Form MG15(T)

RESTRICTED

RECORD OF INTERVIEW

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

Person interviewed: BARTON, JANE ANN

Place of interview: FRAUD SQUAD NETLEY SUPPORT HQ

Date of interview: 04/11/2004

Time commenced: 0957 Time concluded: 1027

Duration of interview: 30 MINUTES Tape reference nos. (→)

Interviewer(s): DC2471 YATES / DC1162 QUADE

Other persons present: MR BARKER, SOLICITOR

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

Person speaking	Text
DC YATES	Oh the buzzing stopped now. Okay this interview is being tape recorded. I'm DC2479 Chris YATES. My colleague is ...
DC QUADE	DC1162 Geoff QUADE.
DC YATES	... I'm interviewing Doctor Jane BARTON, doctor will you please give your full name and your date of birth?
BARTON	Yes, Doctor Jane Ann BARTON, date of birth 19/10/48 (19/10/1948).
DC YATES	Thank you and I can I take this, how would you like to be referred to Doctor BARTON, Jane or ...

BARTON	Doctor BARTON.
DC YATES	... Doctor Barton. Right also present is Mr BARKER who is Doctor BARTON's solicitor. Can you please introduce yourself with your full name?
BARKER	Yes certainly my name is Ian BARKER, I'm from the Medical Defence Union Legal Department and I can confirm I'm Doctor BARTON's solicitor.
DC YATES	Okay and if you've got a statement about your role here, possibly this a good time to give it.
BARKER	No I, I'm perfectly happy with it I know what I'm doing.
DC YATES	Right this interview is being conducted in an office within the Fraud Squad at Netley Support Headquarters in Hampshire. It's now 0957 hours on Thursday the 4th of November 2004 (04/11/2004). At the conclusion of the interview I will give you a notice explaining what will happen to the tapes. I must remind you Doctor that you're still entitled to free legal advice and Mr BARKER is here as your legal advice. If you want to stop the interview at any time just say so, we'll stop and give you time to speak and more importantly at the moment have you had enough time to, to speak prior to us starting this interview?
BARTON	Yes thank you.

DC YATES

Okay, right I also have to say that you've attended freely, voluntarily, you're not under arrest you've come here of your own free will. So at any time that you wish to leave you're free to do so, okay? I've also got to tell you though that you do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in court and anything you do say maybe given in evidence and that's what we call the caution. Do you understand that caution?

BARTON

I do.

DC YATES

May I ask you just for our own peace of mind, can I ask for your understanding of the caution there doctor?

BARKER

Well officer at this stage I'm going to suggest that if you are in any way unclear whether Doctor BARTON understands it please feel free to explain it yourself so that she's got the full information.

DC YATES

Fine.

BARKER

I'm saying that simply because I'm sure you'll be able to convey it better.

DC YATES

Okay probably the easiest way to explain it is to split it down into three parts and the first part is very easy you haven't got to say anything to any of these questions and the last part is that anything you say may be used in evidence, again it's quite simple. As you can see there's tape recorders running, if this matter ever went to court

then the tapes or a transcript will be paid to the court. The actual part in the middle though that's the bit that needs explaining and what that means is if you don't mention something now while we're asking you the questions but should this matter go to court and you come up with an explanation to the question, the court may not put so much weight on it, that's entirely up to the court and it is a may, it's not a definite. Was that …

BARTON — Thank you.

DC YATES — … okay. Right the other thing I must tell you, which I know you're aware, but this interview room has been set up so that it can be remotely monitored and there's a red light on top of that box which indicates that it is being remotely monitored. Again for your own peace of mind there doctor, nothing can be heard in here unless that machine's recording and the tapes are running and DS GROCOTT, who you met earlier, is in another office and he's just monitoring it. My colleague DC QUADE will probably be taking some notes while we're, while we're talking. One thing I'd like to clear up with you Mr BARKER is you've had some advance disclosure and I believe that was a full file of the Elsie DEVINE notes and a summary of events, is that correct?

BARKER — Well I can confirm that, that delivered to me was a résumé of medical records, although I don't know who prepared it, but that's by the by and then what I understand to be a full set of the hospital records.

DC YATES That's, yeah that's fair enough, yeah. Right this investigation is being conducted by Hampshire Constabulary and this particular investigation started in 2002, September 2002, so it's already been going for two years and it is going to go on probably for some considerable time, after this as well but it's an investigation into allegations of the unlawful killing of a number of patients at the Gosport War Memorial Hospital between 1990 and 2000. Now no decision has been made as to whether an offence or any offence has been committed but it's important to be aware that the offence range being investigated runs from potential murder right the way down to assault. Now part of the ongoing enquiry is to interview witnesses who were involved in the care and treatment of the patients during that period. You were a clinical assistant at the Gosport War Memorial Hospital at the time of these deaths so your knowledge of the working of the hospital, the care and the treatment of the patients it's, it's very central to our enquiry. So what we've done to conduct these interviews today with you doctor is we've actually split them into two. The first part of the interview or the first interview is designed to be non patient specific. We're going to be asking you questions about your qualifications, where did you qualify those sort of things and hopefully that will stop us having to ask those questions, are you okay doctor?

BARTON Yes thank you.

DC YATES Hopefully that will stop us having to asking those questions a number of times on any subsequent interviews that may,

may occur. Now hopefully this morning we'll be able to cover a large range of topics, they'll be similar in most, if not all cases, that's why we are hoping to be able to use this interview in the future and the second stage of interviews, they'll be patient specific in relation to Elsie DEVINE. What I'm going to go through you, just so you know up front, there's no hidden agenda here or anything, I'll actually go through the topics that I'd like to cover this morning, okay. The topics are sort of headings, they'll be some questions around them. I want to talk about your qualifications, the role of the GP, the role of the Clinical Assistant, clerking, initial assessments, care plans, medical records, ward rounds, supervision, consultant assessments and responsibilities, pharmacy, prescriptions, administration of drugs which, in particular Fentanyl, Chlorpromazine, Medazalim, Diamorphine. The use of syringe drivers, death certificates, palliative care, record keeping and also about your supervision. Now during the interview I'll listen to everything you have to tell me and you might find that sometimes I ask you questions several times. It can be as simple that that reason is that I need it clarified or I and DC QUADE just don't understand because we're not medically qualified in anyway whatsoever. So what I'd like to do then really first of all, if I can, just cover your qualifications. Can you say when did you qualify as a doctor?

BARKER

Well at this point officer can I remind you that Doctor BARTON has a pre-prepared statement which she'd like to read out which we hope will cover the various areas that

	you've raised. Can I ask for you to permit Doctor BARTON to read that out now?
DC YATES	That will be fine, yes.
BARKER	I can indicate that I, as I've indicated to you in the past (inaudible) interview I would then advise her to make no comment in relation to questions put but obviously it's entirely right for you that you put questions but perhaps you could read that for the record now.
DC YATES	Yes if you, go ahead Doctor BARTON.
BARKER	And I've got a copy if it will assist you both.
DC YATES	Thank you.
BARTON	I am Doctor Jane BARTON of the Forton Medical Centre, Whites Place, Gosport, Hampshire. I am a Registered Medical Practitioner and qualified in 1972 at Oxford University with the degrees MA, BMBCh, I joined my present GP Practice in January 1980, initially as an assistant for three months and then as a minimum full time partner. As a General Practitioner I had a minimum full time commitment. I had approximately 1500 patients on my list, I worked eight general practice surgery sessions weekly and carried out house calls on my own patients and I conducted half the out of hours on call responsibilities of my partners with one night in ten and one weekend quarterly on duty for the whole practice. In addition to my general practice duties I took up the post of the sole

Clinical Assistant in Elderly Medicine at the Gosport War Memorial Hospital in 1988. The Gosport War Memorial Hospital was a cottage hospital, it had 48 long stay beds and was originally on three separate sites and was resourced, designed and staffed to provide continuing care for long stay elderly patients. The position of a Clinical Assistant is a training post and for me it was a part time appointment. Initially the position was for four sessions each week, one of which was allocated to my partners to provide out of hours cover. This was later increased so that by 1998 the Health Care Trust had allocated me five Clinical Assistant sessions of which one and a half were now given to my partners in the GP practice for the out of hours aspect of the post. I was therefore expected to carry out my day to day responsibilities in this post in effect within three and a half sessions each week. This was of course in addition to my GP responsibilities. By 1998 I was working on two of the wards at the hospital Daedalus and Dryad Wards. The two wards had a total of 48 beds, about eight of the beds on Daedalus Ward were for slow stream stroke patients. The remaining beds were otherwise designated to provide continuing care for elderly patients. Two consultants in elderly medicine were responsible for each of the wards. Doctor Althea LORD was responsible for Daedalus Ward and Doctor Jane TANDY for Dryad Ward. Both consultants however had considerable responsibilities elsewhere and thus their actual time at the Gosport War Memorial Hospital was significantly limited. Doctor LORD for example was responsible for an acute ward and a continual care ward at the Queen Alexandra Hospital in Portsmouth and had responsibilities at a third

site, St Mary's Hospital, also in Portsmouth. As a result Dr LORD's presence at the hospital was limited to conducting a continuing care ward round on Daedalus Ward every other Monday. She would also be in the hospital conducting out patients on Thursday when she would carry out a further ward round in relation to the stroke patients. Dr TANDY took annual leave towards the end of April 1998 followed immediately thereafter by maternity leave so that she did not return to work until February 1999. In spite of the considerable workload the Trust took the decision that her post should not be filled by a locum. Dr LORD kindly volunteered to make herself available to cover but the reality was, given her own position as a very busy consultant, she could not carry a ward round on Dryad Ward. For much of 1998 therefore I had no effective consultant support on one of the two wards for which I had responsibilities, with the consultant role on the other ward already being limited. At the time of my resignation from the Gosport War Memorial Hospital in April 2000 there were two elderly medicine consultants covering the wards and providing the weekly ward round. The consultant nominally in charge of Dryad was also Clinical Director for the Trust as well as his other extensive clinical commitments in two other hospitals and was not always available to provide the weekly service. In carrying out my duties as Clinical Assistant I would arrive at the hospital each morning when it opened at about 7.30am (0730). I would visit both Daedalus and Dryad Wards reviewing patients and liaising with staff before I then commenced my General Practitioner responsibilities at 9am (0900). I would return to the hospital virtually every lunch time, new

patient of whom there were about five each week, would usually arrive before lunch time and I would admit patients, write up charts and see relatives. Quite often, in particular if I was the duty doctor, I would return to the hospital after GP surgery hours at about 7pm (1900). I was concerned to make myself available to relatives who were not usually able to see me in the course of their working day. This became a very important time commitment in the job. I would also attend the Daedalus Ward round on Monday's with Dr LORD but was unable to attend the round for stroke patients on Thursdays. I was also concerned to make myself available even outside those hours when I was in attendance at the hospital. The nursing staff would therefore ring me either at home or at my GP surgery to discuss developments or problems with particular patients. In the event that medication was to be increased, even within a range of medication, already prescribed by me it would be usual for the nursing staff either to inform me of the fact that they considered it necessary to make such a change or they would inform me shortly thereafter of the fact that the increase had been made. When I first took up the post the level of dependency of patients was relatively low, in general the patients did not have major medical needs. An analogy now would be to a nursing home. However over time that position changed very considerably. Patients who were increasingly dependent would be admitted to the wards so that in time and certainly by 1998 many of the patients were profoundly dependent with minimal Bartel Scores. There was in consequence a considerable increase in the medical and nursing input required to care for such patients. Further in 1998, as an

example, the bed occupancy was about 80%, however the Trust was concerned to increase that still further and it then rose to approximately 90%. There would be therefore as many as 40 or more patients to be seen and/or reviewed by me when I attended each day. There was no increase in nursing staff, support staff, occupational therapy and physiotherapy and no support from Social Services to assist with the increase in patients and the increase in dependency and medical needs. On a day by day basis mine was the only medical input. Part of the list of duties laid down for me as Clinical Assistant was to be responsible for the day to day medical management of patients. My work involved looking after a large number of elderly patients, approaching the end of their lives, and requiring continuing care from the health service. The vast majority had undergone treatment in the acute sector and were transferred to our care for rehabilitation, continuing care or palliative care, after their acute management was completed. A major group of these patients were suffering from end Stage Dementia as well as major organ failure such as renal failure. A lot of my time would be spent attempting to forge a relationship with families and helping them come to terms with the approaching death of a loved one. This aspect of the job was often not helped by unrealistic expectations of the level of rehabilitation available at our cottage hospital or possible in these individual patients and difficult dynamics within the families. The act of transferring such frail patients also further compromised their condition, sometimes irreversibly. In carrying out my work I relied on a team of nurses both trained and untrained to support the work I did.

Between us all we tried to offer a level of freedom from pain, physical discomfort, unpleasant symptoms and medical distress which is difficult to offer in an acute setting and is more allied to palliative care. Over the 12 years in which I was in post I believe I was able to establish a very good working relationship with the nursing staff at the hospital. I found them to be responsible and caring, they were experienced, as I think I myself became, in caring for elderly dependent patients. I felt able to place a significant measure of trust in the nursing staff. Over the period in which I was in post there was only a marginal increase in the number of nursing staff with the significant number of patients, and the considerable increase in dependency over the period the nurses too were faced with an excessive workload. The picture therefore that was emerging, at least by 1998, at the hospital was one in which there had been a marked increase in the dependency of the patients and indeed an increase in their numbers. There was limited consultant input, reduced still further by the fact that no locum was appointed to cover Dr TANDY's position by this time the demands on me were very considerable, given that I was expected to deliver this significant volume of care within a mere three and a half sessions each week. I raised this management, matter with management albeit verbally, saying that I could not manage this level of care for the number of patients but the reality was there was no one else to do it. In due course I felt unable to continue, I resigned from my post in 2000. It may have been of some significance that my position was then replaced, not with another part time Clinical Assistant but a full time Staff Grade. Indeed my present

understanding is that this post may be increased to two full time positions and is a clear reflection of the very considerable demands upon me at the relevant time when I was struggling to cope with the care of patients. In addition the consultant cover to the two wards was increased to ten sessions per week in 2000. In 1998 I had tried to raise the issue with Trust Management but there was no one else to do the job. I could have said I couldn't do the job any more and walked away, resigning my position at that time. However I felt obliged to remain, to support my colleagues and more particular to care for my patients. I felt that if I left I would be letting down the nursing staff, with whom I worked for 12 years and letting down the patients, many of whom were in my practice and part of my own community. In reality I was trying to do my best in the most trying to circumstances. I continued to express my concern to Trust Management but to no avail and eventually I felt compelled to resign in April 2000. In caring for patients on a day to day basis therefore I was left with the choice of attending to my patients and making notes as best I could or making more detailed notes about those I did see but potentially neglecting others. In the circumstances I attended to my patients and I readily accept that my note keeping suffered in consequence, the medical records therefore do not set out each and every review with a full assessment of a condition of a patient at any given point. Of necessity they were sparse, the constraints on the caring, experienced nursing staff meant that they too had the same problem, to tend to the patients, keeping them clean, feeding them and attending to their other nursing needs or to write detailed notes. Similarly in relation to

prescribing I felt obliged to adopt a policy of pro-active prescribing, giving nurses a degree of discretion and administering within a range of medication. As a result if the patients condition deteriorated such that they required further medication to ease pain and suffering that medication could be given even though the staffing arrangements at the hospital were such that no medical staff could attend to see the patient. This was of assistance in particular out of hours. It was a practice adopted out of necessity but one in which I had trust and confidence in the nurses who would be acting on my prescripts and indeed in which the nurses would routinely liaise with me as and when increases of medication were made, even within authority of the prescription. I accept that this would not be necessary in a teaching hospital or even a big district general hospital where a professor or consultant in geriatrics will have a plethora of junior staff. Someone will either be on the end of a bleep or available on the ward to write up or review a prescription for opiates. It may also be of some significance that prescriptions of this nature by me were inevitably reviewed on a regular basis by consultants when carrying out their own ward rounds. At no time was I ever informed that my practice in this regard was inappropriate. Less this observations and indeed others in relation to the degree of consultant support appear to be anyway to be critical of Dr LORD I am very anxious to emphasise that Dr LORD was caring, thoughtful and considerate. The reality is that Dr LORD too had a considerable workload and she did what she could, given the constraints upon her.

BARKER: Well can I say that from this point I'm advising Dr BARTON that she should make no response to the questions that you put to her. You've indicated the time frame as we know this matter has been going on for some very considerable time indeed and you've also asked Dr BARTON in all fairness that it's going to carry on for some long time afterwards. It has been a source of considerable stress on her and with all fairness I do not believe that she is in the best position to give an account of herself through response to questions but obviously has attempted to give you a lot of information within the pre-prepared statement and so I'm going to repeat my advice that from this point she should make no comment to the questions that you put to her.

DC YATES: There's just a few formalities we have to go through and the prepared statement is, is very full and very informative but I do need to ask, did you make this statement doctor yourself?

BARTON: No comment.

DC YATES: What I do need for the prepared statement is for it actually to be endorsed.

BARKER: Can I make it perfectly plain this is Dr BARTON's pre-prepared statement.

DC YATES: Right in that case could I ask Dr BARTON please to sign ...

BARKER	I'm perfectly happy for Dr BARTON to sign, not a problem at all.
DC YATES	She's just got to sign this one ...
BARKER	Yes of course.
DC YATES	... perhaps you could endorse it as well.
BARKER	I'd be very happy to. Do you want each page signed and endorsed, it's not a problem?
DC QUADE	No, no there'll be, this, you understand why it's only a formality and ...
BARKER	Of course.
DC QUADE	... perhaps it would be helpful if Dr BARTON could endorse it to the effect that it was handed to DC YATES as well.
BARKER	Jane if you just (inaudible) and simply sign the last page and just write underneath that, handed to DC YATES ...
BARTON	Y E A?
DC YATES	Y A.
BARKER	... and put today's date.
DC YATES	Lovely thank you.

DC YATES Perhaps you could endorse it as well.

BARKER I'm very happy to.

DC YATES Lovely thank you.

BARKER Okay.

DC YATES Right what I'll do is I'll actually give this an identification reference which I think I will call JB/PS/1 and that is so we can always refer it to that, that number. Right what I intend to do now cos it is eight pages or so, a lot of information, so I'd like to actually, nine pages, actually call a halt to the interview so that we can actually go and read it properly and see where we go from there. Before I actually turn the tapes off though is there anything you want to say?

DC QUADE Only one thing Mr BARKER I just picked up on, you just said, you've obviously given legal advice to Dr BARTON to make no further comment to any questions we might put to her and you just said it was, I haven't got the words right, I might have them but you didn't think because of the stress etc that she's been under because of the length of the time of the enquiry you don't think she's in a position to answer any questions. Is that your opinion or is that a medical opinion?

BARKER I've given you the information that I do not think that she is in the best position to give an account of herself through this process.

DC QUADE It's ...

BARKER That is, that is my view and my advice.

DC QUADE ... okay, to your knowledge is there, this is to both of you now, is there any medical reason why we shouldn't carry on these interviews today?

BARKER I'm not seeking to suggest that you should bring in a police surgeon to or if any to consider Dr BARTON's medical condition as I think you yourself in asking, Mr YATES, in asking Dr BARTON earlier on whether she was okay, would have picked up the fact that this is a stressful exercise for her. This is not a game of cat and mouse this is a game, as you would readily accept this is, this is an important job of informing you of important information carefully and accurately. To be in the best position to do that I do not believe that it is appropriate for Dr BARTON to answer questions but to convey information helpfully through the process that we've given.

DC QUADE Yeah.

BARKER It is as simple as that.

DC QUADE Yeah, thanks ...

BARKER If I think that the point has been reached at which an FME needs to come I would certainly let you know because that is part of my job.

DC QUADE	... yeah the purpose of that wasn't, I mean your legal advice is, it's absolutely down to you and we're not going to try and encroach on that at all because it's not our responsibility but our responsibility at the moment is to Dr BARTON's welfare while she's here and we properly couldn't carry on our interviews if there was any medical reason why we shouldn't you know, that's why I bring it up.
BARKER	No I entirely understand and rest assured if I had concerns you'll certainly, you'll certainly know.
DC YATES	And as I said right at the start of the interview as well, there's no low ballers, there's no sneaky questions ...
BARKER	Of course.
DC YATES	... we've been up front about the topics that we'd like to cover etc. Just about to turn the tapes off for a break so that we can consider this, feel free, you know where the canteen is if you want to go and have a walk and get a breath of fresh air, I'll show you where that is but is there anything you want to say before I turn the tapes off?
BARKER	I'm grateful, thanks.
DC YATES	Then by my watch it's 1027 hours and I'm going to turn the tapes off.

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