

**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: 08/08/2006

Time commenced: 0952 Time concluded: 1036

Duration of interview: 44 MINUTES Tape reference nos.  
 (→)

Interviewer(s): DC1162 QUADE / DC2479 YATES

Other persons present: MR CHILDS, SOLICITOR

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

Person speaking	Text
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DC YATES This is a continuation of the interview of Doctor Richard Ian REID. The time is 0952 hours. Doctor just to couple of things. Can we just confirm that the interview was stopped as the tape ran out, we've changed the tapes but we haven't spoken to you about this matter while the tapes been off?

REID Yeah.

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DC YATES                      Okay. Right we've been talking about initial assessments and clerking, you've explained how that's worked and the fact that the nurses actually get their direction from the doctor either verbally or look at the notes.

REID                              Look at the notes.

DC YATES                      Okay and that, is that how a nurse, or nursing staff decide what care plans to put into place? Are they told specifically each and every care plan to put in place or are they told ...

REID                              No they're independent professionals so they make their own assessment. So I mean as you've seen there's nursing care plans which address, you know hydration, feeding, bowel care, mobility, all the rest so they would make their own assessments, nursing assessments.

DC YATES                      Okay.

REID                              So what they, they'd be looking at the medical notes is what's this, is there a sort of medical plan.

DC YATES                      Right Geoff is there anything you want to ask about that?

DC QUADE                      No.

DC YATES                      Right if we can move on then doctor to the existing treatment and condition of Mr PACKMAN and in the case

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of Mr PACKMAN what specific ailments he was suffering. We're going to ask questions to get an understanding of why various medicines were prescribed and also try and get an explanation as to what medical records would have been available to you and also other doctors and what you would have reviewed. Now you've already said in order to offer the correct and appropriate care medical practitioners should be aware of pre-existing medical history, prescriptions and care plans, is that correct?

REID Yes.

DC YATES And you said that that notes from the QA should have been available ...

REID Yes.

DC YATES ... to the Clinical Assistant, you said sometimes that doesn't always happen. It appears they may well have been looking at Dr RAVINDRANE's initial entry. So what process would normally be followed upon a patient's arrival at the War Memorial Hospital?

REID Well they would be assessed by the doctor, but almost certainly, first of all they would be assessed by the nursing staff.

DC YATES Okay. On page 54 which is Dr RAVINDRANE's assessment isn't it, we've already covered what Mr

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PACKMAN was suffering from that needed him to be admitted to the War Memorial Hospital. What, why is a patient moved from one hospital to another? Like for instance in this instance from the QA to the War Memorial Hospital?

REID Well, yeah well usually because they no longer required the, usually medical facilities that are available or are only available in Queen Alexandra Hospital. So in this case it would appear that he was medically stable, his major needs were nursing needs and he was transferred to the War Memorial Hospital.

DC YATES Okay and the War Memorial has often been described as a cottage type hospital is that right?

REID That's right, yes.

DC YATES I think, well I can actually point you to the page anyway page 168, so, hopefully it's the same page in yours, if not it'll be there or thereabouts.

REID Yeah.

DC YATES Right what medication was Mr PACKMAN taking at the time of his transfer?

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REID Right, um, it looks as though the prescription sheets been written when he went into the War Memorial Hospital. So what I mean by that is sometimes they used the existing ...

DC YATES Yeah.

REID ... prescription sheet from Queen Alexandra Hospital but I mean I see Dr RAVINDRANE's signature down this page ...

CHILDS Which page are you on, sorry just so that ...

REID ... sorry this is page, oh sorry this is page 170 I'm talking about

CHILDS ... right.

REID Because that's the, so that's the 23<sup>rd</sup> the day of admission.

DC YATES Yeah.

REID And I would imagine that most of that treatment has been continued from a previous prescription chart in Queen Alexandra. Yes it's, the previous chart was on page 174A which moves on to 177. I think they're all part of the same ...

DC YATES Yeah it certainly appears that way doesn't it?

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REID ... the same charts.

DC YATES So what medication was he, was Mr PACKMAN on at the time of leaving the QA shall we say?

REID Okay. He was on Doxazosin, 4 milligrams.

DC YATES Yeah and what is that?

REID It's used in the treatment of high blood pressure.

DC YATES Right.

REID He was also on Frusemide which is a diuretic, 80 milligrams a day and he was also on Clexane which is a blood thinning treatment, 40 milligrams twice a day. He was on regular paracetamol, one gram qds and that looks about his regular, that's what he was on at the time of, when he left QA.

DC YATES So we've got tablets for high blood pressure.

REID Yes.

DC YATES And tablets for thinning his blood, is that right?

REID Well it's, that's an injection for thinning the blood ...

DC YATES Yeah.

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REID ... that's Clexane.

DC YATES Clexane.

REID Water tablet to get rid of fluid.

DC YATES Water tablets, diuretics and as far as pain relief ...

REID Paracetamol.

DC YATES ... Paracetamol. Now if you turn back some of the pages to the prescription sheet which was written out, I think by Dr RAVINDRANE actually, on his admission.

REID Yes.

DC YATES Which is page ...

REID 170 is it?

DC YATES ... I think so. He cont..., how does his medication continue is there any alterations or ...

REID Doxazosin, Frusemide, Clexane, Paracetamol, looks as though he's also written up Magnesium Hydroxide, that's the MGOH2, which is at the bottom of the page which is for bowels. He was on a cream but, I don't know what cream it is, 50/50 cream or something, he was on that

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before, that's it so DR RAVINDRANE has added Magnesium Hydroxide.

DC YATES ... and what, sorry what was the, what was the Magnesium Hydroxide ...

REID For constipation.

DC YATES ... for constipation.

REID Yes.

DC YATES So the only pain relief that he was on was Paracetamol ...

REID Yes.

DC YATES ... at that stage. Geoff shall do you want to carry on here I want to find something, is there anything you want to ask on that? While I look.

DC QUADE While Chris is doing that doctor ...

REID Yeah.

DC QUADE ... why, we, I know the answer to this but I want to get it from you, why, why, why was that patient transferred from, what's the process to go through for that patient to be transferred from the QA to Gosport War Memorial Hospital?

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REID Well the, normally what would happen is the, on one of the ward rounds at QA the decision would be made that this patient didn't need to be in QA any longer where, where the needs are, it would be the patient maybe discharged home or do they need continuing hospital care for one reason or another and then make a decision about where it would be appropriate to transfer that patient to, given their needs, you know medical, nursing, phsyio, whatever.

DC QUADE And who would make, who is it who would ultimately to make the decision to transfer?

REID Well it would usually be the consultant or senior registrar.

DC QUADE Mm, mm but someone from elderly medicine obviously?

REID Mm.

DC QUADE Yeah and do you know who it was in this case?

REID Well I think it was Dr TANDY.

DC QUADE Can you have a look at page 50 for me please?

REID Oh yes it was Dr CHATTERTON

DC QUADE Yeah.

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REID He's the Specialist Registrar.

DC QUADE And that's dated what, the 13<sup>th</sup> of the eighth isn't it?

REID Yes.

DC QUADE Yeah and just above his signature it says ' Transfer to Dryad Ward on the 16<sup>th</sup>' doesn't it?

REID Yes that's right.

DC QUADE And you mentioned just now, you remember, you were saying, was it you who said you remembered it or somebody else remembered something about the bed size or ...

REID It was the Ward Sister.

DC QUADE ... the bottom, it says 'Transfer on the 16<sup>th</sup> of the eighth'. As we know he didn't transfer until the 23<sup>rd</sup> did he?

REID Yes.

DC QUADE Do you know why that was?

REID No.

DC QUADE There was ...

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REID I mean there may, I don't know, they might not have been a bed available.

DC QUADE ... no I think what it was ...

REID Or it might have been because of this query about ...

DC QUADE ... in the nursing notes, later on in the nursing, well in the nursing notes there is a mention of, page 120 doctor. I'm just wondering whether some of these things might jog your memory you see.

REID There's nothing there that I can see.

DC QUADE No perhaps it wasn't 120 then. It might be later, bear with me I'll find it. Right, oh there are two, there's a 120 and there's a 120A ...

REID Oh right, okay.

DC QUADE ... it's that page you've got in front of you now, 120, if you look at the entry for the 13<sup>th</sup>, yeah it's about half way down.

REID Oh right, yeah.

DC QUADE It says he's seen by Dr CHATTERTON doesn't it?

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- REID Looks like they did, yeah.
- DC QUADE Yeah. I was just hoping they might've, you said about the large bed and I was hoping that might've jogged your memory that's all, of the special needs of this patient.
- DC YATES Yeah I'm fine (inaudible). If we just move on for the moment to the purpose of stay and aims and care plans, okay but they're put in place to allow a nurse or medical practitioner to follow a particular course of action. We touched on this already haven't we and then the progress of the patient can be monitored and results reviewed and care altered accordingly if necessary. So that's the purpose of the care plan which you said. What input did you have in a care plan?
- REID What you mean in this case or generally?
- DC YATES Well generally first of all.
- REID Well on a ward round you know I would sort of make an overall assessment of you know what I felt the main issues or problems were and what needed doing about it.
- DC YATES And did you have any input in this particular case?
- REID Well only on the, on the sort of 1<sup>st</sup> of September.

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DC YATES Mm, mm okay well what and we have touched upon it already but what was the care plan that was put into place in respect of Mr PACKMAN then?

REID Well as I see it, it was he had largely nursing needs and there are nursing care plans which reflect his needs. Although the medical bit was Dr RAVINDRANE wanting to make sure that the blood count was stable.

DC YATES Right and did the care plan ever change for Mr PACKMAN or while he was at the Gosport War Memorial Hospital?

REID Well I mean there's ...

DC YATES Well I'll rephrase it, I'll rephrase the question for you. Why would the care plan change?

REID ... because of a change in the patients condition.

DC YATES Right. Now in the case of Mr PACKMAN did the care plan ever change?

REID Well the nursing care plans as far as I can see didn't change. The medical care plans, I mean as you're aware from looking at the notes, I mean Doctor BARTON was asked to see him on the 26<sup>th</sup> because he'd become unwell and there's a note written, notes as to what she thinks should happen.

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DC YATES Yes 26<sup>th</sup>, 'was called to see male, clammy, unwell, suggests  
...

REID 'Suggests ...' ...

DC YATES ... Query MI, treat stat, Diamorph and Oramorph ...

REID ... Oramorph.

DC YATES ... overnight.

REID Yeah.

DC YATES Alternative possibility GI Bleed but no ...' ...

REID Haemotomosis.

DC YATES ... yeah. 'Not well enough to transfer to Acute Unit' ...

REID Yes.

DC YATES ... 'Keep comfortable. I am happy for nursing staff to  
confirm death'.

REID Yes.

DC YATES Okay. So was that a change in the care plan?

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- REID Well I would say so.
- DC YATES Right.
- REID It's a change in the patient's medical condition.
- DC YATES It is, yes but is there a change in the care plan it's, because I note it's a change in the condition and there's two possibilities.
- REID Yeah and I mean the care plan was just to treat the patient, you know being clammy, unwell which was by giving a stat dose of diamorphine and giving Oramorph overnight. There's an indication that the patient's not well enough to transfer to the Acute Unit and that that patient should be kept comfortable.
- DC YATES Mm, I'll come back to the transfer to the Acute Unit a bit later on but just quickly how can a patient be not well enough to transfer to an Acute Unit?
- REID Well if they're, if they're, you know you have to make a judgement by their sort of other condition, which involves you know sort of looking at the patient. How dis...., if they were distressed, in pain, looking at observations etc.
- DC YATES If the same patient became, or had become that unwell at home what would happen?

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REID Well the ambulance service would be called and they would, one would presume, try to get the patient into hospital.

DC YATES And what facilities were in place at the War Memorial Hospital should the need arise to transfer a patient?

REID Well the ambulance service is available.

DC YATES It would be ambulance service would it? Okay but I shall come back on this (inaudible) anyway.

REID Yes I mean, I think what one would do is you have to make a judgement about whether the right thing to do is to transfer, take the patient into hospital. Given the situation of a patient at home or a patient at the War Memorial Hospital is the first thing, well can hospital help and is it appropriate, what were the wishes of the patient, family etc.

DC YATES Right the named nurse for Mr PACKMAN I have here is Freda SHAW from what I can make out from the notes. What was the role of the named nurse?

REID The named nurse was the, if you like the sort of, I suppose the key sort of worker for the patient. The nurse who's sort of overall sort of responsibility well certainly co-ordinating the nursing care, liaising with the family etc that's what I would understand it to be.

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DC YATES Okay and would you discuss anything with the named nurse in particular?

REID It would depend, I mean (inaudible) were with the nurse who was on the ward round, who might or might not have been the named nurse.

DC YATES Okay. So named nurse may or may not get verbal direction from the doctor ...

REID That's right.

DC YATES ... but it would be up to her to at least look at the notes?

REID Yes, well or, up for the nurse who's on the ward round to communicate it to the named nurse.

DC YATES Okay. There were, talking of the other thing, the nursing care plans, what was recorded as the care plans? I think you'll find them on pages, running from about page 62, 60, yeah it's Staff Nurse Freda SHAW was the named nurse. Medical notes, nursing notes, other care plans (inaudible) actually 80 something, 82 care plans, right have we been through any of these, the immobility.

REID Mm, mm.

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DC YATES                      Urinary catheter, personal hygiene one that's not filled in we have the handling profile and that says 'He's fully orientated, time and place, his compliance is good. Pain needs to be controlled'. Yeah?

REID                              Mm, mm.

DC YATES                      The nutritional assessment ...tool

REID                              Yeah.

DC YATES                      ... it's been completed on one day only by the looks of it.

REID                              Mm, mm.

DC YATES                      And the actual nutritional assessment tool guinga total score is 17 which is in the high risk bracket.

REID                              Yeah.

DC YATES                      It then goes on to the sores to his buttocks, in between his thighs and blisters to both feet and heels. And I think that about covers the care plans doesn't it?

REID                              Mm, mm.

DC YATES                      Right, again we've discussed this before who decides on what care treatment plan would be for Mr PACKMAN? Who decides on that?

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- REID Well the nurses just, the nurses.
- DC YATES Right and we can see, is this a normal example of how a care plan would be drawn up?
- REID Yes.
- DC YATES Who was responsible for the treatment of Mr PACKMAN on a day to day basis?
- REID Doctor BARTON, you mean medically?
- DC YATES Medically would be Doctor BARTON and then nursing would be ...
- REID One of the nurses who was on duty.
- DC YATES ... yeah.
- REID The named nurse.
- DC YATES Oh right and we have, if you go back to 54 as well, page 54, what planned, I think it's page 54. What planned investigations were to be carried out?
- REID Well it says haemoglobin, urea and electrolytes and liver function tests.

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DC YATES                      And the reasons for the haemoglobin were again, I know you've mentioned it before, it's just so that we get it straight. The reasons for the blood test?

REID                              Well Dr RAVINDRANE has written 'Query Meleana' so query, questioning whether there's bleeding from the bowel.

DC YATES                      Okay and you said the others are just normal ...

REID                              Yeah routine tests.

DC YATES                      ... is there anything you want to ask Geoff?

DC QUADE                      No.

DC YATES                      No. Right if we move on then to the medical records. Again the little booklet that we've placed, I know it's a photocopy there, CSY/HF/2. It's the GMC Good Medical Practise Guide, talking about the medical records is it right to say that recording of interactions with patients is a fundamental requirement with any health care professional? The actual recording of interactions.

REID                              Of interaction with ...

DC YATES                      The patients.

REID                              ... the patients, yeah.

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DC YATES                      Okay. Quoting from that book, well summarising that book it says that a doctor must keep clear, accurate, legible and contemporaneous records.

REID                              Yes.

DC YATES                      Which report the relevant clinical findings, the decisions made. The information given to patients and any drugs or other treatments prescribed, that's on page three. There's another booklet, GJQ/HF/15, Geoff. That's here, that's another GMC booklet, 'Withholding or Withdrawing Life Prolonging Treatments'. Have you seen that booklet or similar?

REID                              Yes, published in 02, approved in May 2002.

DC YATES                      Yeah is that a book that is constantly updated or ...

REID                              That was the first edition.

DC YATES                      ... that was the first edition, okay, right. It's a book that we found and looked at anyway but it's page 30 specifically states that the decision making process should be recorded. Has that changed over the years?

REID                              Well it wasn't, this wasn't.

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DC YATES                      No but has that, is that any different to how it would've been 20 years ago?

REID                              The principles, oh right, nothing has to the principles no.

DC YATES                      And we're talking about particularly medical records, I think it's suffice to say, it's fair to say that decision making processes should be recorded by a doctor.

REID                              Yes.

DC YATES                      Okay. Albeit this, this second booklet is, first edition was after Mr PACKMAN.

REID                              Yeah.

DC YATES                      But bearing the documents in mind and bearing the ...

REID                              The principles.

DC YATES                      ... the principles of these documents I seek an explanation as to how the medical records were completed in this case. What would you expect to be recorded in the medical records of a patient? What would you expect ...

REID                              Well ...

DC YATES                      ... if a doctor sees a patient, what would you expect to be recorded by the doctor in the medical records?

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REID ... well providing, I presume we're talking separately from the admission process?

DC YATES Separately from the admission process:

REID I'd expect you to record details of that sort of interaction or if the patient was experiencing, you know if a patient had symptoms, recording what the symptoms were. Record the results of any examination carried out as a result of that and any treatment.

DC YATES If a patient's condition hadn't changed ...

REID Yes.

DC YATES ... what would you expect?

REID I think it depends what situation you're talking about. I mean I do regular ward rounds so I would generally put in condition unchanged if that was the case, you know just a brief note. I think if, well from looking at those as a Clinical Assistant then I would not be expecting a note in every patients records every day but I would expect a note if the patient, if a doctor had been called to see the patient and there had been a sort of significant change in a patients condition.

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DC YATES                      You're moving onto exactly what I was going to ask. So certainly if there was a significant change in a patients condition you would expect that to be recorded?

REID                              Yes.

DC YATES                      And if there was a significant change, in fact what do you call, how would you explain a significant change?

REID                              Well I think that's up to the interpretat...., you know up to individual interpretation but in general terms if you're initiating any new treatments that's a significant ...

DC YATES                      Right.

REID                              ... significant change.

DC YATES                      So what importance did you or probably do actually, place on the completion of medical records? Personally

REID                              Well it's important in terms of trying to sort of hand on care but it, you know I think it's, also I'd like to emphasis that when you use this, that in somewhere like the War Memorial Hospital where GP's only, really available as they're kind of called out and then would also place reliance on nursing records and information from the nurses. So that somewhere like the War Memorial Hospital one is never going to entirely rely on the medical record, simply because the medical staff aren't there all the time.

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DC YATES All the time, okay. So would that be, was that normal for the Gosport War Memorial Hospital then? Or a hospital like the Gosport War Memorial Hospital?

REID Well in any hospital, I mean in QA I'd rely on what the nurses have to tell me about the patients, as well as the medical record and looking at the nursing record if I thought that was appropriate.

DC YATES Okay. Where then, looking at the medical records that you have in front of you, where has it been recorded in the records that Mr PACKMAN was in pain?

REID I cannot see any reference to him being in pain.

DC YATES And we have covered that his only pain relief, prior to admission to the War Memorial Hospital was Paracetamol?

REID Yes.

DC YATES I know we've covered this on a previous occasion but can you explain to me what the analgesic ladder is?

REID Yes it's, it's sort of a protocol for the management of pain which suggests that you start with you know low strength pain killers and if these don't control patients pain then we move onto the second step of the ladder which is moderately strong analgesics and if those don't then move

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onto the third stage. I think as I've said before you have to make a judgement about what steps of the ladder you start.

DC YATES

You start on, yeah I fully understand that. Now with a patient that is, not been on anything other than, I think it's one gram Paracetamol four times a day ...

REID

Yeah.

DC YATES

... to, there's no documentation of pain ...

REID

Yeah.

DC YATES

... why isn't there any documentation relating to why Morphine or other strong opioids were, analgesics were prescribed?

REID

Well ...

DC YATES

In the medical notes.

REID

... yeah, Doctor BARTON has recorded that the patient was pale, clammy, unwell, ? Myocardial Infarction. I mean I can only speculate but in that situation patients can often be breathless and feel extremely distressed having a heart attack and heart attacks needn't necessarily be accompanied by pain. I think one has to make, so my guess would be that Doctor BARTON felt that this patient was sufficiently distressed, possibly had a condition that

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would be relieved by the administration of Diamorphine and that's what she did.

DC YATES Is this a normal remedy for Myocardial ...

REID For Myocardial Infarction Diamorphine would be standard treatment.

DC YATES ... okay. Well, so would that explain why the Oramorph was prescribed with no alternative?

REID Yes I mean I think, my, my supposition is that Doctor BARTON felt that this patient was sufficiently distressed and could be likely to be continually to be sufficiently distressed that she wanted to prescribe diamorphine.

DC YATES Okay. Geoff is there anything you want to ask?

DC QUADE No.

DC YATES How we doing on that tape time?

DC QUADE 33.

DC YATES Can I ask you then doctor about your ward rounds, you've mentioned those a couple of times already this morning? I believe there are opportunities for doctors and nurses to review a patient.

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REID Mm, mm.

DC YATES Yeah?

REID Mm.

DC YATES And you discuss and decide on any change of treatment as necessary and I believe are an integral part of a doctors duties.

REID Mm, mm.

DC YATES So what I want to do is try and get an explanation as to how you expected these rounds to be conducted and the role that you saw ward rounds playing in the care and treatment of the patient at that hospital. So I mean how often did the Clinical Assistant conduct rounds?

REID I'm not aware that she did a regular round of every single patient and what I've said before is I understand that she came in every morning and usually in the afternoons too and asked the nursing staff if any patients had problems and she'd then go and see these patients.

DC YATES Right, so yeah and that could possibly make sense as well, so Doctor BARTON's attending every day, I mean ...

REID It would be a physical imposs..., ...

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DC YATES

... you've said that a ward round would take you ...

REID

... three and a half hours.

DC YATES

... three and a half hours just to do, see each patient once. So she's relying on, possibly her previous knowledge of the patients anyway. So if some were in more, more need of care, of attention than others and what the nursing staff say. So it's select, selective patients she could see.

REID

Yeah. I mean I think the situation on a continuing care ward like Dryad is not dissimilar to a nursing home where the patients needs are primarily nursing and the GP gets called in as appropriate.

DC YATES

Okay. Would a Clinical Assistant conduct their rounds with anyone else, apart from yourself on your rounds, but ...

REID

Well I'm not aware whether Doctor BARTON did her own rounds and whether when she went to see patients whether nursing staff accompanied her.

DC YATES

Okay.

REID

I mean I would imagine that some occasions nursing staff would. You know if they were particularly concerned about a patient on other occasions, you know they probably didn't.

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DC YATES Okay. How often, did you as a consultant, conduct your rounds?

REID Usually once a week.

DC YATES Once a week and what day was that normally?

REID It was usually a Monday.

DC YATES And would Doctor BARTON be present then?

REID Alternate weeks.

DC YATES Alternate, she had responsibility for another ward, is that correct?

REID Yes.

DC YATES So you've touched on this already but how did your rounds differ from, from the visits that the Clinical Assistant was making?

REID Well I saw every patient.

DC YATES You would see each and every patient?

REID Yes.

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DC YATES                      And how long would, I'm sure they would vary, but on average how long would a consultation with a patient take?

REID                              About ten minutes.

DC YATES                      About ten minutes and what did that entail that ten minutes, what would you be looking at?

REID                              Well the first thing I'd want to know from the nursing staff and Doctor BARTON if she's present, if there were any particular medical problems they were concerned about and in general sort of where we were going with the plan of care if you like. Then I'd speak to the patient, find out how they were and then if I thought it was appropriate examine the patient and then record my findings of examination and what the future plan should be, if you like.

DC YATES                      Okay. Well your assessments and your responsibilities as a consultant are very integral in the care and treatment of patients is that right?

REID                              Mm, mm. Well I mean yeah I think in somewhere like Gosport where someone is coming round once a week, you know the Clinical Assistant is pretty key to decision making.

DC YATES                      But did you have any concerns about the care and treatment of Mr PACKMAN or were any concerns raised to you?

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REID Not that I am aware.

DC YATES Did you hear of any concerns raised about how the consultants supported their, and I use the term juniors but you've already said a Clinical Assistant is quite senior but, but did you ever hear any concerns raised about how the consultants supported their staff?

REID No I haven't heard anything.

DC YATES Am I right in saying you were the consultant ...

REID Yes.

DC YATES ... responsible for the care and treatment of Mr PACKMAN?

REID Yes.

DC YATES So can you explain to me what you understand your responsibilities as a consultant to be?

REID Well in overall charge of care.

DC YATES Mm, mm but did you have any supervisory position with Doctor BARTON or ...

REID Well yes is the short answer to that. In that you know I was responsible for all care and when Doctor BARTON was

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working in the employment of the Health Care Trust provides sort of day to day treatment.

DC YATES

... although you made, you have made it clear for it's, the role of Clinical Assistants you say is not a training post?

REID

It's not a training post.

DC YATES

Right so the Clinical Assistant would differ from your Senior House Officers?

REID

Yes one would expect them to take sort of more responsibility, take higher level decisions than a doctor in training would.

DC YATES

Right.

REID

And I wouldn't you know expect the Clinical Assistant to refer to me for every decision on a patient.

DC YATES

So how many times did you see Mr PACKMAN?

REID

I saw him once in QA and once at the Gosport War Memorial Hospital.

DC YATES

Okay. Now did you have any concerns as to how other doctors were performing in their role in respect of Mr PACKMAN?

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REID

No.

DC YATES

And did you give sufficient support to the Clinical Assistants, and other doctors in order that they carry out their work?

REID

Well I thought I did, I mean I didn't, wasn't aware of any concerns.

DC YATES

And did you ever raise any concerns at all yourself about the care of Mr PACKMAN?

REID

No.

DC YATES

You didn't have any concerns. Geoff.

DC QUADE

When you saw Mr PACKMAN in the QA ...

REID

Yes.

DC QUADE

... which was on Ann Ward wasn't it?

REID

Yes.

DC QUADE

What was your responsibility to that patient at that time?

REID

Well ...

DC QUADE

What was your role, why did you see him?

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REID ... right I think it says on the, well the discharge summary sheet, that I was the consultant in charge. I think that's actually a mistake and the reason I say that is because I see, I only saw the patient once and Dr TANDY with whom I shared Ann Ward saw the patient three times.

DC QUADE You saw him on the 9<sup>th</sup> of August didn't you?

REID Yes.

DC QUADE Yeah.

REID Now what I think, what used to happen I, Doctor BARTON, it's a Nightingale Ward so Doctor BARTON, Dr TANDY had responsibility for patients on one side of the ward and I had responsibility for the other side. But if a new patient had come in on Dr TANDY's side of the ward before her ward round I would see that patient. So that every patient was seen by a consultant as soon as possible after admission. All future contacts would be with the consultant who was looking, so I think that probably it was Dr TANDY's patient although it's actually recorded as being mine.

DC QUADE Just two seconds before we go away from that.

REID It's page 14.

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DC QUADE                      That's right, yeah, still looking as there are still more questions I want to ask about.

BUZZER SOUNDS INDICATING THE END OF THE  
TAPE

DC QUADE                      If you look at page 121 doctor ...

REID                              Yes.

DC QUADE                      ... and there's a note there, this is done, these are nursing notes aren't they?

REID                              Mm, mm.

DC QUADE                      There's a note there dated the 9<sup>th</sup> of the eighth, it says, 'Spoke with wife on visiting, informed what Dr REID has said and what we would be looking to do' and that would be looking to ...

REID                              Go to Gosport War Memorial Hospital.

DC QUADE                      ... go to Gosport War Memorial and that was dated the 9<sup>th</sup> of the eighth wasn't it?

REID                              Right. Yeah.

DC QUADE                      So that was a decision presumably you had made on the 9<sup>th</sup> of the eighth was it?

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REID Well presumably.

DC QUADE yeah three days after he came into hospital.

REID Yeah.

DC QUADE So you look as if you have made the decision that on the 9<sup>th</sup> of the eighth that he should be going to Gosport.

REID Yeah from that yeah.

DC QUADE Yeah, okay. Okay Chris.

DC YATES Okay well that tape is just about to stop now so the time is 1036 and we'll turn the recorder off.

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