would be admitted, usually as an emergency, um, to Queen Alexandra Hospital. Um we would come to our wards, some would be fit to go home and others would perhaps need a period of rehabilitation and so would go to places like Gosport and Petersfield. But we're also, um, we used to, a lot of our work was actually about going to see patients in other wards in the hospital who weren't fit to be discharged home and where the Consultants were asking us: "Would you consider taking this patient for rehabilitation to Gosport because we don't think they're going to get better," whatever, so a lot of, so everyone, if you like, was sort of, they came to Gosport, had almost certainly been seen by one of us either in our own wards, or on some of the other wards in Queen Alexandra or St. Mary's, that's just the way it worked.

Code A

Yeah thank you that's great, yeah. So within your department during the '90's, but particularly so during '99, how many patients were you responsible for then?

REID

Um well on Ann Ward I think it was nineteen patients and in Gos, on Dryad Ward it was twenty.

Code A

Yeah. So around about forty, thirty-nine / forty?

REID

Yeah.

Code A

Yeah. And no other patients anywhere else tucked away?

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REID

No.

Code A

How was your working day constructed in those days then?
I mean I know it was different because you have five days
in the week and...

REID

Yes.

Code A

So start on a Monday, it's a convenient day to start on but it
was the day you went to Gosport wasn't it?

REID

Yeah. Well usually on a Monday I went to Q.A. in the
morning...

Code A

Yeah.

REID

...to do a ward round there on Ann Ward because it's much
busier there. Weekends, um, are often the time when, you
know, because there's not the same level of medical cover
so you're more likely to encounter problems on a Monday
so it was always very, well I felt very important to, to go to,
um, to Queen Alexandra on a Monday morning to see
patients on the acute ward,...

Code A

Yeah.

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REID

...and its for for the same reason really, but I felt it was, I quite liked going on a Monday afternoon to Gosport because you didn't know what would have happened over the weekend to patients...

Code A

Right.

REID

...because there's a sort of...

Code A

Yeah.

REID

And then, um, I'd usually do a ward round on Ann Ward on a Friday morning as well. Um I did a day hospital session down in Gosport but I can't remember, it was a morning, it might have been a Thursday morning, um,...

Code A

During that time?

REID

Yeah.

Code A

Uh-huh.

REID

Um and then the rest of the time was all office, Medical Director type of stuff.

Code A

Yeah.

REID

But my base was in Q.A. so I'd often, even though I didn't have a session on Ann Ward I'd be popping in and out...

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Yeah.

REID

...and support the Junior Doctors there.

Code A

You had more patients in Dryad than you had...

REID

At Q.A.

Code A

Well not by much though, it was only by one or two wasn't it?

REID

Yeah.

Code A

Yeah. So it's reasonably irrelevant really,...

REID

Yes.

Code A

...but why was Ann Ward busier than Dryad?

REID

Oh, um, because of the nature of the patient there. Um I mean Ann Ward was people come with, you know, chest infections, from heart attacks, heart failure, um, and we know that a few days of treatment would get them better and they'd go out, there's a big turnover of patients whereas...

Code A

Sorry to interrupt, were they coming from A and E then?

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REID Uh, their G.P.'s, A and E,...

Code A

Right, yeah. Yeah that was the first point of contact...

REID Yes.

Code A

...with your department with that patient?

REID Yeah.

Code A

I've got you.

REID And then, as I said, it was only after people had been in the Q.A. and not appearing to make progress that they would go to somewhere like Gosport.

Code A

And this is why, that's why you had to, well you did two ward rounds at Ann?

REID Yes and more really.

Code A

Yeah. And what was your responsibility, presumably, did you have a Job Description?

REID (Pause) Ooh it would be very general to provide care to patients. I mean I've probably got a Job Description somewhere,...

Code A

Yeah.

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REID

...but I mean it would be along back in 1998 when I was appointed, um, you know two sides of A4

Code A

Yeah. Yeah but within the Job Description did it stipulate how many ward rounds you had to do or...

REID

No.

Code A

No?

REID

No. That was, that was decided by, by a Doctor JARRETT,...

Code A

Yeah.

REID

...you know, so he, he if you like planned the Consultants Time Tables.

Code A

Yeah. And that's what you're saying his role was?

REID

Yeah.

Code A

How it,...

REID

Yes.

Code A

...in terms of your skills and abilities...

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REID

Yeah and by responsibilities.

Code A

Yeah, but he had control over...

REID

Yeah he was the person who made the decision.

Code A

...where you worked?

REID

I mean he discussed it with me but he was the person...

Code A

Yes of course, yes, yeah. Also the department, am I right in thinking albeit you're all equal, or the department would be run how Doctor JARRETT would like the department to be run?

REID

Yes, yes.

Code A

Yeah. But he wouldn't have any interference with your patients?

REID

No.

Code A

No. So on a Monday, sorry what time would you have started your ward round at Q.A.?

REID

Oh nine o'clock.

Code A

Nine o'clock, and that took you up to when?

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REID One, one probably (1300).

Code A

And would you see everybody on the ward?

REID Oh yeah.

Code A

You'd see all the patients?

REID Yes.

Code A

Yeah. And generally how long would that take you to review, or examine a patient?

REID Well there's twenty patients divided by six, 240 minutes between, twenty patients so that's, about twelve minutes a patient.

Code A

Would you do it like that? I mean to get round the ward?

REID Um well, you would, you would spend more time seeing the new patients,...

Code A

Yeah.

REID ...so the length of the ward round, well it was, it's a bit, dependant on two things really, how many new patients there were coz they always take longer but also I mean you could have some patients who weren't new but they were just very complex and you just need two or three patients

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who were very complex it took you ages, but I would say the average time was about four hours.

Code A

So you then finished there, say one 1 ish (1300)...

REID

And I had to go down to Gosport.

Code A

And what time would you be down there?

REID

I usually go down for about two (1400).

Code A

Yeah, yeah. And again would you see all the patients again then?

REID

Yes.

Code A

Yeah and go through the same...

REID

Yes.

Code A

Yeah. And finishing at what time then?

REID

Um well, I mean I'd probably finish the ward round sort of half-past-four to five (1630 to 1700), but there was often relatives to see...

Code A

Yeah.

REID

...so you'd be there after that.

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And how long would it take you to write up notes after seeing a patient?

REID

It would depend on what was, it would depend on what was wrong I mean.

Code A

Yeah.

REID

Um I mean generally on the wards, um, because someone else has already sort of clerked them in, um, it generally doesn't take, you know, very long to write. You look at the sort of, um, (pause). I mean I think I, I mean I would spend more time at Q.A. doing that because there were sort of new problems, they're inexperienced junior staff, um, so (pause). Writing notes at Gosport, you know, wasn't a major time consideration say compared to writing the notes at Q.A.

Code A

And why was that because?

REID

Because the problems were all, um, I generally like to write things myself.

Code A

Yeah.

REID

Almost every new patient at Q.A. I would, um, examine, well not quite from top to bottom but, you know, in that sort of order, um, by the time patients moved down to

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Gosport you know what their problems are, um, they've not come in fresh from a G.P. with a whole load of new problems, it's usually a continuation of existing ones, so for example if someone's had a stroke, nothing else has happened but a stroke and they can't move their right arm and leg. So they weren't so really medically sick and it's being medically sick that takes up the time on the ward round.

Code A

Sure. I picked up there when you said: "I like to make notes for myself,"...

REID

Usually.

Code A

...is that because Consultants often give that responsibility to a Junior Doctor on their rounds?

REID

They do yeah.

Code A

Yeah, yeah.

REID

Because on our department it was pretty standard for all of us to write, but if you looked at the rest of Q.A. you would not find that that was the case.

Code A

So when you went to Dryad, you say 'your two o'clock ward round starts',...

REID

Yeah.

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...would all your time down there be taken up on the ward round?

REID

Yes.

Code A

Yeah. And then when the ward rounds finished...

REID

See relatives...

Code A

Yeah.

REID

...and do other things.

Code A

Yeah and then you go.

REID

Sometimes, well sometimes I go back to Q.A.

Code A

Yeah, yeah. So who actually reported to you at the War Memorial when you went down there?

REID

Well I mean Doctor BARTON would be there usually every other week but, um, you know, I got a lot of the information from the nursing staff about the patients.

Code A

Yeah. We've already mentioned the Clinical Assistant. Can you just clarify to us what you saw that role as, the Clinical Assistant's role?

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REID Um, seeing patients, um, you know when they come in to make sure they were okay and writing sort of notes, you know, summarising what their problems were and their reasons for admission,...

Code A

Yeah,

REID ...um, and then attending to medical needs on an as required basis.

Code A

Yeah. And what did you expect from the Clinical Assistant then exactly that to be able to do...

REID Well I mean what I didn't know, um, I expected to know, as I say a summary of why the patient had come, um, and maybe a brief sort of statement and the treatment plan was this patient for rehabilitation, or for continuing care.

Code A

And what, in terms of support what did you offer the Clinical Assistant?

Code A

What did they get from you in terms of support?

REID Um, (pause) well I, um, if she was on the ward round she would clearly ask me about problems. Um sometimes, um, if she was on say Doctor LORD's ward round and she'd come over to ask me about something, um, I was always available, um, in terms of certainly telephone contact if she wanted to discuss something. Um, if you're asking 'did I

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sort of sit down and have regular appraisals with her?', the answer is 'no I didn't'. Um it certainly, that wasn't, um, (pause) I don't think it was in anyone's consciousness back in 1999.

Code A

So your area of speciality was Geriatrics, yeah,...

REID

Uh-huh.

Code A

...within both hospitals obviously?

REID

Yeah.

Code A

And your additional responsibility, I think you already said you were a Medical Director at that time?

REID

Yes.

Code A

And were you sitting on, obviously you were on the Board there you were saying?

REID

Yeah.

Code A

And did you have any other committees or anything else at that time?

REID

Oh yeah, oh, (laughs) I mean I could produce a list...

Code A

Yeah.

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REID ...but it's huge.

Code A

Huge yeah.

REID Um I was, um, there was a small executive team which met, I think we met weekly in the Chief Executive's office, um, but you know that I was just a tiny bit of it. As I say I can produce a list of all the committees I was either chairing, or being involved in.

Code A

And I think...

Code A

Then was that as a Medical Director?

REID Yes.

Code A

Yeah.

Code A

Or more as a Consultant?

REID Most of them were as a Medical Director, some were as a Consultant.

Code A

Because you're going to pick that up anyway as a Consultant aren't you with these committees?

REID Yes. Most as a Medical Director though.

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Code A

Yeah. And the next question we've got down there was the demands on your time,...

REID

(Laughs)

Code A

...with those roles. ...

REID

Yes.

Code A

...Now I think you said 'it was roughly half and half' wasn't it?

REID

Nominally,...

Code A

Yeah.

REID

...but in practice it worked out probably I was spending a third of my time clinically and, and two-thirds being Medical Director.

Code A

Right. And so we already know that (pause) you were doing the eleven sessions a week then. Did you say 'they were 3½ then?

REID

Yeah. I was working far in excess of that.

Code A

Yeah, yeah. Any question around that Chris?

Code A

No.

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No. Right the next role Doctor REID is, again it's an opportunity to explain about the Clinical Assistant...

REID

Yeah.

Code A

...involving this, how people become appointed and how this would impact on their role as a G.P. and that sort of thing through their experience. What was the role of the Gosport War Memorial Hospital within the local community?

REID

Right, um, very broadly there were obviously some maternity beds, um, there was also a G.P. ward, Sultan ward where G.P.'s could admit their own patients and look after them and they took full responsibility, no we weren't involved on that ward. Um then there were, there was about forty beds, which were used by old age psychiatry, you know, for elderly patients with depression or dementia, and then we had two wards the Daedalus and Dryad Wards and then, um, in 1998 / 1999 the role of Daedalus was rehabilitation, um, the role of Dryad was continuing sort of care, assessment for continuing care.

Code A

(Pause) You were in the area then, so before you started your work as the Consultant, do you know how the patients from the community were cared for within the hospital before you started there, or had it changed much, or?

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REID

Sorry just start again?

Code A

Before you started...

REID

Yes.

Code A

...working there,...

REID

Uh-huh.

Code A

...were there any great changes...

REID

Not at all no.

Code A

Yeah. Apart from the fact that you say about Daedalus and Dryad Wards...

REID

Yeah.

Code A

taking those...

REID

Yes. But that, that had been the case for a long, as far as I'm aware for quite a long time.

Code A

What are the 'bed fund holders'?

REID

Right, um, the 'bed fund holders' I think it was, 'bed fund holders' are G.P.'s, um, and this is to the best of my knowledge, um, who, um, admit their own patients to

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hospital were paid for doing that, um, I think it was peanuts 25p a day or something like that, but it was so, they were paid a nominal sum for looking after, uh, patients in hospital.

Code A

Okay. How does a Doctor become a Clinical Assistant?

REID

Almost certainly there would be, one guessed the post was advertised...

Code A

Yeah and...

REID

...and someone would apply for it.

Code A

Now we've already, you've already elaborated on the Clinical Assistant a little bit by explaining that in certain places they can be almost on a par with a Consultant...

REID

If they're very, very, experienced yeah,...

Code A

Yeah, yeah.

REID

...but that would be exceptional.

Code A

Exceptional yeah. So it's probably not a role suited to all Doctors is it?

REID

Um, I...

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Or is it?

REID

I think all Doctors can be yeah.

Code A

Yeah.

REID

Um I mean most Clinical Assistants are probably G.P.'s who are working either in a Dermatology Clinic, or under sort of the supervision of a Consultant, or in an Ear, Nose and Throat Clinic, or sometimes it's orthopaedics. So they're probably people who have had a little bit more experience of that, um, during their Junior Doctor training so they might have happened, because to be a G.P. you've got to go through training and do jobs in hospital, so you might have spent three months doing ENT and decided you'd quite like to continue doing a couple of clinics in ENT.

Code A

Yeah. Would you need to have a certain experience to become a Clinical Assistant then or not?

REID

Um well you would, you would probably be looking for people who had, I mean if I was an ENT Surgeon I would be looking for somebody with experience in ENT. ...

Code A

Yeah.

REID

...um, um, in terms of if I were (TAPE MACHINE BUZZES)...

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It's okay you've got a couple of minutes still.

REID

Click on?

Code A

Yeah sure.

REID

Um if we were looking for a Clinical Assistant, if there were such sort of thing today, we'd be looking for someone who had some experience in geriatric medicine, but that wouldn't de, if they didn't have it wouldn't debar them though because a lost of the skills are actually just about, um, making the effort to actually examine older people and so apply your mind to the problem and these are skills that G.P.'s have got in abundance.

Code A

Yeah. Right that's telling us that the tape's coming to an end, shall we just have a quick comfort break for a minute?

Code A

Yeah.

REID

Okay.

Code A

What's the time?

DC QUADE

It is 1042, I am turning the machine off.

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INTERVIEW CONCLUDES - TAPE MACHINE IS
SWITCHED OFF.

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