

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: 14/07/2006
 Time commenced: 1050 Time concluded: 1131
 Duration of interview: 41 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
DC QUADE	The time by my watch is now 1050 and this is a continuation of the interview of Doctor REID. Doctor could you just confirm that the personnel in the room are the same?
REID	Yes.
DC QUADE	Thank you and we've, all we've done is we've just changed the tapes over and we've stopped to get some drink and comfort break?

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REID Yes.

DC QUADE And we haven't spoken to you about the matter for which you're being interviewed?

REID No.

DC QUADE Thank you. This next subject matter is death certificates. Before we go onto death certificates just, at the end of that last tape, towards the end of it ...

REID Mm, mm.

DC QUADE DC YATES was asking you questions about the titration etc of the sub-cut ...

REID ... yes, yes.

DC QUADE ... and he asked when we were trying to do the conversion ...

REID Yes.

DC QUADE ... and we're explaining what a huge leap from the Morphine to the Diamorphine ...

REID Yes.

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DC QUADE ... Dr BARTON had started ...

REID Yes.

DC QUADE ... ie, with the 80.

REID Yes.

DC QUADE When he asked you that you said, "I don't know you'd have to ask Dr BARTON".

REID Why she did that.

DC QUADE Yeah.

REID Yes, yeah.

DC QUADE And it was an answer that you gave the other day, well half an ans..., you started to say "I think" the same thing and you just stopped and yeah it is a good question to ask Dr BARTON, yes and quite rightly but it's also a good question to ask yourself because you're the consultant with the responsibility for the patient Enid SPURGIN.

REID Yes.

DC QUADE And if I say to you why did Dr BARTON start that at 80 ...

REID I've no idea.

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DC QUADE ... so for the benefit of the tape you shrug your shoulders and say "No idea".

REID I mean it just seems completely inexplicable.

DC QUADE Yes it does and would it have been any more explicable then than it is now?

REID No.

DC QUADE No. So did you say anything to Dr BARTON about this fantastic start dose?

REID I don't know whether she was there at the time.

DC QUADE But isn't it something that you would've spoken, you should've spoken to her about?

REID Yeah I certainly should've spoken to her about, I mean I actually don't know whether I did or not, I don't know whether she was there at the time or whether I mentioned it to her afterwards. I don't recollect doing so.

DC QUADE Well could this have been the occasion when you had the conversation with her about variable doses then?

REID It could've been but I just honestly can't say.

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DC QUADE Okay. Doctor death certificates, completing a death certificate it's a formal legal requirement ...

REID Yes.

DC QUADE ... it can only be undertaken by a medical practitioner.

REID Yes.

DC QUADE There are specific guidelines that have to be followed.

REID Yes.

DC QUADE We're just going to ask you some questions to see what you understand about that. Now I understand ...

REID Yes.

DC QUADE ... from what you've said before that this is something that you hadn't done for a while isn't it, death certificates, it's not something you normally get involved in?

REID No, very seldom.

DC QUADE Yeah and one of the reasons I think we've established that is because for instance in this case completely illustrates that is that you'd see a patient on your ward round yeah, that patient actually died very quickly after that ward round

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and then, and that was the last you have had any involvement in that patient.

REID That's right, yes.

DC QUADE And you wouldn't know that she died, how she died, why she died?

REID No.

DC QUADE No.

REID Not until I came round the following week.

DC QUADE Yeah and how would you know then, then?

REID Well if I'd remembered the patient I might've asked "Well what's happened to ...". I mean if I didn't remember the patient you know I wouldn't ask.

DC QUADE If I show you CSY/HF/20 it's a medical certificate of the cause of death of Enid SPURGIN.

DC YATES Slide it out of the ...

DC QUADE Yeah take it out of the (inaudible) doctor.

DC YATES ... (inaudible).

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REID Right. Okay.

DC QUADE Now as I understand it I've got a copy of Enid SPURGIN death certificate here as well and this is ...

REID Oh that's Enid SPURGIN is it, yeah.

DC QUADE ... yeah, and the actual death certificate itself is signed by the registrar yeah and that's a relative that goes down there and she, that relative would be the informant ...

REID Yes.

DC QUADE ... various details have been recorded.

REID Yes.

DC QUADE But I understand that the information comes from the medical cause of death.

REID Yes.

DC QUADE Have I got that right Chris?

DC YATES Yes.

DC QUADE Then that's a relief. In this case who was it who was informing the registrar about this death?

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REID No and the reason I've sort of fiddling through here is I just have a recollection that it might not be this case of someone saying something about someone leaning to the left but it's certainly not being within the 48 hours of, of death.

DC YATES You might well find that in those notes.

DC QUADE I will point you to it.

DC YATES It's on another page.

DC QUADE I will point you to it on page, being that it's in the nursing notes and if you can turn to page, I think you've got it as page 81.

REID Yeah on the 10th yes, yeah that's ...

DC QUADE (Inaudible).

REID ... 'appears to be leaning to the left'.

DC QUADE Yeah and that's a medical note isn't it?

REID No nursing note.

DC QUADE No it's a nursing note, sorry it's on a nursing care plan isn't it ...

REID Yes it is.

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DC QUADE ... in fact?

REID Yes.

DC QUADE And right and that nursing care plan relates to sleeping.

REID Does it.

DC QUADE It's a sleeping nursing care, if you turn the page to page 80.

REID Yes.

DC QUADE You won't see it but in my copy ...

REID No it's got sleeping at the top.

DC QUADE ... it's written in red ink in my copy and it starts off 'Enid requires assistance to settle for the night' yeah that comes under a title 'Problem/need', yeah?

REID Yeah.

DC QUADE And then the nursing care plan carries on 'The desired outcome, nursing action' etc and then on the back page it's an evaluation page, yeah?

REID Yeah.

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DC QUADE And this is what this note appears in and on the 10th of the fourth the nurse has written and I think it's Nurse NELSON has written, 'Spilt drink prior to settling, very poor night, appears to be leaning to the left, does not appear to be as well and experiencing difficulty in swallowing'.

REID Right.

DC QUADE 'Stitch line inflamed in hard area, complaining of pain on movement and around stitch line'.

REID Yes.

DC QUADE 'Oramorph 2.5 milligrams/5, ...' that's millilitres '... /5 milligrams given at 0015', yeah?

REID Yes.

DC QUADE Now, so we can't actually even be certain about what, that presumably is the night nurse isn't it?

REID Presumably, yeah.

DC QUADE So the 10th would've been, it was the night of the 10th/11th presumably?

REID Yes.

DC QUADE Cos it says 'Spilt drink prior to settling', yeah?

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REID Well I'm not sure cos it says 'Very poor night' so that might mean in the early hours of the morning of the 10th, I think ...

DC QUADE Or, yeah either way it could've been but at the latest it was the night of the 10th/11th and what you're saying is ...

REID Yes, yes.

DC QUADE ... it could've been the night of the 9th and the 10th?

REID It could've been the night, yes, yeah.

DC QUADE Okay and 'spilt drink prior to settling, very poor night, appears to be leaning to the left'. Now you, you attach some significance to that, to that death certificate I think from what you were just saying, do you?

REID Yes, look at this note that might mean that Mrs SPURGIN did have, or could have had a stroke. 'Leaning to the left, difficulty swallowing', these could be features of a stroke which is a cerebral vascular accident.

DC QUADE Okay. What else does it say doctor about, complaining about pain on movement around the stitch line.

REID Yes.

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DC QUADE If a patient had had a stroke would she have been in any pain through that?

REID No.

DC QUADE No?

REID No strokes don't usually cause pain.

DC QUADE What would it do to the patient?

REID Well a variety of things and occasionally some people just might be more confused. We are generally are a bit reluctant to diagnose a stroke just with confusion, we'd like to see something else like, you know weakness of an arm or leg or both, or speech problems you know that sort of thing.

DC QUADE There's no other mention of that after that is there?

REID No there isn't.

DC QUADE And Dr BARTON doesn't appear to mention it anywhere does she?

REID No, no.

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DC QUADE Had, do you think that cerebral vascular accident, again do you think that is a significant change in her clinical condition?

REID Sorry I'm not quite clear what you mean. I mean if she had had a big stroke let's say, that was likely to cause death it's usually pretty evident.

DC QUADE Yeah I think that's what I am saying.

REID Is that what you're trying to say?

DC QUADE Thank you very much for that because you've saved going round the houses on that and I appreciate that. In other words Dr BARTON has written that down on the death certificate as cause of death ...

REID Yes.

DC QUADE ... and it seems to have been a minor, if, if indeed that was what she had ...

REID Yeah.

DC QUADE ... it was minor compared to her condition and in actual fact we don't even know that she'd had a stroke do we?

REID No.

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DC QUADE And if Dr BARTON felt at the time that she'd had a stroke
...

REID Yes.

DC QUADE ... wouldn't she have tried to confirm that some way or ...

REID Well by, I mean what one would do is examine the patient.

DC QUADE ... and what else was available at the hospital to help with
this?

REID Diagnose a stroke?

DC QUADE Yeah.

REID Well there'd obviously be nursing records ...

DC QUADE Yeah.

REID ... you know referring to her ...

DC QUADE What tests would she have done on the patient then?

REID ... a stroke is a, this is a clinical diagnosis ...

DC QUADE Yeah.

REID ... it's not a ...

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DC QUADE And in layman's terms clinical means?

REID (Inaudible) by looking at the patient.

DC QUADE By looking at, yeah physically examining?

REID Absolutely.

DC QUADE Yeah. Okay and again there's no medical assessment of that is there?

REID Well no there's nothing, there's no medical assessment on this.

DC QUADE So we don't even know that, that, that very small note 'Appears to be leaning to the left'.

REID Yes.

DC QUADE It's not even 'Is leaning to the left' is it, it's 'Appears to be leaning to the left'.

REID Yeah

DC QUADE What was Mrs SPURGIN in hospital for initially?

REID Well I brought over from Haslar for assessment.

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DC QUADE With, what was that for, what ...

REID Well for the fracture of neck of femur.

DC QUADE ... and where was that? For what side of her body was that?

REID The right.

DC QUADE It was right?

REID Yeah it was the right.

DC QUADE Yeah. Yeah so would you expect the patient to be leaning to her right?

REID No.

DC QUADE No?

REID No, not if the hip was painful.

DC QUADE No, so the patient then has two options.

REID Lean to the left ...

DC QUADE Lean to the left or lean on her back, cos she's not going to be on her front presumably either is she because it's painful on movement isn't it? Yeah, so we can't even be nearly,

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anywhere near a percentage of saying that that's what she had.

REID ... couldn't be sure.

DC QUADE No, no way.

DC YATES And that's added to by she was actually complaining of pain.

DC QUADE Yeah.

REID Sorry?

DC YATES She was actually complaining of pain to the stitch line.

DC QUADE Yeah. So, and you had seen her, Dr BARTON, there's a box in that form 'On set within 48 hours', yeah.

REID So presumably this is what she's referring to.

DC QUADE Referring to yeah and you'd seen her, well within that 48 hour period ...

REID Yes.

DC QUADE ... in fact you'd seen her well, well within 24 hours of her dying actually.

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REID Yes, yeah.

DC QUADE And can you say that you saw any evidence of her having suffered this cerebral vascular accident?

REID Well I haven't, there's no written evidence for me to suggest either she's had or she hasn't had a stroke.

DC QUADE Okay, thank you. According to our information this process that we're just looking at here is meant to be carried out by a consultant or senior clinician.

REID What signing a death certificate?

DC QUADE Yeah and these medical cause of deaths. Is that something that you're aware of?

REID No. I thought any medical practitioner could, well who's been involved of the care of the patient ...

DC QUADE Yeah.

REID ... could sign the cause of death. It's not, I'm not aware it has to be a consultant.

DC QUADE It says Consultant or Senior Clinician. What would one of those be?

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REID Well I mean I would say Dr BARTON is a Clinical Assistant but would be, well she's an experienced GP.

DC QUADE Yeah.

REID So I would see her as being a Senior Clinician by these definitions. I'm quite surprised by that. You know I'm just, cos in hospital I see Senior House Officers sign death certificates. (Inaudible) so I'm quite surprised to, what's the phrase again?

DC QUADE It says that the process should be carried out by a Consultant or Senior Clinician and that is in ...

CHILDS I was going to say where's that from?

REID I've never heard that before.

DC QUADE ... this is a copy, this is what that Medical Cause of Death Certificate looks like ...

REID Yeah.

DC QUADE ... in real life, it's that big.

REID Yeah.

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DC QUADE And it's got some back pages to it, oh I'd better tell you this is JAS/2, the exhibit reference and if I show you this paragraph here, yeah.

REID Yeah.

DC QUADE It actually says preferably.

REID The only thing I'd say is the certificate changed, I'd say about three or four years ago where there was much more on the back about having to, you know, any, you know could this be related to industrial acquired diseases etc.

DC YATES Like that

REID Yeah and I'm not sure, if you like, that this was part of this in 1999, not sure but anyway I mean it just says preferably.

DC YATES Yeah preferably it says here so.

DC QUADE But you, the point being, you weren't there at that ...

REID No.

DC QUADE ... no and it seems to be something that wasn't in practice! and as you, it is, it does say preferably.

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CHILDS And I think also it does, I mean obviously Dr REID mentioned about SHO's signing it. I think that it says that SHO's can do it, as long they're being supervised.

DC YATES (Inaudible).

DC QUADE Okay, do you want any questions on that?

DC YATES Yeah I do.

DC QUADE Sorry, sorry mate, you go.

DC YATES Just while we're on medical certificates when should a death be reported to the coroner?

REID When you're sort of unclear about the cause of death and if there's been any operation within the previous year. I'd have to ...

DC YATES Well there's a list here but I mean there's certainly one there isn't there ...

REID Operate ...

DC YATES ... there's been an operation.

REID ... within the past year.

DC YATES So should this death have been referred to the coroner?

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REID Yes it should have been.

DC YATES Which would have meant a post mortem and ...

REID Well not necessarily ...

DC YATES ... possibly?

REID ... possibly.

DC YATES Yeah.

DC QUADE But it would have been the coroners decision?

REID Yes.

DC YATES Yes and obviously as you said if the cause of death is unknown. I mean and there is several industrial deaths ...

REID Yeah.

DC YATES ... it says if death occurred during an operation or before recovery from the effects of an anaesthetic, death maybe a suicide ...

REID That's an (inaudible).

DC YATES ... death in police detention.

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REID And it is within a year of an operation isn't it?

DC YATES Yeah. Actually no it says the death may be due to an accident which may be a fall could be ...

REID Oh is it an accident, may be a ...

DC YATES ... which may be a fall could be, it says must be fair, the death occurred during an operation or before recovery from the effects of an anaesthetic, this one.

REID ... I've always thought and I might be wrong it was within a year of an operation.

DC YATES I must admit I thought the same but she also suffered an accident in the home anyway hadn't she?

REID Yes.

DC YATES So should this have been reported to the coroner?

REID Alright, well I think so yes, yeah.

DC QUADE There is ...

DC YATES Sorry.

DC QUADE ... sorry Chris, go on, no go on.

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DC YATES Whose responsibility is it to ensure that guidelines like these are actually adhered to on the ward?

REID Well my understanding is that it's the responsibility of the practitioner who has signed the certificate.

DC YATES I would say that it is, well I would agree with you. It is the responsibility of the practitioner that has certified death by signing the certificate to make the decision but whose responsibility is it to ensure that these, these things are actually being done?

REID I, well I ...

DC YATES Is it your responsibility?

REID ... I don't think it's my responsibility as a consultant.

DC YATES To ensure that the doctors under you, so to speak, are actually complying with the guidance and the rules that they should be complying with?

REID If it's a junior doctor in training then I would say yes.

DC YATES But not in the case of a Clinical Assistant like Dr BARTON?

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REID Like Dr BARTON, I wouldn't regard that as being my responsibility.

DC YATES Okay.

DC QUADE And from what you're saying there was no, cos we discussed didn't we that you wouldn't have known that Enid SPURGIN had died?

REID No.

DC QUADE So, and you said until the next ward round and I can't remember what you said about that, I said "How would you have known that then?"

REID Well if I'd you know I might have remembered the patient and asked what happened to Mrs SPURGIN.

DC QUADE Yeah but if you didn't remember the patient.

REID I wouldn't have.

DC QUADE No.

REID No.

DC QUADE So there was no machinery in place to, for you to supervise then?

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REID No. The death certification process?

DC QUADE Yeah.

REID I wouldn't, never expected to be supervising that.

DC QUADE Was it ever, so it was never one of your roles for instance, when you went to the ward round to check the paperwork for that last week in your absence, to see who had died and whether the certificates were written up properly or ...

REID There was, as I remember in the War Memorial Hospital a Death Certificate book was kept in the general office at the front of the hospital and not on the ward.

DC QUADE ... and you can't help us by saying who had that responsibility for that supervisory role then?

REID I don't, I don't feel there was a supervisory role.

DC QUADE Okay. Okay Chris?

DC YATES Yeah.

DC QUADE Which takes us on to supervision. We've just tried to see how the line management operated at the hospital and where you fit in with that and whether it was sufficient, efficient. What supervision did you provide in respect of

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the care of Enid SPURGIN, it's sort of a general question isn't it?

REID Well weekly, I would, weekly ward round.

DC QUADE Yeah and that was your total involvement wasn't it?

REID Yes.

DC QUADE And you're happy that that level of supervision, that involvement was sufficient for the staff to care for the patients while at Gosport?

REID Yes.

DC QUADE Did you identify any deficiencies in that at all?

REID In?

DC QUADE In that role or the performance of that role?

REID And this is in relation to the ...

DC QUADE To the care of patients.

REID ... care of the patients?

DC QUADE Yeah.

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REID Did I identify any deficiencies? Well I mean you can always, well not, you know not specific deficiencies that I can remember. I mean you always feel you could do with more time and ...

DC QUADE Yes, sure.

REID ... that's (inaudible).

DC QUADE If you had been there throughout the week.

REID Yes, yeah.

DC QUADE In the Spring of 1999 when Mrs SPURGIN was in hospital did you have any concerns about your personal workload?

REID Yes.

DC QUADE And ...

REID Well I was working very long hours.

DC QUADE ... yeah. Did it affect your ability to carry out your role ...

REID I think it, not in terms of doing ward rounds but for example if say relatives wanted to speak to me as a Consultant rather than say Dr BARTON or the nursing staff, then that sometimes meant you know trips down in the evening, other days in the week to speak to them. So in

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that sense it wasn't easy with time because of geography cos most of the time I was based in Queen Alexandra Hospital.

DC QUADE

Okay. Now particularly in relation to Dryad Ward and as far as I see it your staff was effectively Dr BARTON.

REID

Yes.

DC QUADE

Yeah, nursing staff came under the Ward Manager.

REID

Yes.

DC QUADE

Did you have any concerns about Dr BARTON's workload or her at all?

REID

I was certainly aware that she was very busy but I think it's only sort of latterly that I realised that she was probably under much more pressure of, certainly pressure of time than I'd realised.

DC QUADE

When you say latterly what do you mean by that?

REID

Oh recently as a result of what's happened since.

DC QUADE

But you weren't aware of anything at the time?

REID

Well I think I said before at the end of the year I was working there, I had felt that the cover that could be

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provided by a GP popping in was no longer sufficient for the workload that we had. With the turnover sort of increasing, with the change of use of the beds and that what we needed was, you know, a doctor to be there Monday to Friday, 9 to 5.

DC QUADE

Okay. Dr BARTON I think will say that, that the demands on her time prevented her from doing things such as notes in a patient's records. Is that something that you can agree with?

REID

Well I always found time to make a record in the notes and it doesn't usually take long to write a brief note.

DC QUADE

That's right because you've actually said haven't you that it didn't impact on your ability to maintain the records accurately and properly. So was your workload less than Dr BARTON's at the time?

REID

Well I mean I don't know what her total workload was in terms of that.

DC QUADE

Well you were a Medical Director of the Trust as well weren't you?

REID

Yes.

DC QUADE

And you had the other ward, yeah?

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REID

Yes.

DC QUADE

And would you have been surprised if her workload was any greater than yours because you've already just said haven't you ...

REID

Oh I would've been surprised if it was substantially greater than mine.

DC QUADE

... the nurses, I mean how busy were the nurses on the ward?

REID

Oh I can't, I mean I think they were pretty pushed at times.

DC QUADE

Yeah.

REID

But you know it's very, I mean this far back I can't ...

DC QUADE

No, well, and bearing in mind that they had responsibility to all the patients didn't they as well?

REID

... yeah.

DC QUADE

And ...

REID

I don't think there were many trained staff there ...

DC QUADE

... no.

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REID ... on that ward.

DC QUADE And although we've talked about these, the nursing notes haven't we ...

REID Yeah.

DC QUADE ... and describing them as a bit inconsistent but when you look at them there are a lot of pages of nursing notes in this record aren't there? Compared to the one page of ...

REID Medical Records.

DC QUADE ... Medical Records. So it looks like they were writing notes.

REID Yes.

DC QUADE Albeit they might not have been doing everything but they were writing a lot of notes weren't they?

REID Yes.

DC QUADE If Dr BARTON's note keeping was taking a back seat because of the lack of time ...

REID Yeah.

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DC QUADE ... yeah, which is basically what she's saying, was it a possibility that she'd be cutting corners anywhere else doctor to save time?

REID Well I suppose if you're under pressure you might take short cuts but I can't think ...

CHILDS A difficult question for you to answer isn't it? I'm not sure you can really say what Dr BARTON may have got up to. I think you'll quite agree that a certain standard of note keeping is required at all times regardless of ...

REID Yeah.

CHILDS ... workload.

DC QUADE Sorry do you want to, that was your solicitor answering the question ...

CHILDS Yeah, sorry I mean ...

DC QUADE ... it's alright, no, no you're here to give advice I'm not criticising that, I'm just waiting for Doctor REID's reply to that.

REID Sorry what was the question again?

DC QUADE The question I asked was if Dr BARTON is using the excuse that she can't, she didn't have time to do, to note keep, is that the only thing that she cut back on?

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REID Well I'm not aware of her cutting back on anything else.

DC QUADE That's, that was a reply that suits the question but for instance I know that she started her proactive prescribing before you came to the hospital. So was that a, a time saving practice?

REID Well my, when I spoke to Dr BARTON she told me that this was, sort of patients you know would not suffer if she were unavailable and I took that at face value.

DC YATES But we covered that the other the day on the first half of the interview about Enid SPURGIN when you gave that answer saying that Dr BARTON told you that she did this because if she wasn't available and her partners quite often weren't available she didn't want the patient to suffer.

REID Yeah.

DC YATES Well she's employed to do a job ...

REID Yes.

DC YATES ... and she's signed a contract, she's taken the job, she's taking the money ...

REID Yes.

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- DC YATES ... so therefore should she or should she not provide 24 hour cover or 24 hour care at that hospital?
- REID Yes, well I mean I think the reality was that the practicalities of doing that were, you know, well they're almost impossible because if you are a GP and are seeing patients in your surgery and you've got a three hour list in front of you and there's an emergency at the hospital, it's difficult to see how you can fulfil both roles.
- DC YATES But the hospital employed the GP to do it.
- REID Yes and if there were an emergency in the hospital then I would expect Dr BARTON to respond to that and leave her practice but you know it created difficulties.
- DC YATES Mm, what was putting the pressure on Dr BARTON was it the hospital or was it the surgery?
- REID I don't know.
- DC YATES Because I've been informed, I've made enquiries that Clinical Assistants are quite commonplace.
- REID Yes.
- DC YATES And quite often they are GP's and they have their own patients etc but often actually they lessen their workload at the surgery to ...

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REID To take ...

DC YATES ... to allow them ...

REID ... to take account of that?

DC YATES ... mm, is that a normal ...

REID Well that would be my understanding, what would normally happen.

DC YATES ... mm, so if and I don't know whether Dr BARTON did or didn't ...

REID No nor do I.

DC YATES ... but if a doctor hasn't lessened her workload at the surgery then they're going to struggle at the hospital aren't they?

REID Yes.

DC YATES Now surely it's a responsibility of, of initially possibly you to notice it but then of the Trust as well that if a doctor cannot perform, for whatever reasons, then something should be done about it, for whatever reason?

REID Sorry can you just say that again?

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DC YATES If a doctor cannot perform his or her duties for whatever reasons ...

REID Yes.

DC YATES ... then surely some sort of action should be taken to remedy it.

REID Yes if the person has made these difficulties clear.

DC YATES Right but you said Dr BARTON has actually told you that there are occasions when she's not available, there are occasions when there's difficulty for her partners to cover and this is why she would do, use this proactive prescribing. So she's making it clear that she is actually struggling might not be the right word, but there are times when she cannot fulfil her duties.

REID Right. I mean I couldn't see a way around that. Other than you know completely altering the medical set up, the way the medical care was provided and I think what I said before was that at the end of that year, you know I was aware that this was, you know it was too much for the sort of cover that a GP, you know doing a job could do. So I remember having a conversation with Dr BARTON in which I said that I felt that this situation was likely to continue, cos at first I think well like there was this sort of phenomena of empty beds and having to increase ,a

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temporary phenominaor was this sort of a permanent but at the end of that year it became apparent to me that this was likely to be the way things were and what I did was, as I said before, I spoke to Dr BARTON, said that because I felt that she should reflect her position, whether it was you know possible for her to continue doing the job and shortly after that Dr BARTON tendered her resignation.

DC YATES Right. So make sure I get this right, in a nutshell what you're saying is you've identified the problem ...

REID Yes.

DC YATES ... albeit later ...

REID Yes.

DC YATES ... and you've taken a particular course of action.

REID Yes.

DC QUADE But was that problem there at the time that Enid SPURGIN was a patient at the War Memorial?

REID I find that difficult to say I mean I'd only just started there. I'm not sure that I was aware of the pressures, you know and the issues.

DC YATES Okay. Geoff.

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DC QUADE

What's the time on that clock Chris?

DC YATES

Nine minutes, you've got about five minutes if that.

DC QUADE

The rest of this interview is a sort of mopping up of some things that have gone on as I said before doctor okay. By the 12th of April Mrs SPURGIN had become less well, she was increasing drowsy, dehydrated, agitated, spilling things and had nightmares and yet there was still no medical assessment of her or even simple observation documented were there?

REID

No.

DC QUADE

Can you explain that?

REID

No. Well I, after you brought up the subject of observations last time.

DC QUADE

Yeah.

REID

I mean I was floored by the fact there were no basic observations carried out when Mrs SPURGIN had been admitted and I thought I'd better go and look at Geoffrey PACKMAN's and I see that, well I can't see, unless the records have been lost, I couldn't see any records there either and so I then remembered and this is not to excuse the practice ...

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DC QUADE

Oh no.

REID

... that back in 1999 Dryad was a continuing care ward and there was an understanding, but you'd have to speak to probably senior nursing staff about this, that nursing staff would not undertake routine observations of patients because it was a continuing care ward and patients were expected to be there for the rest of their lives. A different matter if a doctor asked for them to be done, they would be done but if you like the culture was of a continuing ward was of not doing observations. That's my recollection. I'm not justifying it and I certainly wasn't aware that no routine observations for example weren't being done when people came in. I mean to the best of my recollection if I was concerned about a patient, you know if their heart rate, blood pressure, patients were put onto charts but I'm, I think it was not being done as a routine but I hadn't been aware of that.

DC QUADE

What we'll do, the next question leads on from there and so it might be a lengthy reply so what, I'll think we'll cut the tape here and put some new tapes in. The time by my watch is 1131 and we're turning the machine off.

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