Form MG15(T)

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: 1140 Time concluded: 1220

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

Interviewer(s): **Code A**

Other persons present: Mr CHILDS - Solicitor

Police Exhibit No:	Number of Pages:
Signature of interviewer producing exhibit	

Person speaking	Text
Code A	The time by my watch is 1140 and this is a continuation of the interview of Doctor REID. And Doctor can you just confirm that we have just stopped to change the tapes over,...
REID	Yes, yeah.
Code A	...and the personnel in the room are still the same...
REID	Yes.

Code A ...and we haven't spoken to you in that interim period?

REID No.

Code A That's 1140 yeah thank you. And I'll remind you that you are still under caution. We were just talking about how the hospital treated you or saw you.

REID Yeah.

Code A Yeah. How did you see your role exactly in charge of that ward?

REID Well just simply as the Consultant in charge of the patients.

Code A Yeah. You conducted your ward rounds on Mondays in the afternoons.

REID Uh-huh.

Code A Yeah. Now how would you conduct them?

REID Right I mean it's, grab what's called 'the notes' trolley' and it contains every patients' records...

Code A Yes.

REID ...and take the Senior Nurse on duty, we've got usually the Senior Nurse on duty and we just wandered, wandered round and so I would generally sort of start by asking the nursing staff what, you know, happened since I'd last been round, take a look at the medical notes, usually look at the prescription chart and then, if appropriate, examine the patient, um, and, you know, where appropriate, make a sort of decision about management either just to continue as we're doing, or for some change or whatever, make a note in the medical records.

Code A And it sounds a clumsy question but what was the purpose of those rounds?

REID Well to ensure that patients have probably a good charter.

Code A And you will have the Senior Nurse,...

REID Yes.

Code A ...yourself,...

REID Yes.

Code A ...and when would Doctor BARTON...

REID Doctor BARTON's every other week. And I think at that time we had a, we had a, um, Senior Registrar, I think Doctor RAVINDRAIN,...

Code A — Oh yes.

REID — ...and he was I think in some of the ward rounds too.

Code A — Yeah. What was his role then as a Senior Registrar?

REID — Well I suppose to sort of see, see, be trained, see, see what happened and, um, what I did, how the patients were managed there so that's their role so he could learn.

Code A — Yeah. And what was he, just for that one ward or?

REID — Uh he just, he would come down just for that ward round.

Code A — Yeah, yeah. And you, when would you make your entries did you say 'at the time'?

REID — Yes.

Code A — Yeah.

REID — Yeah. After every, after every patient.

Code A — So why do you write, you formulate and record your working diagnosis of a patient, what is the purpose of that, why do you do that?

REID — It is for handover to, so if someone else comes in they know what's been happening and can make, well it helps inform them and set the context and even make, hopefully make the right decisions, support the decision making.

Code A — In that hospital environment how is the patient's pain recognised and addressed?

REID — Pain?

Code A — Pain yeah.

REID — Well usually almost certainly the nursing staff would be there, the first people who would, um, um, be aware that patient was in pain and, um, they would, um, then, you know, depending on what type of pain it was make a judgement about what to do next. Um, and say for example it was a headache, the nurses are able to give Paracetamol, but if it's something more severe then they might want to give some Paracetamol anyway and wait and see if things have settled and after they've taken, you know, observations or, you know, in extreme cases they might want to call a doctor right away. So it could be anything from doing, you know, next to nothing to calling a doctor.

Code A — What are the 'Wessex Protocols'?

REID — Well there are, there are West, there are Wessex guidelines for palliative care.

Code A Yeah.

REID These.

Code A A copy of the Palliative Care handbook there. Yeah?

REID Yeah. And that's been updated every so often.

DC QUADE What do they do for you, what do they do, what....

REID Well they give guidance on how to, on how to manage symptoms which need palliation like pain, breathlessness, distress, agitation, etcetera.

DC QUADE This one we've got is called, we've given it a reference number of CSY/HF/3, and it's entitled The Palliative Care handbook isn't it?

REID Uh-huh.

DC QUADE Where did the term 'Wessex Protocols' come from? Are you aware of that?

REID No I don't know. Well I mean all I know is that they were developed by, um, The Wessex Specialist Palliative Care Units.

DC QUADE Yeah. And those protocols within that are they, were they actually applied in hospital settings to your knowledge?

REID I wasn't aware of their existence back in 1999.

DC QUADE Oh weren't you?

REID No.

DC QUADE No, right. When did you become aware of their existence?

REID 2001 maybe.

DC QUADE And what made them, what made you aware of them?

REID I mean it may have been that they were, because they're updated every so often or re-launched and then there's some publicity.

DC QUADE Right.

REID I certainly wasn't aware of their existence.

DC QUADE Because certainly today you mentioned Wessex Protocols. Am I right in thinking you understand it to be that, those books?

REID Well I presumed that's...

DC QUADE Is that what you understand them to be?

REID Yes.

DC QUADE I mean we do but some people haven't heard of them.

REID Yeah. As I say I, I haven't.

DC QUADE Had you heard of The Palliative Care handbook?

REID (Pause) The first I remember hearing about anything to do with Wessex and Palliative Care was about Wessex Palliative Care Guidelines, which was in 2001 as I've just said,...

DC QUADE Yeah.

REID ...I wasn't aware of anything before then.

DC QUADE Okay. So now-a-days is this advice applied and taken and applied now in hospital settings within your department for instance?

REID I couldn't, um, we, we've certainly got, we've got guidelines at the moment for managing, now whether they're these ones or a variant of these I just couldn't say, but we've definitely got guidelines in our department at Q.A.

DC QUADE That will answer that bit, but back in '99...

REID Yeah.

DC QUADE ...would there have been anything like that then?

REID Well I mean I'm told that these existed before 1999 but I'd certainly never heard of them, but I'm not a palliative care expert...

DC QUADE No.

REID ...but I certainly haven't heard of them.

DC QUADE Can you describe to us the 'analgesic ladder'?

REID Yeah. Um, it's basically sort of saying that, um, there are three steps to pain control, you know, and that, um, ideally one should start with the lowest level of analgesia and then only move to the next level if that doesn't work and then only move on to the, if you like the top level when that didn't work. I'd have to say though I mean I hadn't heard of an analgesic ladder back in 1999.

DC QUADE Oh yes, oh right, yeah. This is GJQ/...

REID I mean it's what you did in, that's what you did in practice but I'd never heard it described as such.

DC QUADE No, no, no, yeah, well...

DC YATES Alright you did that.

DC QUADE Yeah.

REID But in general terms.

DC YATES It wasn't necessarily given that name?

REID Yes. But I think, I should also point out (laughs) you don't always apply the analgesic ladder. I mean if you came in with a broken hip you wouldn't thank me for giving me for giving you two Paracetamol would you?

DC YATES No I wouldn't.

REID So you make a judgement about...

DC YATES Where to start.

REID Where to start, yes.

DC QUADE As I said this thing I've got in front of me is GJQ/HF/25 and it's a very basic flow chart type thing.

REID Yes that's an analgesic, an analgesic ladder yeah.

DC QUADE Yeah. But it's something that you, you certainly applied in those days...

REID Yes, yes.

DC QUADE ...but you didn't call it that?

REID Yes. Well it wasn't, not to my knowledge that format as such.

DC YATES Yeah. I have heard some people describe the method, a method of applying this and I obviously didn't know whether it was right or wrong, but taking it from the very basics and at least if I did come in with, to you with some pain that might require two Paracetamols...

REID Yeah.

DC YATES ...on your judgement and you find that that doesn't work...

REID Yeah.

DC YATES ...to take away the pain, you then move on to a stronger analgesic, but I've heard some people say that Paracetamol remains being used.

REID Paracetamol being?

DC YATES Remains.

REID Uh-huh.

DC YATES And you're still given the Paracetamols, but you're given something else as well...

REID We could do that as well yes.

DC YATES ...and then..

REID Yes.

DC YATES ...on it's way back down again they'll take away the stronger analgesia...

REID If it, if it relieves the pain yes.

DC YATES ...with patients coping still with Paracetamols and.

REID Yes that's right, yeah.

DC QUADE Right. On a similar vein, how do you assess a patient's level of pain then Doctor?

REID Well it's sort of, um, um, I mean a variety, obviously what the patient says and you can ask them a score of 1 to 10: "How bad do you feel the pain is?" And then there's obviously, if you like the non-verbal clues, you know, is someone is sort of rolling about in agony clutching their

stomach and so it's a matter of sort of, um, what you hear from the patient and, um, deduction from clinical observation.

DC QUADE So it's quite...

REID Subjective.

DC QUADE Yeah, yeah.

REID That could be quite subjective.

DC QUADE Yeah.

REID And I mean I think, I mean again this may help to say it, for example if someone is, um, confused particularly, um, it can be very difficult to establish, you know, what's wrong with this patient, is it pain, is it just they're very agitated, is it a combination of both? Um it can be very difficult and it's relatively easy when, you know, a patient is, you know, compos, compos mentis.

DC QUADE This form here, copies of it, it's CSY/HF/5 and it's a copy of a policy for 'assessment and management of pain' and I'm not quite sure, it comes from the Portsmouth Health Care Trust,...

REID Yeah.

DC QUADE ...I'm not quite sure where that comes from exactly, but can I just ask you to have a quick look at that?

REID Yeah.

DC QUADE Cheers.

DC QUADE Have you seen it before, or?

REID Yes.

DC QUADE Oh you have.

DC QUADE And is that something, I mean that just sets down policies doesn't it for pain assessment and guidelines?

REID Yeah, yeah.

DC QUADE Is that a very old policy, or?

REID That's been developed since.

DC QUADE Since...

REID I'm almost certain.

DC QUADE Yeah.

REID Yeah.

DC QUADE And as I say I can't comment on the date of that but...

REID I think it came about as a result of all of this.

DC YATES What this enquiry?

REID Yeah. Well the complaints from relatives in Gosport.

DC YATES Yeah.

DC QUADE It's talking about pain assessment, and it says for instance that 'patients who complain of, or appear to be in pain they must have an initial assessment to establish the type of pain they're experiencing', which is that you've just been saying isn't it?

REID Yeah.

DC QUADE And then it says that 'local agreed pain assessment methods should be implemented'. Did you have anything like that going on at the Dryad at the time when you were down there?

REID I'm quite sure there wasn't.

DC QUADE No.

REID Not, not, not to my knowledge.

DC QUADE It goes on talking about, it says 'professional staff are required to obviously exercise professional judgement...

REID Yeah.

DC QUADE ...and knowledge and skills, be guided by verbal and non-verbal indicators from the patient, carers or relatives as well'. This is 'document sight and character of the pain'. Now if a patient was complaining of pain would you, is that something you would expect to see written and written down?

REID Yes.

DC QUADE Yeah.

REID I mean, well I mean you know if someone's got arthritis in the knee and they're complaining of pain every, you know half an hour or complaining of pain two or three times a day and it's well recorded before you wouldn't necessarily to expect to record that, headache you wouldn't but if a patient develops sufficient new pain then yes you would expect that to be recorded.

DC QUADE Actually really this flow chart sums it up a little bit ...

REID Yeah.

DC QUADE ... better doesn't it because it's got the assessment.

REID Assessment.

DC QUADE It goes through the body language etc.

REID Yeah.

DC QUADE An action plan.

REID Yeah.

DC QUADE Yeah, document plan goals of the care and reassessments ...

REID Yes.

DC QUADE ... to see if that is effective and then again a further reassessment, then a medical review and reassessment and it goes round in a circle doesn't it?

REID Yeah.

DC QUADE Yeah and what, that is something that you wouldn't necessarily expect a doctor to have to follow would it because you would think that a doctor would follow that sort of ...

REID I mean it's your sort of natural, sort of ...

DC QUADE … yes.

REID … it's the way you work.

DC QUADE Absolutely, yeah it's quite a …

REID But it graphically illustrates …

DC QUADE … yes.

REID … you know what thinking processes and decision making you go through.

DC QUADE Yeah and I think we touched on it before the importance of writing, documenting down …

REID Yes.

DC QUADE … you told us before it's for other people when you hand the patient over …

REID Yes.

DC QUADE … or when you're not there and another doctor …

REID Yes.

DC QUADE … comes to see them.

REID Yes.

DC QUADE Yeah. Were there any policies in place at Dryad Ward regarding prescribing strong opiate analgesics?

REID Not that I'm aware.

DC QUADE No.

REID I should say I don't we, we didn't have the same at QA either at the time.

DC QUADE Yeah.

REID So I don't think that was, that wasn't unusual.

DC QUADE And similar in regards to diamorphine?

REID Well yes it's …

DC QUADE Same thing.

REID … it's the same.

DC QUADE Same thing, yeah. If a patient was commencing a treatment of prescribed diamorphine …

REID Yeah.

DC QUADE ... yeah, who had the responsibility of that patient, the prescribing doctor?

REID Well initially the prescribing doctor but I mean ultimately it's the consultant in charge of the patient.

DC QUADE Yeah. How would you receive and review patient notes? Presumably when you went on the ward round?

REID Yes.

DC QUADE Yeah.

REID Yeah.

DC QUADE Would you have ever, if a patient was admitted say on a Tuesday ...

REID Yes.

DC QUADE ... day after your ward round ...

REID Yes.

DC QUADE ... and you don't get back to the hospital until Monday ...

REID Yes.

DC QUADE … would that be your first contact with the patient?

REID Yes. Yes.

DC QUADE Would you have ever received any communications regarding that patient?

REID Very, extremely unlikely it would only have been if Doctor BARTON had been, you know particularly concerned about something or maybe a member of the nursing staff was particularly concerned.

DC QUADE Yeah. When, when a patient was transferred to the ward it could be from somewhere else within Gosport Hospital couldn't it, I suppose?

REID That would've been unusual.

DC QUADE Unusual or …

REID More than likely …

DC QUADE … more than likely from another hospital?

REID … it's more like QA and St Mary's usually.

DC QUADE Yeah.

(MOBILE PHONE RINGS)

REID Oh sorry that's my phone.

DC QUADE That's alright.

REID I'll switch it off, sorry.

DC QUADE That's not a problem.

REID Sorry.

DC QUADE Would you normally get the notes accompanying the patients on transfer?

REID No I mean it's, not infrequently the notes would not accompany the patient or there'd be bits of the notes missing or whatever and I mean last month whenever, I've got a staff grade doctor down in Gosport who did an audit. Again a third of the patients transferred came with defective notes or really too ill to have been transferred I mean it's just a huge problem. It's, always going on, still getting patients transferred, it was certainly happening back in 1999.

DC QUADE Yeah. If you got a patient in a hospital ward in QA, I mean we've all been to hospitals and seen our relatives and friends and in hospitals and you've got a set of notes at the end of the bed, yeah and they're normally the charts aren't they that the doctors write it?

REID Yes, yes.

DC QUADE And there's presumably another set of notes somewhere else is there or …

REID Yes usually the main notes are kept in a notes trolley, usually in the Ward Sister's office or the doctors office.

DC QUADE … and say for arguments sake you get asked to go and see a patient in, in QA …

REID Yes.

DC QUADE … to assess …

REID Yes.

DC QUADE … for going down to Dryad Ward …

REID Yes.

DC QUADE … and you say "Yes let's take this patient down to Dryad Ward". How do the notes, how should the notes get married up to the patient then when the patient goes down to Dryad Ward?

REID Well it's usually the nursing staff who do that.

DC QUADE Yeah.

REID They should get together with the, you know their records, all the observations charts, the prescription sheets x-rays and they should all be bundled up and go with the patient.

DC QUADE That's what, so they should go with the patient?

REID Yes.

DC QUADE Okay but it doesn't always happen and has that been a problem since time immemorial?

REID Time immemorial.

DC QUADE Yeah.

REID And I doubt whether we're the only place.

DC QUADE And how often would it be before the notes will turn up (inaudible) then, if they (inaudible).

REID Well sometimes never, sometimes the following day.

DC QUADE Yeah.

REID It's anywhere between the following day and never.

DC QUADE Yeah. Did you ever admit any patients into Dryad Ward? I mean actually physically see them come in?

REID I couldn't, I might've done, I can't, I can't remember doing any but it's possible.

DC QUADE The only reason I ask that is if you were admitting a patient and I know it might be rare because it isn't one of your rolls is it?

REID No.

DC QUADE If you're ...

REID Well I might've seen someone at home and decided well this patient, no I don't think that would've happened at that time. The occasion, what I was going to say was I see people at home and I may have admitted them to Gosport but in that situation I might've you know have clerked them in myself.

DC QUADE ... but if you, if you started to clerk in a patient ...

REID Yes.

DC QUADE ... and there were no notes with the patient ...

REID Yeah.

DC QUADE … how would you know what was wrong with the patient, what would you do?

REID Well I mean what would, always make contact with, I mean the nursing staff would usually phone up to the ward that had sent them and say "What's going on? Can we have some information?" and Doctor BARTON might well have tried, say to get hold of a junior doctor the following day but often when patients were transferred over, you know the staff, cos often they arrive late in the day, you know after five o'clock (1700). The junior doctor who had been looking after them at QA, had already gone home so you know it's …

DC QUADE Yeah.

REID … difficult.

DC QUADE Regarding nurses what level of care could the nurses provide to patients within Dryad Ward?

REID Well obviously all nursing care and obviously they were responsible for the administration of medicines which have been prescribed.

DC QUADE Were there any cases where a patient needed care beyond that which trained staff, trained nurses could give? Were there any?

REID I mean I can't, I mean I can't think of what you're meaning but I can't think of ...

DC QUADE Well for instance palliative care ...

REID ... yeah.

DC QUADE ... was, is a particular skill isn't it?

REID Yes.

DC QUADE Yeah, both from a doctor's point, medical point of view and nursing ...

REID Yeah.

DC QUADE ... point of view?

REID Yes.

DC QUADE Yeah and if, if a patient is receiving palliative care ...

REID Yes.

DC QUADE ... which could happen on Dryad or Daedalus Ward couldn't it?

REID Yeah.

DC QUADE Yeah how would …

REID Well every nurse has basic knowledge of palliative care you know and I'd have thought even in 1999 all nurses would, you know be aware that if it's pain we're talking about, if paracetamol wasn't relieving something then someone needs something stronger to be prescribed for them and if that didn't help them, something stronger again. I mean some nurses might've worked in a palliative care environment and had more knowledge than others but I mean I would expect all nursing staff to have a knowledge of basic palliative care.

DC QUADE … if a patient needed to have bloods taken.

REID Yes.

DC QUADE Yeah, how would that happen, who would take it?

REID I'm honestly, I'm honestly not sure who did that whether some of the nursing staff did it or whether there was, what we call a phlebotomist, you know it's someone who goes round the wards to take blood, or whether even Doctor BARTON did some, I, I just, I don't know. I can't …

DC QUADE What about intravenous infusions, who was trained to do that?

REID … oh I don't think any of the nurses at that time would've had skills in doing that, so that would've been medical staff would've done that. So either Doctor BARTON or myself but I don't ever recollect doing it in Gosport.

DC QUADE Okay.

REID In fact I mean I think at that time we wouldn't have admitted, well no I can't, I just can't remember.

DC QUADE What about simple things like saline bags or stuff like that?

REID Oh you can give subcutaneous fluids …

DC QUADE Yeah.

REID … and that's just putting a needle under the skin, the nurses are allowed to do that.

DC QUADE Yeah and was that something that was used quite often down there or not or …

REID I can't remember.

DC QUADE … no. Oxygen, was oxygen available down there?

REID Yeah.

DC QUADE Yeah and was that used?

REID I presume it would've been used at times (inaudible).

DC QUADE And presumably again that will be medical staff prescribing that or not?

REID No, no, no nursing staff can administer oxygen if they're concerned about a patients condition.

DC QUADE Okay. We've mentioned an ECG didn't we and you said there was one of those down there (inaudible)?

REID Yes.

DC QUADE Did you ever use ECG's down there for patients?

REID Oh ECG's would be done, probably by the nursing staff.

DC QUADE Okay.

REID Probably at my request or Doctor BARTON's request.

DC QUADE Yeah.

REID And Doctor BARTON I mean there might've been an occasional time when I did one myself.

DC QUADE Blood transfusions?

REID I, we did do blood transfusions in the War Memorial. I, to the best of my recollection we did. I can't remember whether we did them in Dryad Ward though, we might not have done.

DC QUADE Yeah.

REID But I certainly think they did in Daedalus but in the day hospital we did and I possibly did in Dryad Ward. I just couldn't be sure about that at that time.

DC QUADE So you can't remember if ever a patient needed blood for instance ...

REID (Inaudible) Dryad Ward.

DC QUADE ... wouldn't?

REID No.

DC QUADE What would they done, had to go somewhere else to do that?

REID Yes.

DC QUADE Yeah.

REID I don't remember anyone ever being transfused on Dryad Ward.

DC QUADE What about intravenous antibiotics, would they have been given at all?

REID That would've been, no.

DC QUADE No.

REID I think that's very unlikely because I don't think any of the nurses were, had a certificate of ...

DC QUADE To administer that, yeah. So presumably ...

REID ... if you felt someone was that sick and ill and you wanted to actively treat them you'd have sent them to QA.

DC QUADE To another hospital, to QA, yeah. So, so the War Memorial wasn't set up to deal with common medical emergencies or was it?

REID No.

DC QUADE No, again that was QA?

REID Not, no, no.

DC QUADE And emergency transfer was that available to QA?

REID Oh yeah, yeah that's always available.

DC QUADE Yeah.

REID It would be, obviously.

DC QUADE Was there a policy in respect of that at all?

REID No.

DC QUADE No.

REID No it was up to the judgement of the doctor who saw the patient about whether they felt it was appropriate.

DC QUADE Yeah and were there any guidelines for getting that patient back again to the War Memorial after, if a patient was say in Dryad Ward ...

REID Yeah, I think it would, there were no, I don't, well I don't know whether there were guidelines or not but there might've been but in general terms and I'm talking generally not specifically about ...

DC QUADE ... yeah.

REID ... Dryad Ward, if it was felt that the first place that patient was not appropriate to have gone, you know out of compassion or whatever, people say well let's not send them back let's just try and manage the problem here. I

think they would then think very seriously before taking the patient again if they didn't feel that it had been appropriate first time round.

DC QUADE That ends that section does it?

DC YATES Yeah.

DC QUADE Any questions on that Chris?

DC YATES No fine. Just do the next bit.

DC QUADE Yeah will do. This next piece Doctor is only about the documentation we would've used, that you would've used sorry, at Dryad at the time.

REID Yeah.

DC QUADE Just get you to talk through the various forms if we can if that's alright and this is, it's labelled CSY/HF/6.

REID Yeah.

DC QUADE That's just our exhibit reference.

REID Yeah.

DC QUADE There was ...

DC YATES Do you want me explain, that's a bundle of …

REID Yes.

DC YATES … the majority of documents that …

REID Yeah.

DC YATES … we think you would have used.

REID Well I, I mean that's certainly what we use at the moment. I honestly can't remember whether we were using that in 1999.

DC QUADE Before we just go onto that, I just, there was an admissions policy wasn't there for Dryad Ward?

REID Was there?

DC QUADE This document, GJQ/HF/7, yeah and it is, it says 'Operation Policy, Dryad Ward Continuing Care'.

REID Right.

DC QUADE And it was dated, right it was dated in February of 95.

REID Right, okay then.

DC QUADE So whether that was …

REID — But I don't remember ever seeing it. Do you want me to glance through it?

DC YATES — (Inaudible).

DC QUADE — … yes please, have a read through please yeah, yeah.

(Silence – 1 min, 30 seconds).

DC QUADE — Talk me through, you've already explained the difference between Dryad and Daedalus …

REID — Yes.

DC QUADE — … in that one was rehab and the other one was continuing care.

REID — It says 'Continuing Care' right up at the top doesn't it?

DC QUADE — That's right …

REID — Yeah.

DC QUADE — … yeah, yeah.

REID — Yeah and I mean it says the emphasis will be on the social aspects of patients lives, emotional welfare etc.

DC QUADE And is there anything within that that you've just, I know you've only had a few moments look at that.

REID Yeah.

DC QUADE Is there anything you fundamentally think was different to when you were working there?

REID No.

DC QUADE No.

REID No.

DC QUADE No.

REID Except as I said they're all changed.

DC QUADE They've all changed?

REID Well yeah I mean it changed in the time that I was there. I mean that was the role when I, around the time when I started there.

DC QUADE And it's the first bit, I mean the, most of this is stuff that probably wouldn't necessarily concern you overly ...

REID No that's right.

DC QUADE … reception procedures isn't it?

REID Yes, yeah.

DC QUADE And it's talking about the medical staff providing …

REID Yeah.

DC QUADE … by yourself Consultant Geriatrician.

REID Me, yeah.

DC QUADE And visiting on a weekly basis.

REID Yes.

DC QUADE Cover provided by Clinical Assistants and, but fundamental, that was basically as it was when you were there yeah?

REID Yes.

DC QUADE Yeah.

REID Well when I started there.

DC QUADE And when a, when a bed became available …

REID Yeah a patient would be identified and they'd go.

DC QUADE … yeah.

REID I wouldn't be consulted about it, they'd just, they'd be taken off the waiting list and go.

DC QUADE Yeah. Yeah. The, you didn't have any input into that at all, well it was already made before you …

REID Yeah.

DC QUADE … got there wasn't it?

REID It was made long before I got there.

DC QUADE Yeah. Yeah. Did, when they come out with these things Doctor do they come as a surprise to you then that you haven't seen them before or, I mean some of them, it's a bit unfair because a lot of them you can't date can you so …

REID Yeah.

DC QUADE … you know they're …

REID I mean not really, um, um, (inaudible) I mean I don't think even now you would present, when you appoint a consultant, a list of all the operational …

DC QUADE … no.

REID … policies for the wards they're going to work on.

DC QUADE Okay but if we just go through this.

REID Yes.

DC QUADE This is CSY/HF/6 and this is just …

REID Yes.

DC QUADE … covering the patients records.

REID Yes, yes.

DC QUADE Yeah. Correspondence presumably that would be letters and that sort of thing …

REID Yes.

DC QUADE .. in that part of the folder yeah. The next one would be the clinical record?

REID Yeah in behind the pink sheet would be all the sort of medical records.

DC QUADE What would you expect to see within that …

REID Well admission notes, you know regular sort of updates and …

DC QUADE … and that would be in the bit that you would input particularly as well as …

REID … that would've been at the time …

DC QUADE … Doctor BARTON.

REID … yes.

DC QUADE Or any other …

REID Yes.

DC QUADE … doctor that's seeing the patient?

REID Yeah.

DC QUADE This one probably self explanatory …

REID Yeah.

DC QUADE … therapy and nursing notes.

REID Yes.

DC QUADE That's a similar section for the nurses.

REID Yes.

DC QUADE Yeah and prescription sheets and observation charts. Now presumably observation charts that's a, that's done by the nurses?

REID Yes.

DC QUADE Yeah and prescription sheet …

REID Yeah.

DC QUADE … they would be another part of your input?

REID Yes, yes they would be.

DC QUADE And Doctor BARTON's?

REID Yes.

DC QUADE Yeah. Was there was something else I wanted to ask you?

REID The current prescription sheet though would be, the one that was in current use …

DC QUADE Yes.

REID … was kept in a separate folder on the bedside.

DC QUADE Right so it's like …

REID So it was only the old ones that would actually be in the notes …

DC QUADE … yeah.

REID … at the time you were looking after a patient.

DC QUADE Sure, yeah. Yeah within, sorry in this yellow part …

REID Yeah.

DC QUADE … as well we had, as well as prescriptions …

REID Yes.

DC QUADE … and fluid prescriptions, you had the obs charts …

REID Yes.

DC QUADE … the fluid charts and the weight charts.

REID Yes.

DC QUADE Yeah, is that something that, how would they be composed? Who would compose those?

REID One of them would be done by, well the last three would all be done by the nursing staff. Fluid prescriptions would be written up by a doctor if this is intravenous fluid ...

DC QUADE Yeah.

REID ... that would be written up by a doctor.

DC QUADE Yeah and ...

REID And probably subcutaneous too.

DC QUADE ... okay. Would all patients have an observation chart for instance?

REID Certainly whey they first come in.

DC QUADE Yeah.

REID Yeah.

DC QUADE What about fluid and weight?

REID They probably would have a fluid chart if there's concerns about either their fluid intake or let's say if you were starting them on treatment for heart failure where they're passing gallons of water to find out whether it's being effective or not.

DC QUADE Okay, investigations?

REID Yeah.

DC QUADE Yeah, this is stuff that's coming back from the lab and …

REID Yes.

DC QUADE … yeah, yeah. That's it Chris isn't it are they the same are they?

DC YATES Yeah they're (inaudible) yeah.

DC QUADE I think we've covered, you, did you have any involvement in instigating any policies or protocols regarding assessment and management of pain in patients?

REID Not, not in Gosport at that time.

DC QUADE You've since …

REID Yes.

DC QUADE … yeah.

REID Well I was, as I said earlier I was Medical Director of the Trust and after the first few complaints came through, became sort of very conscious that we certainly lacked documentation around pain and I was chairing what we call

the Medicines and Prescribing Committee of the Trust and so one of the things that we decided to do was that we needed a Pain Management Policy which would, would also include appropriate documentation so it would be easy for nursing staff to record, you know what, if patients were in pain, if the pain had been relieved, etc because in sort of, looking back at things become apparent that what had let us down was a lot of the documentation in relation to pain.

DC QUADE — Did you have any concerns …

REID — And that Pain Management Policy that you saw …

DC QUADE — … yes.

REID — … came about as a result of …

DC QUADE — Ah.

REID — … of that.

DC QUADE — Yeah. Did you have any concerns about the management of pain at all at the time?

REID — In the statement I made about, I can't, I think it was the second patient, Sheila GREGORY, I said that I remember speaking on one occasion to Doctor BARTON cos I observed this sort of large dose range and you know she gave me an explanation as to why she'd done that. She

was, (inaudible) partners were unhelpful at coming out when she wasn't there and I mean as I remember the dosage range I think was 20 to 80 milligrams and I accepted that explanation at the time.

BUZZER SOUNDS INDICATING THE END OF THE TAPE.

DC QUADE Yeah.

REID But I honestly didn't have any concerns about Doctor BARTON's management of pain other than having that one discussion.

DC QUADE Chris anything from you?

DC YATES No.

DC QUADE Right what we'll do, we'll take a break there because the tapes are coming to an end now anyway and I think we'll stop, this is a good time to stop for lunch I think.

DC YATES Yeah what's the time?

DC QUADE And the time now is 1220, turning the machine off.