

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: INTERVIEW ROOM, FAREHAM POLICE STATION
 Date of interview: 11/07/2006
 Time commenced: 1058 Time concluded: 1142
 Duration of interview: 44 MINUTES Tape reference nos.
 (→)
 Interviewer(s): DC1162 QUADE / DC2479 YATES

Other persons present:

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

| Person speaking | Text |
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| DC QUADE | This is a continuation of the interview of Dr Richard REID. The time by my watch is 1058. Dr can you just confirm that we've just had a quick break to ... a comfort break again and to get some more water. |
|----------|---|

| | |
|------|------|
| REID | Yes. |
|------|------|

| | |
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| DC QUADE | I haven't spoken to you about the matters for which you've been ... you're being interviewed today. Is that correct? |
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REID That's right.

DC QUADE But I think you indicated to me just while the tapes were off that ...

REID Yes.

DC QUADE ... you wished to hand a document over I think.

REID Yes that's right.

DC QUADE Yeah.

REID And a couple of reflections on the interview last week.

DC QUADE Yeah. Feel free to do that yeah.

REID Okay. Shall I do that now?

DC QUADE Yes sure yeah.

REID Right. And the document is, and this was prepared in I think late 2001/2002 because of organisational ... yet another re-organisation. Now what it does is that it outlines what my roles and responsibilities as Medical Director of Portsmouth Health Care Trust was, and I've ticked all the things that were a responsibility of mine back in 1999 and I've put a couple of three crosses against things which I

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wasn't responsible for in 1999 but which I was when that paper was prepared.

DC QUADE Okay yeah thank you very much. And we'll give that ... do you know what reference we're up to Chris? We'll give that a reference of GJQ/HF/ ...

DC YATES 40.

DC QUADE 40, thanks. Yes?

REID A couple of other things I just wanted to mention if that's alright. You ... when you asked me about support that Dr BARTON had one of my colleagues reminded me that back in sort of ... well it certainly started before I came to Portsmouth and continued for a while after I got here. There was a training programme run by the consultancy department for clinical assistance like Dr BARTON and that Dr BARTON was a regular attender at many of these sessions. The other thing that you asked me about was I aware of Dr BARTON being ... how much pressure Dr BARTON was under and in particular you mentioned about contracts and I think I said that I'd no recollection of that, and I do recollect that she did have discussions with the personnel department about how she was remunerated but I wasn't involved in these discussions, but yeah I do recollect that now.

DC QUADE That was at a paid discussion ... a pay discussion?

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REID Pay discussion yes, as I recollect.

DC QUADE Thanks for that. Do you know what those training sessions would have included?

REID There's a ... there's a programme and I thought you might have already had it.

DC QUADE Yeah okay.

REID But I might be wrong.

DC QUADE Yeah thanks very much for that. Medical records. Interactions between patients and health care professionals. It's a fundamental requirement isn't it ...

REID Yes yes.

DC QUADE ... of the roles, yeah. And we've already agreed that the GMC states that a Doctor must keep clear accurate records etc.

REID Yes.

DC QUADE The GMC booklet Withholding and Withdrawing Life Prolonging Treatments, which is GJQ/HF15, specifically states that the decision making process should be recorded.

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And regarding these documents we're now gonna ask how the medical records for Mrs SPURGEON were completed.

REID Can I say ... have you got that ... copy of that document?

DC YATES Yes I have.

REID Thank you.

DC YATES Just split the sides there. Yeah.

REID Sorry this (inaudible). Right this is 2002.

DC QUADE Yeah.

REID I'm sorry which section were you referring to sorry?

DC QUADE I think it's page 30 Doctor.

REID Yeah.

DC QUADE And I think there's a section in there which specifically states that the decision making process should be recorded. Is it in there?

REID Yeah.

DC QUADE And I'm not sure about that document when it's printed.

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REID 2002.

DC QUADE That one is 2002 but ...

DC YATES I think ... I think it was a regular publication and that's just the year that ...

DC QUADE Are you aware of that booklet Doctor?

REID Yes I am but I'm not sure at all that that was ...

DC QUADE Fine.

REID ... available in ...

DC YATES Well that's something we can always check up on anyway.

REID Yeah, I mean it says approved in the year 2002. So I think this ... post ...

DC YATES The book ... that particular book is yes.

REID Yes. That particular post-dates that.

DC YATES I ... I'm under the impression that that's a ...

REID There was a previous edition.

DC YATES ... a previous edition.

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REID I don't think there was but ...

DC YATES Okay.

REID ... but I'm happy to (inaudible).

DC YATES Well no well we'll check it cause I'm not sure.

REID Yeah.

DC QUADE I think what the emphasis is on that introduction again just then is that you've the ... HMS Dryad ... the Dryad Ward policy document states that the service will reflect the recognition of the patient's rights to a high standard of care, dignity and respect and information about their wellbeing. To ensure all new patients are seen promptly after admission. To be responsible for those ... this is the job description now, to be responsible for their medical management of the patients and to be responsible for the writing up the initial case notes and to ensure that follow up notes are kept up to date and reviewed regularly.

REID Yes.

DC QUADE And to provide clinical advice and professional support to other members of the clinical team. The emphasis on all of this Doctor is that yourself and Dr BARTON, and particularly with Dr BARTON because of her job

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description, there is an expectation of the way she should complete her work yeah. And one of those regards the way that she records in the notes.

REID Yes.

DC QUADE And it appears to me that the notes weren't adequately recorded and I think you're agreeing with that.

REID Yes I am.

DC QUADE Yeah. And I think we've covered what you think should have been in the notes that isn't in the notes on that particular occasion for the 26th March

REID Yes.

DC QUADE Yeah. And you've had a chance to go through the notes again before this interview, what else would you ... mainly you have expected to have seen recorded in the patient notes on a day to day basis or throughout the notes throughout this day ...

REID Well ...

DC QUADE ... from Dr BARTON?

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REID Right, if a patient's condition was changing, as it appeared to be in this case, then I'd expect there'd be some notes about that.

DC QUADE And there weren't were there?

REID There weren't no.

DC QUADE And despite the fact that prescriptions were changed and particularly we'll go on to that again later on.

REID Yes.

DC QUADE Particularly with diamorphine on the syringe driver.

REID Yes.

DC QUADE No record of that ...

REID Yes.

DC QUADE ... in the notes apart from the prescription.

REID Yes.

DC QUADE And I think it's fair to say that the notekeeping did not meet the required standard ...

REID I think that's right.

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DC QUADE ... in that aspect hasn't it?

REID Yes.

DC QUADE Yeah. Nor was it recorded by Dr BARTON anywhere that the patient was in pain?

REID Not directly.

DC QUADE Not directly. Were ... was this particular to this patient Doctor or was this a common ... a common thing what Dr BARTON (inaudible).

REID What I've said before was in a previous statement was that while I felt that she didn't try and write a note every time she saw a patient, I'd always felt that any important decisions were recorded, it wasn't in this case.

DC QUADE Okay. Doctor we want to cover the analgesic ladder here cause you mentioned it just now and ...

REID Well you mentioned it.

DC QUADE Well actually you mentioned it ... we mentioned it indirectly just now at the start of ...

REID Where you were making judgement about the level of (inaudible) experience yeah.

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DC QUADE Yeah. And can we just you to have a look at this, this is an existing exhibit and it's CSY/HF6 and you've seen this before cause we showed you this the other day, these are the dividers and the different ...

REID Yes yeah.

DC QUADE ... sort of chapters in the patients records.

REID Yes yes.

DC QUADE And one of those is a pain assessment and rationale for analgesia.

REID Yes.

DC QUADE Can you just have a quick look at that for us please.

REID Yeah.

DC QUADE Perhaps without asking you questions perhaps you could explain to us how the analgesic ladder works, its importance to yourself and how you apply it to patients.

REID Well it's ... it's giving sort of guidance what to do, how to manage different categories of pain, mild pain, moderate pain, severe pain. And giving sort of you know further advice to staff really about how to better assess pain and

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how to deal with it, as it says here if a patient becomes unconscious, is unable to swallow or if a patient is confused and can't clearly express the feelings they're experiencing. And that's accompanied by a form to describe for nurses to record description of pain, what makes pain better or worse, any previous sort of you know issues around pain control. Ability to record where the pain actually is and then a sort of pain monitoring chart.

DC QUADE

Sure okay thank you. Now I appreciate that that chart that you've got in front of you now those ... that two page thin booklet form probably wasn't around in 98 ...

REID

It wasn't.

DC QUADE

... was it.

REID

Cause I was responsible for developing it.

DC QUADE

Oh were you?

REID

Yes.

DC QUADE

That was another one of your directorate roles?

REID

Yes.

DC QUADE

Why did that come about then?

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REID As I said last week towards the end of, I think it was 1999, we'd had the Gladys RICHARDS (inaudible).

DC QUADE Yeah.

REID Which although I haven't seen the notes I knew it was about prescribing. SHIPMAN had sort of come on the scene by that time and they did a complete Queen Alexandra Hospital where, it wasn't so much ... well the documentation we had around the recording of the patient's pain, response to it, it just wasn't there to support the actions that had been taken. And I mean as I've sort of mentioned in a previous statement you know I ... Doctor ... I'd spoke to Dr BARTON about a sort of wide dosage range and ... I mean a result of all that it seemed to me a medical record trust that now was the time ... that there were ... there appeared to be a previous pain management policy or certainly not when I was there. It was absolutely essential that we developed one.

DC QUADE When did the analgesic ladder ... when was it ... when was it built?

REID I've ... I've no idea, I mean I don't ever recollect hearing the phrase until we developed this which is in sort of 2000/2001. I was aware of that's how ... that's how I practiced but I never actually heard it referred to as an analgesic ladder.

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DC QUADE Yeah. But it was ... it's one of these things that people do ... they do it rather than it being stipulated somewhere.

REID Yes in general.

DC QUADE Yeah.

DC YATES Is that what you were taught when you were at ... when you were trained, not that it was ... not necessarily called the analgesic ladder but was that how you were treated to prescribe analgesics?

REID Well that was the practice yes. I mean having said that, I mean I know that there's research from palliative ... within the palliative care field where they've actually done surveys of prescribing by GP's, by Junior Hospital Dr's, even fairly recently which shows that you know pain prescribing practice is still poor. And there's widespread ignorance still around prescribing analgesic prescribing.

DC YATES Thank you.

DC QUADE So with mild pain ...

REID Yes.

DC QUADE ... we're talking about easy ... your (inaudible) pain killers aren't they ...

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REID Yes.

DC QUADE ... like paracetamol.

REID Well paracetamol.

DC QUADE Diclofenc.

REID Yes.

DC QUADE And I think they quote down here (inaudible) Ibruprofen.

REID Yes they're things ... the other things like Nurofen.

DC QUADE Yeah. And then you go up to moderate pain and these are your weak or your moderate opioids aren't they, and they're really codeine, dyhydro-codeine.

REID Yes.

DC QUADE Co-codomol.

REID Yes.

DC QUADE Co-dryomol.

REID Yes.

DC QUADE Co-proximal.

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REID Yes.

DC QUADE Tramadol.

REID Yes.

DC QUADE And there's probably a few more, yeah. And then you go to severe pain.

REID Hmm, mmm.

DC QUADE And now we're talking about the strong opioids and these are morphines, diamorphine, oramorph (inaudible) etc.

REID Yes, yes.

DC QUADE Yeah. And then there are various reasons for prescribing ...

REID Yes.

DC QUADE ... NST instead of oramorph or ...

REID Yes ... yeah.

DC QUADE So when you are looking at a patient there are obviously going to be some occasions, say for argument sake a road traffic victim ...

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REID Yeah.

DC QUADE ... yeah. You're not gonna start giving them paracetamol when he's ...

REID Absolutely.

DC QUADE ... got a really bad ...

REID So you have to make a judgement.

DC QUADE Yeah.

REID About the severity of the pain.

DC QUADE Yeah.

REID And whether it's appropriate if you like to use the analgesic ladder.

DC QUADE Yeah.

REID Start with the (inaudible).

DC QUADE So we'll get back to being patient specific again, so we'll talk about Mrs SPURGEON and apart from I think it was three ... three times she was administered morphine wasn't it, not quite sure about that, but this was in Haslar.

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REID Right.

DC YATES It's Haslar.

DC QUADE Am I ...

REID Yeah I mean (inaudible) I saw the transfer notes.

DC QUADE Yeah. But certainly when she came in to ... when you saw her initially at her bed in Haslar she was only on paracetamol.

REID Well she'd had two ... yeah two lots of diamorphine ... three lots of diamorphine she's had yeah.

DC QUADE And that was ...

REID That was ... that was three days beforehand.

DC QUADE Was the 19th and the 20th?

REID 20th and the 21st.

DC QUADE 20th and the 21st thank you. And they were related to her operation weren't they?

REID Yes.

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DC QUADE Yeah.

REID Yes.

DC QUADE So granting you've already talked about Mrs SPURGEON her being transferred from one hospital to another and that can be a painful experience.

REID Yes.

DC QUADE Yeah. But will it be usual for somebody to jump from the bottom of the analgesic ladder to more to the top which is what happened?

REID Well some ... some of them's in a lot of pain yes. I mean well it could happen.

DC QUADE And the difficult here we have don't we Doctor is that ...

REID Lack of notes.

DC QUADE ... lack of notes because there's no documentation relating to why that morphine was prescribed is there?

REID As to ... yeah the intensity of pain.

DC YATES Which is significant obviously?

REID Well one would believe so.

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DC YATES If a patient has gone from only requiring paracetamol to requiring diamorphine there's obviously a significant change in her ...

REID Yeah. Which is I think you know reflected ... and I think the investigating notes said that patient was in considerable pain when she was admitted.

DC QUADE And so we've got oramorph has been prescribed ...

REID Yes.

DC QUADE ... with no alternative yeah and ... and again there's actually ... well even with the oramorph there's no ... there's no alternative and there's no note. And subsequently she gets prescribed diamorphine and again with no note.

REID Yeah.

DC QUADE Yeah. Now certainly with the oramorph that was prescribed before you went to see her the first time in hospital. On reflection now do you think that it was something that would have been worth you picking up and saying something to Dr BARTON about?

REID What when ... when I saw ...

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DC QUADE When you saw her on the 7th of April?

REID Yeah I mean I think I probably would have been more concerned about the patient immediately in front of me, and I think ... yeah well in hindsight one could say ... the only thing I ... could have (inaudible) ... think is probably that there was no alternative offer to oramorph.

DC QUADE Mmm. Okay do you want to ask any questions at the moment Chris?

DC YATES No not at this stage.

DC QUADE We'll just talk briefly about ward rounds because we did cover that in your other interview.

REID Yes.

DC QUADE But the ward rounds, it's an opportunity isn't it for you to review a patient and discuss and decide upon further or change the treatments, and they're an integral part of a Doctor's duties aren't they?

REID Yes.

DC QUADE Caring for a patient in hospital. We've established that you did yours on a Monday.

REID Usually on a Monday.

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DC QUADE Usually on a Monday in the afternoon I believe wasn't it.

REID Yes.

DC QUADE If Dr BARTON was about you did it with Dr BARTON?

REID Yes.

DC QUADE Otherwise with a nurse?

REID Yes.

DC QUADE Yeah.

REID And sometimes there was a registrar there.

DC QUADE Yeah. And we've established that you ... you've no way
of knowing how the Doctor does her ward rounds ...

REID That's right.

DC QUADE ... on her own.

REID Other than by what's reported to me.

DC QUADE So unless somebody reported to you as an assumption that
the Doctor's doing ...

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REID Yeah being conscientious yeah.

DC QUADE Yeah. Well given that Dr BARTON states that, well we believe from our enquiries that she visited the ward three times a day.

REID That is my understanding, that was not infrequent.

DC QUADE Yeah. And Enid SPURGEON came into the hospital, came into your hospital on the 26th March 1999, so she was in from 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18 ... 18 full days she was in the hospital for before she unfortunately died yeah. Dr BARTON says that she goes in there three times a day.

REID Yes.

DC QUADE So that's what 54 possible occasions.

REID Yes.

DC QUADE When she could have been seen by Dr BARTON.

REID Yes.

DC QUADE Yeah. And we'll accept that some of those days were over two weekends.

REID Yes.

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DC QUADE So it's possible that another Doctor may have come in and stood for her and there might have been a couple of call outs. Even if ... even if we reduced by nearly half and put it down to say 30 ... 30 occasions where she possibly could have seen the patients. If I refer you back to that page 24 you'll see that there was only one note ...

REID Yes.

DC QUADE ... written by Dr BARTON.

REID Yes.

DC QUADE In the notes. And I accept what you're saying about you don't feel that there's a need for the Doctor to be called if the patient is stable and there's no change in the patients.

REID Yes.

DC QUADE Yeah. But we can see through the ... at least through the prescription chart that there have apparently seem to have been quite a few changes in the patients.

REID Yes.

DC QUADE Yes.

REID Yes.

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DC QUADE And so at least several of those 30 interactions between Dr BARTON and the patient that we hope occurred there should have been something written down.

REID Yes.

DC QUADE And there wasn't.

REID That's right.

DC QUADE And did you speak to Dr BARTON about it at all?

REID No.

DC QUADE Was there anything when you looked at that note when you wrote your note on the 7th yeah, you wrote your note on the 7th the patient came in on the 6th ... on the 26th, so the patient comes in 26th probably about lunch time and you get 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and you saw her on a Wednesday for some reason.

REID Yes (inaudible) that was.

DC QUADE So 12 days ...

REID Hmm, mmm.

DC QUADE ... after she was admitted ...

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REID Yes.

DC QUADE ... you write your note.

REID Yes.

DC QUADE Did that not set any alarm bells ringing to ... why isn't anything else written down here?

REID I've no recollection of it, either ringing alarm bells or not ringing alarm bells, I mean I just don't ... you know, I don't remember it.

DC QUADE It's not a matter of remembering though is it because you can look back on it now and you can see it in black and white or black ... white and blue or whatever. But it's apparent that ...

REID There should have been more entries.

DC QUADE ... there should have been more entries.

REID Yes.

DC QUADE Yeah.

REID Yes.

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DC QUADE And you certainly by the sound of it didn't say anything to Dr BARTON about her (inaudible).

REID (Inaudible).

DC QUADE Which suggest to me that it wasn't a one off, it was a common occurrence.

REID What I've said before on a previous statement was that I was aware that she didn't record every interaction (inaudible) but I'd always felt that when there was an important change in someone's condition she did record that, that's clearly evident.

DC QUADE Yeah. Okay.

DC YATES Part of your ward round though Doctor is to ... is to review the notes and actually assess the patient and take any action that you see fit.

REID Yes.

DC YATES Cause at the end of the day you have ... you had overall ...

REID Responsibility.

DC YATES ... responsibility.

REID Yes.

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DC YATES And as DC QUADE pointed out you had no way of knowing really what happened to that patient before the first time you saw her.

REID Other than by speaking to the nursing staff.

DC YATES Yeah. But I mean until you turned up at the ward you hadn't been to the ward before that date?

REID No.

DC YATES So you didn't know what was happening?

REID No.

DC YATES But unfortunately it's part of your job you've got to wear that one on the chin because am I right in thinking the patient are always your responsibility?

REID Yes it is yes.

DC YATES But having got there and actually to perform your rounds and you see Enid SPURGEON and you look at the notes. What can you gleem ... what could you gleem from those notes and you've had a month now to look through them again, what do those notes tell you about the patient?

REID What the medical notes?

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DC YATES Yes those notes.

REID Yeah well I mean they tell me that Dr BARTON is concerned about this ladies pain.

DC YATES But she came in with a ... fractured her hip you were concerned about the pain but would it tell you about what has been done for this patient?

REID No it doesn't.

DC YATES So it leaves you in a predicament doesn't it?

REID Well I mean I can look at the drug chart to find out what's been prescribed and I can speak to the nursing staff about what's happened.

DC YATES So really you've got to start again haven't you, you're almost starting from scratch?

REID Well I mean I would do that anyway.

DC YATES Yeah.

REID I mean if ... if there'd been notes written on the patient then I would still have spoken to the nursing staff, still looked at the drug charge, still have you know looked at the

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patient. I mean it doesn't take very long to read the notes so it's ...

DC YATES Not those notes it doesn't does it.

REID No.

DC QUADE No. The nursing staff if you spoke to those ...

REID Hmm, mmm.

DC QUADE ... that's helpful if the nursing staff are constant isn't it?

REID Well I mean it was ... it was fairly constant nursing staff and the nursing staff have regular handovers.

DC QUADE Yeah.

REID So although if something has happened to a patient and the nurse with me on the ward rounds had not been on duty when that particular thing had happened she would know about it because of nurse handover.

DC QUADE Yeah. But they wouldn't necessarily know what ... what plan was in operation, they'll know the nursing plans dressing the wound and ... etc, trying to ensure that she gets a comfortable night sleep that sort of thing.

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REID But nurses would usually also record things like when patients have chest infections start on anti-biotics, you know change the UTI. So the nurses would be aware of what medical treatment is going on.

DC QUADE Hmm, mmm. But they're not ... they're not practitioners are they, they're not Doctor's?

REID No. But I mean I constantly rely ... I have to rely on the nursing staff.

DC QUADE Course you do and they rely on ...

REID To get the information.

DC QUADE Yeah but they actually rely on you as well don't they.

REID Yes.

DC QUADE Because you're the one ...

REID Well I mean I'm directing ... I'm directing ... I'm in overall charge of the patient yes.

DC QUADE Yeah I'm talking about when I say you I mean you as a Doctor ...

REID Yes.

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DC QUADE ... you as the Doctor are still in that patient's care and treatment plans.

REID Yes.

DC QUADE I mean the nurses they put in their plans to ride with those don't they?

REID Yes.

DC QUADE Yeah. But if they haven't got a plan ...

REID If who haven't got a plan ...

DC QUADE If the nurses haven't got a plan coming from the Doctor's where does that leave them?

REID Well what ... what I ... when I see a patient that nursing staff are with me so they'll hear what I've got to say in terms of diagnosis, management plan, I may not write all that down but they will certainly write down the bits of that that they think apply to them. And I would imagine that Dr BARTON when she saw a patient and you (inaudible) that she would communicate that to the nursing staff.

DC QUADE Yeah but I think the point we're making here is that Dr BARTON is prescribing strong opioids.

REID Yes.

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DC QUADE Yeah. And ... well you tell me are there are any stronger opioids than the ones that she was prescribing?

REID No.

DC QUADE No. So she's prescribing the strongest opioids available on the market ...

REID Yes.

DC QUADE ... to a patient ...

REID Yes.

DC QUADE ... without any documentation as to why they're being prescribed.

REID Yes.

DC QUADE That's right isn't it?

REID Yes.

DC QUADE We're looking at these now ...

REID Yes.

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DC QUADE ... and you can't tell me looking at these notes what that opioid was being prescribed for apart from pain relief. Is that correct?

REID Yes. But I was aware that this lady was in pain when I've seen her two days beforehand and you know not weight bearing and with reference in the transfer letters that Mrs ... I think that she ... this lady had some pain and that she was getting ... paracetamol. But I mean my presumption would be that this lady was having pain in her hip, I accept that the record should have been better but I mean I felt that ... I didn't feel ... I mean I felt I was able to determine what was the right thing to do in terms of looking after the patient.

DC QUADE Hmm, mmm.

DC YATES And to be fair Doctor you have actually started to look and think why is she in pain as well. You know you've asked for x-rays and ...

REID Yes.

DC YATES But the patient's been in the hospital for 12 days.

REID Yes.

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DC YATES I know DC QUADE has looked at the notes far more than I have but where in the notes is there any investigation into what is causing this pain.

REID Yes.

DC YATES Cause you've already said it's unusual.

REID Yes. And what I've said before was that if someone's had a hip operation there's a reason why they've potentially got pain, that wouldn't immediately trigger you know investigating.

DC YATES No.

REID It's the sort of what happened subsequently. So at some stage in that time if it had become apparent that Mrs SPURGEON was having more pain the issue of that ... the reasons for that should be addressed. Now I don't know whether from the notes ... I can't tell if you like whether these ... that should ... that investigation should have been initiated before I saw the patient.

DC YATES If the patient was transferred from Haslar to Dryad Ward ...

REID Yes.

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DC YATES ... and at that time the only pain relief she was receiving was paracetamol ...

REID Yes.

DC YATES ... that's what's recorded. And I accept the hospital transfer as you said isn't a comfortable thing.

REID Yes.

DC YATES But there's obviously significantly more pain since that day up until the time you see it and that's ... that pain has escalated.

REID Well I mean I'll go back to my letter, I mean I was obviously concerned about the pain this lady was having and my judgement of reading that would be that I would of thought it unlikely that this pain ... this lady's pain would be relieved by paracetamol, that would be my judgement. So what I'm trying to say is I'm not sure that it's as big a change as ... as there might seem to be from the transfer letter.

DC YATES Oh I mean I'm certainly no expert Doctor so you were concerned when you went to see Mrs SPURGEON at Haslar.

REID Yes.

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DC YATES At the level of pain that she was in. Again she had the operation on the ... was the 19th or 20th?

REID 20th I think it was yes.

DC YATES And we're now talking about the 12th of April when you see her.

REID 7th of April

DC YATES 7th of April sorry, 7th of April the time you see her the first time at the War Memorial.

REID Yeah.

DC YATES So that's 7 ... so it's well over two weeks isn't it ...

REID Yes.

DC YATES ... two and a half weeks. Surely at some stage some investigation should be made, some plans should be made as to why is she in pain. What is causing this pain?

REID Yes I agree what I don't know is that as what stage that sort of ... you know that should have been entertained because I don't know from the records how much the patient's pain had been increasing so I can't say from the records whether I think this you know on the 29th of March you know this lady should have an x-ray then or was it the 5th of April

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when it became apparent that her pain was increasing sufficiently as to ... sufficiently to cause concern.

DC QUADE So do you think it was co-incidental that the day you saw her was the right day to request that x-ray?

REID Well I'm not saying as ... I don't know.

DC QUADE Are you suggesting that was the first day that it was appropriate to request that x-ray?

REID No no I'm not suggesting that.

DC QUADE No.

REID No I'm not suggesting that. It may well have been appropriate to have looked at this earlier but I can't say.

DC QUADE We'll just concentrate round your role a little bit Doctor again we've asked most of the questions we need to ask on that but some things do need clearing up. There were never, as far as you were concerned, any concerns or criticism of your role at the hospital?

REID Not that I'm aware.

DC QUADE No. You've ... you're involvement with the patient as the consultant was to have seen her in hospital at Haslar yeah.

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REID Yes.

DC QUADE That's in March. And then on the 24th I think wasn't it that's right 24th, and then to have seen her on the 7th of April.

REID Yes.

DC QUADE On the ward.

REID Yes

DC QUADE And again on the 12th of April on the ward?

REID Yes.

DC QUADE Both of those times on the ward round?

REID Yes.

DC QUADE And we've discussed ... well we'll go on to the last entry in a moment. Were you ever consulted or asked advice from anybody regarding Mrs SPURGEON's care and treatment?

REID I don't recollect.

DC QUADE Apart from those two interactions with the patient on the 7th and 12th?

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REID I don't recollect any.

DC QUADE You don't have any recollection with the patient so I'll ask this question this way. Going through those notes ...

REID Yes.

DC QUADE ... what level of care and treatment do you feel that Mrs SPURGEON received at Gosport War Memorial Hospital?

REID I think it's very difficult to tell from the notes what level of care and treatment she received. I mean as I said I mean I'm just appalled that there's been no sort of basic record of you know pulse, temperature, blood pressure, that to me is unacceptable. And ... well I agreed that the medical notekeeping was deficient and didn't ... you know with important changes like starting diamorphine increasing the dose etc, these should have been recorded.

DC QUADE If you're doing your ward round and you disagree with a course of action that's been taken or is in progress from another Doctor and you're the senior Doctor, how do you go about changing that?

REID Well I can't think it would happen you know ... I mean what we'll do is you know probably off the ward and sort of sit down and talk through the issues that are raised. If there wasn't a (inaudible) on the ward round.

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DC QUADE

Yeah.

REID

Yeah, I mean if some (inaudible) per se that would have been fine.

DC QUADE

If ... well for ... let's go to your entry on the 12th of April yeah. Can you read that for us Doctor?

REID

Yes, now very drowsy (since diamorphine infusion established) reduced to 40 milligrams for 24 hours, if pain reoccurs increase 60 milligrams. Able to move hip without pain but patient not rouseable.

DC QUADE

Okay. So what that's telling us is that the diamorphine infusion is started through a syringe driver.

REID

Yes.

DC QUADE

Yes. As prescribed by Dr BARTON.

REID

Yes.

DC QUADE

Yeah. And I know from the notes that it was prescribed earlier that day.

REID

Yeah.

DC QUADE

Yeah. This is your ... you're in the afternoon aren't you?

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REID Yes.

DC QUADE And I believe that that driver was set up around about nine o'clock I believe.

REID Right.

DC QUADE Yeah. And it was 60 mg over 24 hours wasn't it?

REID It was.

DC QUADE And you've ...

REID No I think it was actually 80.

DC QUADE 80 you're right thank you very much, it was 80, and you've increased ... decreased it to 40.

REID Yes.

DC QUADE Now presumably was Dr BARTON on that round with you?

REID No ... I don't know.

DC QUADE What ... would you speak to Dr BARTON about that ... would that sort of thing cause you to speak to Dr BARTON about it or specifically or ...

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REID Well if she'd been on the round I would think it would have caused me to say well this is far too much.

DC QUADE Yeah okay. We'll go on to that again later on. Going back to the x-ray ...

REID Yes.

DC QUADE ... you've explained why you asked for the x-ray ...

REID Yes.

DC QUADE ... because the lady was in pain and you were trying to investigate the cause of the pain yeah. What's ... what do you know happened about that x-ray?

REID I don't know.

DC QUADE What was the normal routine then. You ask for an x-ray ...

REID I know.

DC QUADE ... in this case you asked for it on the Wednesday.

REID Yes.

DC QUADE Yes. Would that be Wednesday afternoon again?

REID (Inaudible).

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DC QUADE So seven o'clock (1900) Wednesday afternoon.

REID Yes.

DC QUADE When would you expect Enid SPURGEON to have been x-rayed?

REID Well if not that day the following day.

DC QUADE The following day and where would that have been?

REID In the War Memorial.

DC QUADE In the War Memorial. She would have been wheeled round to the x-ray department ...

REID Yeah.

DC QUADE ... and x-rayed.

REID Yes.

DC QUADE Yeah. When would the x-ray have been available?

REID Well it would have been available sort of fairly soon after it was done.

DC QUADE But that same day?

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REID I would have expected so.

DC QUADE If you go to page 107 of the notes please Dr, no the nursing notes. And you'll see there's an entry at ... have you got it there?

REID Yeah x-ray tomorrow at three o'clock.

DC QUADE That's right yes.

REID The following day.

DC QUADE So she was gonna be x-rayed on Thursday at three o'clock.

REID Yes.

DC QUADE Yeah. And presumably that would have been available, the x-ray would have been available ... if it ... cause we don't know it was even taken do we?

REID No.

DC QUADE But had it been taken it would have been available Thursday and almost definitely Friday.

REID Yes I'd have imagined so.

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DC QUADE Yeah. The nurse has put on here to be reviewed on Monday.

REID Yeah.

DC QUADE Do you ... what do you take that to mean, to be reviewed by you on Monday?

REID Yes.

DC QUADE Cause that would have been your normal ward round again then wouldn't it.

REID Yeah.

DC QUADE Yeah. And then on the 12th on your entry of the 12th ...

REID Yeah.

DC QUADE ... there is no mention of the x-ray now is there?

REID No.

DC QUADE Why is that?

REID Well ...

(Sound of buzzer).

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REID

... I don't know but sort of reading between ... looking at the nursing records, by looking at the records in some total it was very clear that this lady's condition, this lady was experience increasing pain and her skin was breaking down and I almost think that these are sort of very ominous signs and I suspect that when I saw her on the 12th I was concerned about ... I suspect I thought this lady was probably pretty close to death. And I may not have thought about the x-ray because I felt that the more immediate ... there were more immediate issues than that.

DC QUADE

Okay.

REID

And that's the ... would be the reason I would think of, but I can't remember.

DC QUADE

Okay well we'll just stop the interview cause it's just coming to an end again there and we'll carry on (inaudible). The time by my watch is now 1142 and I'm just turning the machine off.

Interview concluded.

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