Form MG15(T)

RESTRICTED

RECORD OF INTERVIEW

Enter type: FUL
L TRANSCRIPT
(SDN / ROTI / Contemporaneous Notes / Index of Interview with VIW / Visually recorded interview)

Person interviewed: REID, RICHARD IAN

Place of interview: INTERVIEW ROOM, FAREHAM POLICE STATION

Date of interview: 11/07/2006

Time commenced: 1004 Time concluded: 1048

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

Interviewer(s): DC 1162 QUADE / DC 2479 YATES

Other persons present: MR CHILDS - SOLICITOR

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

Person speaking	Text
DC QUADE	This is a continuation of the interview of Dr Richard REID. Dr can you just confirm that we had a break to change the tapes over.
REID	Yes.
DC QUADE	And I was on a water search wasn't I …
REID	Yes.

DC QUADE ... to find some water for us. And we haven't spoken to you about your matter for which you're being interviewed in the meantime. And the time by my watch is 1004. When we broke the point we were on when we broke we were talking about Dr BARTON's initial entry dated ...

REID Yes.

DC QUADE ... the 26th of the 3rd on page 24 of the notes. And what sparked this was that I'd asked you a question about did it meet your expectations, I meant from by your Clinical Assistant.

REID Yeah.

DC QUADE You were explaining things about it and we agreed I think did we not ...

REID That there should have been a note about examination yes.

DC QUADE Right okay. And in that examination you would have expected to have seen would you not pulse?

REID Not necessarily. I mean when someone's been transferred to another hospital this again is the theme we covered in the interview last week, this is not someone came into hospital fresh like they've been transferred from another hospital.

DC QUADE Yes.

REID — So the nursing staff would usually call pulse, blood, temperature etc, I mean what I would sometimes do is write something like, and particularly if I was under pressure for time, CDS with means cardiovascular system which means heart, tick and that would mean that I'd sort of looked at what the nurses had recorded in terms of pulse and blood pressure, probably listen to the heart myself, but the note I made would have been brief. Similarly the listening to the chest, what I might I just write down was something like RS which means respiratory system tick, to mean you'd listened to it and there was nothing remarkable to hear.

DC QUADE — Yeah.

REID — So that's what I would expect as a (inaudible), that's a minimum. And if for any reason someone's complained of stomach pain for example then you'd expect ... you know I know it's been made at examination of the stomach.

DC QUADE — Sure okay. Well you've ... you've also explained how you had these referrals made to you, you were expected to accept patients and they (inaudible) as you said.

REID — Yes.

DC QUADE — And so you weren't quite getting the patient that was written down on paper.

REID Yeah I mean could I just refer you to what I've said in my letter to Commander SCOTT which is page 20.

DC QUADE Yeah.

REID Of the Haslar ... and the last sentence, I mean I'd asked Commander SCOTT if he'd check that all was well with the patient's hip.

DC QUADE Yes I recall that yeah.

REID And if you're happy that all is well I've written, 'I should be happy for Mrs SPURGEON to be transferred to the War Memorial Hospital for further assessment and hopefully re-mobilisation. And I think that what that indicates is that I had considerable doubts about whether this lady would get back on her feet.

DC QUADE Yeah.

REID And nevertheless we would take her to try and remobilise her.

DC QUADE What was the date of that?

REID 26th of March.

DC QUADE So that was the same day that she was transferred?

REID I saw her on the 24th of March.

DC QUADE Yeah you saw her two days before she was …

REID Yes.

DC QUADE … actually transferred?

REID Yes.

DC QUADE And you've said haven't you that Dr BARTON was a very experienced Clinical Assistant.

REID Yes.

DC QUADE She'd been in that role for over a decade.

REID I can't … I don't … yeah I know it was a long time.

DC QUADE And was it you that said that she was probably as exper … almost as experienced as you?

REID No I think she was probably more experienced that me dealing with palliative care issues and patients who were dying than I was.

DC QUADE Yeah. And accepting people onto that ward?

REID Yes.

DC QUADE Yeah. And you've said that they would over egg pudding the problem as you put it?

REID Yes.

DC QUADE So would that proper Dr like Dr BARTON with all her experience on guard for these patients when they came in?

REID Well I think she'd make her own assessments.

DC QUADE Yeah.

REID I mean that may have been part based on information from nurses.

DC QUADE Yeah.

REID Because clearly if someone's in a lot of pain you don't want to immediately get them out of bed again to try and see whether they can stand.

DC QUADE Hmm, mmm.

REID So I mean Dr BARTON may well have got her information about not weight bearing from the nursing staff saying we took this lady of the stretcher as she came out of the chair, whether she (inaudible) in the ambulance, she wasn't able to be awake we'd actually physically to lift her into bed.

DC YATES — And she became incontinent as well on that day?

REID — Well I mean it refers to the fact that she was incontinent at times previously and again things like that would sometimes be sort of over egged in terms of stressing to us how good people were when the reality was actually somewhat different.

DC QUADE — At the same time … so on … on the 26th of March 1999 you were in charge of another ward weren't you at Q.A.?

REID — Yes.

DC QUADE — Was it Ann Ward was it?

REID — Yes.

DC QUADE — Ann Ward yeah. And what was your staffing at Ann Ward, who did you have under you at Ann Ward?

REID — I thought I'd covered this in the last interview.

DC QUADE — Yeah you did yeah yeah yeah.

REID — I had … there was, I think it was a … it was a Senior Registrar or a Registrar.

DC QUADE — Yeah.

REID And there was an SH ... no sorry what we call a Pre-Registration House Officer.

DC QUADE So that's a Junior Doctor?

REID Yes. Somebody who's just completed their medical training.

DC QUADE So they would be training in post now?

REID Yes.

DC QUADE Yeah.

REID It's a probationary .. it's a year if you like.

DC QUADE Thank you.

REID And it's on the end of that.

DC QUADE And would that sort of a Dr at that level be accepting patients onto wards?

REID Yes.

DC QUADE Yeah. Would ... if this patient had come on to Ann Ward ...

REID Yes.

DC QUADE ... and that Dr had seen this patient and just written those notes there as were written on the 26th of March ...

REID A patient like this would never come on to Ann Ward.

DC QUADE Well if a patient had come on to Ann Ward ...

REID Sorry?

DC QUADE If a patient had come on to Ann Ward for whatever reason ...

REID Yes.

DC QUADE ... and the Dr had written something like that was that the level you would have expected for a Junior Doctor to have written?

REID Well as I said this particular patient would never have come to our ward.

DC QUADE No let's forget this patient yeah.

REID Oh is it any patient you're talking about?

DC QUADE Any patient.

REID — Any patient, no that would ... we would not have regarded that sort of clerking as being acceptable.

DC QUADE — So what is the difference between the clerking from a Junior Doctor writing that and a Senior Doctor such as Dr BARTON with her experience?

REID — Because as I said before this is a patient who's already in hospital being transferred to another ward, so we will not expect the same standards of clerking as someone who'd come in if you like fresh from the community. Because they should have been examined in Haslar where the nursing staff would have made observations when she same, so I would not expect the same type of clerking and I don't think anyone would for a patient who's transferred to another hospital, transferred to another ward. I would not have expected the same standard.

DC QUADE — So you saw no reason to mention this ... this initial clerking to Dr BARTON at the time?

REID — I don't ... I don't recollect.

DC QUADE — But even looking back on it now you wouldn't ... you're saying you wouldn't ... if she wrote that now you wouldn't have objections to it?

REID — If I were to see that now I would have said you should have added something about your examination, about

examination of the patient ... the patient or recorded the patient was medically stable.

DC QUADE — We'll go back onto that as well but thanks for that.

DC YATES — What about ... can I say something Geoff?

DC QUADE — Yeah sure.

DC YATES — What about the medical care plan for the patient? You said Dr that she was coming hopefully for mobilisation.

REID — Yes.

DC YATES — Where's the plan for that?

REID — Well it says plan sort out analgesia.

DC YATES — Yeah what about the mobilisation and the ...

REID — Well I mean without the analgesia you're not gonna be able to mobilise and I mean I can't ... cause I didn't see the patient I can't ... I don't know what thoughts were going through Dr BARTON's mind but what that implies to me is that Dr BARTON felt this patient was in pain, we had to give her pain and then following on from that we will look at the potential to ... to mobilise.

DC YATES — Okay no that's fair enough. What about the plan to find out what was causing the pain?

REID — Well I mean it's not uncommon for patient's to have a lot of pain post-hip surgery. So imagine that every hip replacement will ... or fracture in the neckafemur (inaudible) just isn't the case. Certainly it's my experience that the sort of the eld .. .the older people are the more complications they tend to have and the less successful an operation of a fractured neckafemur will tend to be.

DC YATES — You saw the patient on the ... was it the 7th?

DC QUADE — 7th.

REID — Yes.

DC YATES — What was your plan? How would you work out what was causing the pain?

REID — Well I asked that ... I mean I didn't ... I'm mean clearly from what I've written the pain seemed to be coming from the hip, so I thought it was important to x-ray the hip.

DC YATES — Mmm.

REID — To make sure that ... well for example the hip sometimes hips can be dislocated.

DC YATES Mmm.

REID After an operation. Sometimes there can be evidence of you know the x-ray might sometimes show if there's an infection although that's pretty ... pretty uncommon. Also things can happen like ... I mean I don't know what particular type of operation this lady had but sometimes if the bones in the pelvis are very soft and you've put in say a metal ...

DC QUADE Dynamic hip screw.

REID Well it's a dynamic hip screw. I mean sometimes the head of the femur, that's the bowl, can collapse and that will be painful and cause the leg to shorten.

DC YATES So would I be right, again in laymen's terms though, is you've examined the patient thought she's in pain I need to find out why.

REID Yes.

DC YATES I'm sending her for an x-ray.

REID Yes.

DC YATES I was just wondering why it hadn't been done considering the area.

REID — Well I mean I can't ... I can't comment on that other than the fact that I mean it seemed to be, I'd have to go and look at the notes, that this lady was getting increasing amounts of pain. So it may be that when Dr BARTON saw her she wasn't in as much pain as when I'd seen her cause I mean there was between the two notes there's a gap of twelve ... twelve days.

DC YATES — But surely if there had been increasing pain there would have been entry?

REID — There should have been an entry in the notes yes.

DC YATES — Day by day almost if the pain's getting worse and worse.

REID — If the pains getting worse there should have been a note.

DC YATES — So it goes back to what Geoff was asking about, do you think that the clerking and note taking so far is adequate?

REID — I don't think it was adequate ... no is the straight answer. No.

DC YATES — Thank you. Sorry Geoff.

DC QUADE — That's not a problem. So we're into clerking and initial medical assessment of patients yeah. We've explained that the initial medical assessment, as far as you're concerned,

is not the same for Enid SPURGEON coming into Dryad Ward because she's transferred from another hospital?

REID — Yes.

DC QUADE — It's not the same as if she'd come in off the street.

REID — Yes.

DC QUADE — Is that what you're saying is it?

REID — Yes, yes.

DC QUADE — Is that (inaudible).

REID — Yeah and for ... particularly if a patient ... you know if like and I can't see ... if a patient was sort of medically stable and their observations were alright we would not expect the same detail.

DC QUADE — And the clinical assistant we already know does the first assessment yeah and who would you be expecting to read that entry?

REID — Well I mean herself and myself.

DC QUADE — Yeah. When you say herself you also mean well anybody covering for her?

REID Yes, yes.

DC QUADE Yeah. And so consequently anybody covering for you as well?

REID Yes.

DC QUADE Yeah. And you wouldn't see a patient until Monday afternoon for the first time?

REID That yeah that's right.

DC QUADE And we'll go on to calendars in a moment but it's more than a week isn't it before you see them?

REID Yes.

DC QUADE Yeah. And you've already said that you now expected that Dr BARTON should have carried out some sort of physical examination with the patient.

REID Well she should have recorded what she'd found physically. She should ... she should have done a physical examination and made a recording of that?

DC QUADE Yeah. I think we've included there probably temperature, pulse, blood pressure, heart, lungs etc.

REID Yes.

DC QUADE Yeah.

REID Yes.

DC QUADE And …

REID I mean as I say I wouldn't normally necessarily expect the doctor to do that cause that's usually recorded by the nursing staff, so there's little point repeating it if it's been done by the nursing staff.

DC QUADE Okay. So that wasn't done seemingly on the 26th of March.

REID What wasn't done sorry?

DC QUADE Well her temperature doesn't seem to have been taken. Her pulse doesn't seem to have been taken. Her blood pressure doesn't seem to have been taken and no one seems to have listened to her heart and lungs etc.

REID Well I can't comment on the … cause I haven't looked through the …

DC QUADE Let me … let me … we've got plenty of time Dr there's no hurry on this okay. I ask you from the 26th of March until the 7th of April how many times were those checks done on Enid SPURGEON?

REID I mean I couldn't say.

DC QUADE I'll ask you to go through the notes now.

REID Right.

DC QUADE And you pick them out from those notes for me. But before you start doing that I'll tell you that I've been looking at those notes for three years.

REID And there's nothing?

DC QUADE And I haven't found one.

REID Well that's just ... that's unacceptable. So this is ... you're referring to the nursing records as well as the ...

DC QUADE The whole ... the whole hospital notes as they are to us.

REID That's unacceptable.

DC QUADE There are no charts for that.

REID It's unacceptable.

DC QUADE Now I accept that you didn't see her until the 7th of April, now ... so you had no control over that patient until you actually went down on the 7th of April.

REID Yes.

DC QUADE So preceding the 7th of April it was Dr BARTON's responsibility wasn't it?

REID Yes.

DC QUADE Yeah. And as well as there appearing to be no record of those checks it is a responsibility of Dr BARTON's to ensure that that's being done surely?

REID Well I think it's a combined responsibility of Dr BARTON and the rest of the staff.

DC QUADE Yes.

REID I'm just amazed that ...

DC QUADE I know ... I appreciate the point you're making that it would normally be a nursing staff role ...

REID Yes.

DC QUADE ... to actually function (inaudible).

REID Yeah.

DC QUADE But then the same way as it's yours and Dr BARTON's role to prescribe drugs.

REID Yeah.

DC QUADE You don't administer ...

REID Yeah I accept that yeah.

DC QUADE So what was ... as you see it from looking at those notes now when you ... when you look at them on the 7th of April what was she being treated for then?

REID Well she ... I mean from ... from ... from the notes she was clearly in pain and that was being addressed. One was also ... I mean well I was obviously, as I've said already, concerned about you know why this lady was having a lot of pain and trying to get behind that.

DC QUADE Okay. And you say she was clearly in pain where did you get that from?

REID Well I've written still in a lot of pain.

DC QUADE Yeah.

REID And so, I mean I can't say for sure cause I can't remember ...

DC QUADE No.

REID — But that would imply to me that I felt this lady was in pain.

DC QUADE — And that was reasonable from your bedside visit (inaudible).

REID — Yes. I mean I think I would have picked that up from the bedside visit rather than say have it reported to me by someone else.

DC QUADE — Yeah no I think that's very reasonable to say that yeah. 26th of March where's the mention of pain on the 26th of March?

REID — Well there isn't, it says sort out analgesia. I mean there should have been a mention of pain but I mean the implication from that is that this patient ... this lady wasn't ... well as I see it the implication of that statement is that this lady was in pain.

DC QUADE — Yeah. Because presumably no Dr is gonna start an analgesic regime for no reason, analgesia is prescribed for pain isn't it?

REID — Yes it is or if you anticipate there may be pain.

DC QUADE — So did Dr BARTON ever explain to you why she was prescribing regular morphine then from the 26th of March?

REID — Well I can't recollect whether that I'd discussed that with Dr BARTON or not cause I'm not sure whether she was on the ... you know when I saw the patient on the 7th of April I wouldn't know whether she was there or ... there or not. So I couldn't say whether I discussed it with Dr BARTON or not.

DC QUADE — Because ...

REID — Unless she was there it's unlikely I would have discussed it with her.

DC QUADE — Because reading that how do we know what ... she was prescribing morphine so what was she prescribing morphine for?

REID — Well for pain.

DC QUADE — The letter dated, that we presume rather not dated, that we presume came over the same day as the patient came over, (inaudible) not being included is there any medication is analgesia (paracetomol).

REID — Hmm, mmm.

DC QUADE — So she's on paracetomol at Haslar, well paracetomol only, she took ... she had morphine I think pre-operation and post-operation the same day I believe.

REID Okay I'll take your word.

DC QUADE And the paracetomol was PRN.

REID Right.

DC QUADE And for people not ... from listening to the tape that's ... that is required isn't it PRN yeah.

REID Mmm.

DC QUADE But Dr BARTON starts prescribing morphine from the first day. Now would you expect to see a justification in your notes ...

REID Yes.

DC QUADE ... as to why she was prescribing morphine?

REID Yes I would.

DC QUADE I mean because ... we'll cover this later on but ...

REID I think if your pain is fair enough to require morphine I'd expect a note to be made.

DC QUADE Yeah yeah. Because in ... what ... it's what we call the analgesic ladder isn't it.

REID Yes.

DC QUADE She's gone … she's gone up the analgesic ladder …

REID Yeah.

DC QUADE … from paracetomol to morphine.

REID Yes.

DC QUADE And it is quite a jump on the ladder isn't it?

REID Yes.

DC QUADE Yeah.

REID Yeah.

DC QUADE Cause there are other drugs that …

REID Yes.

DC QUADE … could have been …

REID I mean it depends on how much pain you assess someone to be in.

DC QUADE Yeah. I think then you've explained that adequately I think before yeah. So as I understand it this was in anticipation

of the patient being in pain yeah, which was why the morphine was prescribed.

REID — I mean I don't think that's ... I don't think that's clear.

DC QUADE — No I don't think it is ... no that's ... no no no I'm not ... I'm say ... yeah. It's not clear in the notes.

REID — I mean my reading of this Dr BARTON on the 26th is that this lady was in pain that's why ... that would be my reasoning of it this lady was in pain at the time.

DC QUADE — So would you have expected some sort of pain history to have been written down including the current analgesia and the patient's responses to that analgesia?

REID — Yes I would have expected that yeah.

DC QUADE — Because what ... when you prescribe an analgesia to a patient ...

REID — Yes.

DC QUADE — ... what ... what should be followed up on that prescription and the administration of it?

REID — Well response.

DC QUADE — Response yeah, to see whether it's effective.

REID Yeah.

DC QUADE Yeah.

REID Yeah.

DC QUADE And on the 26th of March it would seem that Dr BARTON's prominent care plan would be pain relief, is that fair to say?

REID Yes, that's the only thing that's been addressed in the plan.

DC QUADE Can you see from the 26th of March whether Dr BARTON had any concerns enough to examine Mrs SPURGEON's leg at the War Memorial?

REID Well she's written what's it, tissue paper skin.

DC QUADE Yeah.

REID Which would certainly imply to me that she's looked at the patient's legs and hip and seen this patient's got you know very fragile skin.

DC QUADE Hmm, mmm. Is it clear from those notes what pain the patient was in?

REID No.

DC QUADE You would know that the patient had had this fractured neckafemur and had this dynamic hip screw surgery, and obviously that would involve a wound wouldn't it?

REID Yes.

DC QUADE Surgical wounds.

REID Yes.

DC QUADE What would you expect the Doctor to be looking at when the patient came in and was complaining of pain?

REID Well I'd just get them to look at the hip and see if there any problems there.

DC QUADE Hmm, mmm. And where else could the pain come ... apart from the actual surgery from the actual hip itself where else could the wound ... the injury pain come from?

REID Well ... I mean hip pain can come from ... it can come from your knee, it can come from ... it could be what we call referred from the back, but you know given this lady's just had an operation on her hip then the most likely source is the hip.

DC QUADE Yeah. What about the wound itself?

REID What about it?

DC QUADE What about the wound itself is it possible that there could be some pain emanating from the wound itself?

REID Yes it could be if there's a lot of infection around the wound then that might be painful.

DC QUADE And how would you ... if there ... if there was pain coming from the wound how would you treat that, what would you do about that?

REID Well analgesics. Well you would want to look at the wound and see if there's any evidence of infection or whatever.

DC QUADE Okay. So if there was an infection.

REID If it was infection yeah I'd expect that to be recorded.

DC QUADE And how would you treat that?

REID Oh with anti-biotics.

DC QUADE Okay. To hopefully clear the infection up.

REID Yes.

DC QUADE Then if that's causing pain take away that pain?

REID Yes.

DC QUADE Yeah. And we have to ask these 'if's' because of the lack of adequate notes.

REID Yeah.

DC QUADE If the pain had been coming from an infected wound ...

REID Yes.

DC QUADE ... then anti-biotics would have been a more appropriate course than morphine wouldn't it?

REID I might well want to give both.

DC QUADE Yes yeah. But are you implying there then that if morphine only was prescribed then the doctor didn't feel that it was a wound infection?

REID I mean that would be the ... that would be the implication yes. I mean ... if you've got ... if you're thinking about ... there's two types of infection you can get after a hip operation. One is what I call superficial infection in the wound and that would ... that should be fairly obvious ...

DC QUADE It's like on the surface.

REID ... to see cause it's on the surface.

DC QUADE Yeah.

REID And you can sometimes get infection deep in the ... in the hip joint itself which ... which you can't ... you can't see any evidence of.

DC QUADE No.

REID And is very difficult to diagnose. As I've said you can get x-ray of it but that may not show anything, well certainly in the initial stages of infection there maybe absolutely nothing to see. So it is a very difficult diagnosis to make infection inside the hip. But you know infection around the hip you know is easier to see and when you see infection around the hip I think ... I mean there's two judgements to make, well often you see what we call superficially infected, so we know there's a bit of sort of red edges to the wound and maybe a little bit of pus. There can be ... but there ... there can also be ... it would be clinically obvious you know, there may be a lot of ... huge amount of swelling in the skin you know indicating that infection is spreading into the skin. So you'd be able to see sort of you know from looking at a hip fairly easily whether there was sort of significant what I'd call wound infection is distinct from say infection deep inside the hip joint.

DC QUADE Yeah.

REID Does that make …

DC QUADE I think it does.

REID … sense?

DC QUADE Very good thank you very much, that clears something up for me. So Dr BARTON has prescribed morphine only at that … well as an analgesic she's prescribed morphine without anti-biotics, so we're probably thinking there's not a wound infection.

REID Well or it's a very superficial wound infection which did require anti-biotic treatment. Cause you don't … you don't treat all infections with anti-biotics some you'd just say no I'm happy to leave that.

DC QUADE So we think it could be a problem with the hip itself then of the surgery?

REID It could be.

DC QUADE Yeah. Post surgery in these cases.

REID Hmm, mmm.

DC QUADE This lady had her surgery on … I think she had her accident on the 19th of March.

REID Hmm, mmm.

DC QUADE And the surgery was either that day or the 20th I can't quite remember now.

REID Hmm, mmm.

DC QUADE And now we're talking ... well a week ... nearly a week later and her pain seems to be increasing.

REID Hmm, mmm.

DC QUADE Yes?

REID Yes.

DC QUADE Is that ... is that common in general terms.

REID Not uncommon. I mean it's not happening ... yeah most hip replacements are (inaudible) pretty successful.

DC QUADE Mmm.

REID But you do come across on the majority of patients who do seem to have increasing problems with their hip, and increasing pain. So rather than the pain getting better getting worse.

DC QUADE Yeah.

REID Cause presumably the operation hasn't worked in some way and the more they try to weight bear the more pain they get, so it's not uncommon.

DC QUADE And would that normally require strong opiods?

REID Oh yes, yeah.

DC YATES But to slightly rephrase DC QUADE's question then, the increasing ... the increase in pain over that week is that normal for a successful hip operation?

REID No.

DC YATES So something's wrong?

REID Yes.

DC YATES And quite obviously wrong?

REID Yes.

DC QUADE What was Dr BARTON's experience of looking after patient's who'd undergone this surgical repair of their fractured neck of femur?

REID — I couldn't say ... I couldn't say for sure. I know that around that time we had more patients coming from Haslar sort of post-hip surgery than there were before, that's my recollection. I'm really not sure what experience she would have had of that before but I would have thought she'd had some experience on it.

DC QUADE — And particularly relating to analgesic requirements of these patients.

REID — Yes, yes I would have thought so.

DC QUADE — 26th of March again that entry on page 24 what ... what medical care plan would you have expected to be in place for this patient, or were you content with that one that she'd written?

REID — Well I think ... in pain you know what you doing about that, now whether you're prescribing paracetomol or nurofen or morphine if you felt that was appropriate, cause it may have been appropriate. I would, as I say have expected a note to be made of any sort of ... certainly important features on medical examination that were abnormal and a sort of plan made to address these. And I think she sort of covered the sort of things that were in functional status cause that's the other thing that we'd have liked to have done. So it's about history, examination, the medical management plan and what the plan is for the

longer term, in other words is this patient for rehabilitation or for continuing care or for discharge home, that sort of.

DC QUADE Yeah. Because you …

REID I mean sometimes at this stage, and I think with this lady, it was probably very difficult to know where the long term plan was, in other words while … sort of you know ideally would like to see about trying to get this lady back home you know given that she seemed to be in a lot of pain when I saw her that would … I think you know anything could have happened to this lady.

DC QUADE When you saw her at Haslar you mean?

REID Yes.

DC QUADE Yeah.

REID I don't think I was at all optimistic about this lady's chances of getting back on her feet.

DC QUADE And would you have spoken to Dr BARTON about the lady before she actually came into the hospital?

REID Spoken about?

DC QUADE Would you have spoken to Dr BARTON …

REID About this lady?

DC QUADE ... about the lady before?

REID No. Well very ... very very unlikely.

DC QUADE Chris have you got any questions you want to ask over that?

DC YATES No I haven't.

DC QUADE What's the time on the clock?

DC YATES Thirty two minutes.

DC QUADE Okay. Doctor, Enid SPURGEON's existing treatment and condition. These questions are trying to get an understanding of why various medicines were prescribed throughout her stay. We're trying to find out what medical records would have been made available to the clinical assistant and yourself and what you would have reviewed. In order to be able to offer the correct and appropriate care medical practitioners should be aware of pre-existing medical history and prescriptions and care plans. Would you agree with that?

REID Yes.

DC QUADE Yeah. What notes would have been made available to the clinical assistants when this patient arrived at the ward?

REID I can't say ... I can't recall whether Haslar would release their notes to the War Memorial Hospital at that time. I just ... I'm afraid I just can't remember. But they may ... cause I know there was ... there were difficulties at times with the military and notes cause they regard them as being potentially sensitive. So I'm unaware of whether the full set of Haslar notes would have transferred with the patient or whether or would have just been say that transfer letter. And so I'm ... I would be unaware ... I'm unaware of for example what would the prescription sheet from Haslar come over with the patient or not. What nursing records I just ... I'm afraid I just don't know.

DC QUADE Do you want ... would you expect that letter from Captain RANKING to have been with the patients?

REID I would have expected it to have been with the patient, whether it actually was would be a different matter. I think I said in interview last week that getting notes and records of patients who had been transferred was a major problem and still is a major problem. So I mean it's possible that Dr BARTON was given everyone or she had nothing.

DC QUADE Okay. Well we covered why Enid SPURGEON was arrived on the ward and ... and we've covered that at the time of her transfer she was on paracetomol as required.

REID Yeah.

DC QUADE Yeah. Notwithstanding that you'd made that note two days earlier about the analgesia.

REID Yeah.

DC QUADE Yeah. So as you understand it what ... why would she have been given paracetomol?

REID Well for pain.

DC QUADE Pain relief.

REID Mmm.

DC QUADE Why wasn't paracetomol continued to be prescribed when she arrived at Haslar?

REID At Dryad you mean?

DC QUADE Dryad sorry thank you.

REID Well I can't ... I mean ... I can't answer that. As I said you know when I saw this lady she was in a lot of pain just two days previously and then when Dr BARTON has said sort out analgesia the implication I had was that this lady was still in pain. When someone's in pain you have to

make a judgement about what's the appropriate level of analgesia to administer.

DC QUADE — Okay we'll cover that later as well on this ... on this analgesic ladder. On page 85 which is a nursing note it's dated the 26th of the 3rd, I'm not quite sure it comes under the nursing name of Nurse Lynn BARRETT but I'm not sure it is Nurse BARRETT that writes it. But there's a note saying 'Enid is experiencing a lot of pain on movement'.

REID — Yeah, page 85.

DC QUADE — Yeah, dated the 26th.

REID — It's a different page number to mine. This has nothing about ... yeah got it page 84.

DC QUADE — Yeah it's the back of page 84 yeah sorry you might have a different number.

REID — Yeah.

DC QUADE — 'Enid is experiencing a lot of pain on movement'.

REID — Yes.

DC QUADE — Yeah. And we think that that ... response to that is Dr BARTON prescribing oramorph.

REID Yes.

DC QUADE And on the same date. And if you go to page ... well the prescription charts start at 122 Doctor.

REID Yeah.

DC QUADE And I think you'll see that ... yeah if you go to page 122 which is the front sheet, you can see the PRN section the other side, well the next page.

REID Yeah.

DC QUADE And you see oramorph is prescribed isn't it on the 26th of the 3rd?

REID Yes. On an as required basis.

DC QUADE Yes that's right. And also if you turn to, I think it will be on your page 125.

REID Yeah.

DC QUADE And there are ... is that another four ...

REID Yeah two point five is it.

DC QUADE Yeah.

REID M ... ml (inaudible).

DC QUADE I think it is. And is it .. am I right there by saying there are another four prescriptions for oramorph on that page aren't there?

REID Yes.

DC QUADE Yeah, so four prescriptions on that page, one prescription on the PRN page.

REID Yes yeah.

DC QUADE Where does Dr BARTON explain what the oramorph was being prescribed for?

REID She doesn't.

DC QUADE She doesn't does she. Not once in these medical notes does she make a corresponding entry to any of those oramorph prescriptions does she?

REID No.

DC QUADE Was that acceptable?

REID No, if oramorph was started then it should have been ... I think ... I feel there should have been a note to ... that the starting reasons for it be started.

DC QUADE And do you know why it wasn't written?

REID No.

DC QUADE No?

REID No.

DC QUADE And they were dated the 26th ... 1, 2 ...

REID Three on the 26th.

DC QUADE Three on the 26th ...

REID And two on the 27th.

DC QUADE Two on the 27th wasn't there yeah. Did you pick up on that at the time when you first went to see the patient?

REID No. No I don't remember it.

DC QUADE No. Did you say anything to Dr BARTON about that?

REID No. Well I don't recollect saying anything to Dr BARTON about it?

DC QUADE Should she have recorded somewhere why she ...

REID — Yes must be something.

DC YATES — Just go back on to when DC QUADE asked you about what notes would be made available from …

DC QUADE — Haslar.

DC YATES — … Haslar and you explained that there was a problem then and still is problems with getting their notes on transfer.

REID — Yes and that wasn't just Haslar

DC YATES — You've also said when we're talking to you about clerking and initial examinations that you wouldn't expect a full examination of a patient that's being transferred from another hospital?

REID — As I would if someone was coming in for ..

DC YATES — As you would somebody coming in.

REID — … the first time yeah.

DC YATES — But if a patient's coming to Dryad Ward from another hospital without any notes how do you know?

REID — It's extremely difficult.

DC YATES — So you must ... surely you must then do a pretty thorough examination? In the absence of any notes coming with a patient surely you're only option then is to ...

REID — Yes what we would do and what I would do is to listen to the patient's heart, chest, sort of ... look at what problem there was and then make the records to that effect.

DC YATES — Because you can't just have a patient on the ward thinking well I will have to wait for the notes to get here?

REID — No you'd make .. you'd examine the patient anyway and make a note.

DC YATES — So in the lack of the examination that's been performed on this patient ...

REID — Well or lack of note of examination (inaudible).

DC YATES — Or notes of examination one would assume that possibly the notes came with her.

REID — That would be an assumption. And I think if I remember I mean I think there were occasions when Dr BARTON did write 'no notes with patient'.

DC YATES — Mmm.

REID So my assumption would be in this case that there probably were notes but.

DC QUADE A couple of things I did need to ask again. You'd said that you didn't have high expectations of this patient getting back on her feet?

REID That would by my belief I'd have written.

DC QUADE Yeah, and ...

REID In fact I'd say that I had low expectations.

DC QUADE Yeah yeah. And you agreed in your letter I believe and your note on the Haslar notes that you agreed to take her in for further assessment.

REID Yes.

DC QUADE Yeah. Dr BARTON took her in on the 26th, bearing in mind that I think it's been established that it was for rehabilitation and ...

REID Well for assessments.

DC QUADE (Inaudible) mobilisation.

REID Yeah.

DC QUADE Yeah. What planned investigations were gonna be carried out …

REID Well you would …

DC QUADE … regarding that?

REID You wouldn't normally do … carry out any investigations if someone is medically stable.

DC QUADE But she was in pain wasn't she?

REID Yes.

DC QUADE And her pain was increasing?

REID Yes.

DC QUADE So she's not stable in that respect is she?

REID That's right.

DC QUADE Yeah. So bearing in mind, we keep going on, but she was seen on the 26th you didn't see her till the 7th.

REID Yes.

DC QUADE Right. What had Dr BARTON done about investigating the causes of that patient's pain?

REID — Well nothing up until that moment. I think ...

(Sound of buzzer.

DC QUADE — We've got some minutes go on.

REID — I think that you know it's not uncommon for patients to be in pain after a hip operation. I don't think it's unreasonable to sort of wait and see what happens with analgesia. So in other words let's say over the next two or three days let's give her some more and see how the patient fairs and if the patient is getting better starting to mobilise you think well fine. On the other hand the patient may be getting worse which seems to be the situation here. So it's at what point would you initiate for further investigations. So I don't think it would be reasonable to say for example that on the day the patient came in Dr BARTON should have ordered you know a hip x-ray or whatever.

DC QUADE — Hmm, mmm.

REID — But if you like the patient's progress or lack of it and the increasing pain would certainly be an indication to proceed further investigating. I think the question is at what point was it reasonable to do that.

DC QUADE Yeah I see what you're saying yeah. Okay. Well it shows that the tapes are coming to an end. The time by my watch is now ten forty eight and we're turning the tapes off.

Tape concluded.