

GENERAL MEDICAL COUNCIL

-and-

DR BARTON

FFW/37/03

BARTON INTERVIEWS


Packman
interviews

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GENERAL MEDICAL
COUNCIL

-and-

DR BARTON

BARTON
INTERVIEWS

ORIGINAL
TRANSCRIPTS

2

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20M

Enter type: **FULL TRANSCRIPT**
 (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: **17/11/2005**

Time commenced: **0914** Time concluded: **0941**

Duration of interview: **27 MINUTES** Tape reference nos.
 (→) **CSY/JAB/12**

Interviewer(s): **DC2479 YATES / DC1162 QUADE**

Other persons present: **MR BARKER , SOLICITOR**

Police Exhibit No: **CSY/JAB/12A** Number of Pages: **21**

Signature of interviewer producing exhibit

Tape counter times(↓)	Person speaking	Text
DC YATES		This interview is being tape recorded. I am 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		Jane Ann BARTON, Code A

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DC YATES

Thank you. Also present is Mr BARKER, who is Doctor BARTON's solicitor. Can you please introduce yourself?

BARKER

Certainly confirm that my name's Ian BARKER and I am Doctor BARTON's solicitor.

DC YATES

Thank you. The time is 09 (coughs) excuse me, 0914 hours and the date is the 17th of November 2005. 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. Mr BARKER is here as your legal advisor. Have you had enough time to consult with Mr BARKER in private or would you like further time?

BARTON

I've had time thank you.

DC YATES

Thank you. If at any time you do wish to stop the interview and take legal advice just say and the interview will be stopped in order that you can do this. I'd also like to point out that you have attended voluntarily, you're not under arrest and you've come here of your own free will. So if at any time that you wish to leave you're free to do so okay. I'll also caution you, 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. Anything you do say maybe given in evidence. Do you understand that caution?

BARTON

I do.

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DC YATES

I'll break it up again anyway. It can be broken into three sections. The first is that it is your right not to say anything when asked questions by us. The second part is the slightly more confusing part, if this matter should go to court it may harm your defence if you wish to rely on something as part of your defence, if you've had the opportunity to mention it now. In other words a court may draw, and it is a may draw, well it's called an adverse inference and they'll wonder why you did not mention it earlier when interviewed if it was known to you then. The third and last part is again that's quite simple, the interview is being tape recorded, if it should go to court and it was felt necessary the tapes can be played or a transcript can be read. Is that a fair description? Yeah. On this occasion again this room isn't equipped for remote monitoring so DS GROCOTT who we know is outside so he can't hear anything that's going on in here at all and as before it will be me speaking to you the majority of the time. DC QUADE will almost certainly be taking some notes. Mr BARKER I think the last time we met was Thursday the 27th of October?

BARKER

That's right.

DC YATES

And I handed you by way of advance disclosure for this interview, copies of the medical notes of Geoffrey PACKMAN and a brief synopsis of his care.

BARKER

You did indeed.

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DC YATES

I believe those notes weren't particularly good and you had to be given a further copy is that right?

BARKER

That's correct yes one of your colleagues very kindly produced a ...

DC YATES

But they were satisfactory?

BARKER

... they were yes.

DC YATES

Okay. This investigation is being conducted by Hampshire Constabulary and started in September 2002 it's already been running over three years. 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. 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 is very central to our enquiry. The interview today will concentrate on the care and treatment of Geoffrey PACKMAN. Mr PACKMAN was admitted to Gosport War Memorial Hospital and subsequently died on the 3rd of September 1999. The cause of death was given as Myocardial Infarction. Perhaps Doctor in your own words

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you can tell me what you recollect of Mr PACKMAN and the care and treatment that he received whilst at the Gosport War Memorial Hospital. Now you've already passed them out now, I believe you're going to read from a prepared statement.

BARTON

That's correct.

DC YATES

Is that correct, yeah. Is that statement yours doctor?

BARTON

It is.

DC YATES

And you've made it?

BARTON

I did.

DC YATES

Okay if you'd care to read that, thank you.

BARTON

I am Dr Jane BARTON of the Forton Medical Centre, White's Place, Gosport, Hampshire . As you are aware, I am a General Practitioner, and from 1988 until 2000, I was in addition the sole Clinical Assistant at the Gosport War Memorial Hospital.

I understand you are concerned to interview me in relation to a patient at the Gosport War Memorial Hospital, Mr Geoffrey PACKMAN. Unfortunately, at this remove of time I have no recollection at all of Mr PACKMAN. As you are aware, I provided you with a statement on the 4th November 2004, which gave information about my practice generally, both in relation to my role as a General

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Practitioner and as the clinical assistant at the Gosport War Memorial Hospital. I adopt that statement now in relation to general issues insofar as they relate to Mr PACKMAN.

In that statement I indicated when I had first taken up the post, the level of dependency of patients was relatively low and that in general the patients did not have major medical needs. I said that over time that position changed very considerably and that patients who were increasingly dependent would be admitted to the wards. I indicated that certainly by 1998 many of the patients were profoundly dependent with minimal Barthel scores and there was significant bed occupancy. The demands on my time and that of the nursing staff were considerable. I was in effect 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 other patients. The statement largely represented the position at the Gosport War Memorial Hospital in 1998.

I confirm that these comments are indeed a fair and accurate summary of the position then, though if anything, it had become even more difficult by 1999 when I was involved in the care of Mr PACKMAN.

Mr Geoffrey PACKMAN was a 67 year old man who lived at home with his wife and daughter in Emsworth. It appears that he was visited regularly at home by the District Nurse who in February of 1999 noted that he had a large red weeping area on the shin of his right leg. A Doppler's test was performed, being an ultrasound

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measurement of the pressure in the veins of the legs. Mr PACKMAN's GP appears to have referred him to Consultant Urologist Mr CHIVERTON at some point after April 1999. The GP referred in his letter to symptoms of prostatism and a raised PSA. He said that Mr PACKMAN had had a negative mid-stream urine test, but rectal examination, presumably to assess the size of the prostate, had been virtually impossible because of Mr PACKMAN's huge size and inability to lie properly on his side. The GP noted that Mr PACKMAN was grossly obese, and indeed a subsequent measurement of his weight was recorded at 146kg - in excess of 23 stone.

Mr PACKMAN was noted to have a raised random blood sugar and was also due to have a glucose tolerance test to exclude diabetes mellitus.

At the end of June his GP then made a further referral, this time to Consultant Dermatologist Dr KEOHANE in relation to Mr PACKMAN's leg ulceration. Mr PACKMAN had apparently been attending the District Nurse's leg ulcer clinic for many months and had hugely oedematous legs. The District Nurse had drawn the GP's attention to a large granulomatous raised area on the back of his right calf, and Dr KEOHANE's advice was requested. At this stage it seems that Mr PACKMAN was being visited by the District Nurse 3 times a week in order to dress the leg ulceration, that he had recently become immobile and his condition had worsened. Mr PACKMAN was seen in the dermatology clinic on 30th June 1999, the Senior House Officer reporting back that Mr PACKMAN

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had bi-lateral severe oedema with some leg ulceration secondary to venous hypertension. Mr PACKMAN was to be brought in for further Doppler's testing.

On 6th August 1999 Mr PACKMAN was then admitted to the Queen Alexandra Hospita 1 having suffered a fall. He was unable to mobilise and 2 Ambulance crews were called to assist. It was noted on admission that the GP and the District Nurse were unable to cope with Mr PACKMAN at home. The diagnoses at that stage were bi-lateral leg oedema, with ulcers on the left leg, obesity and it was noted that he was simply not coping.

In the course of clerking-in on 6th August, it appears that Mr PACKMAN was suspected to be in atrial fibrillation. An ECG was arranged which showed atrial fibrillation at the rate of 85. Blood tests revealed that he has a white cell count of 25,000, an ESR of 31 and a CRP of 194. He was felt to have cellulitis in the groin and left lower leg, he was commenced on antibiotics and his diuretic medication was changed to Frusemide. His past medical history was noted to consist of the bi-lateral leg oedema, which he had apparently had for 5 years, hypertension which had been treated since 1985 and arthritis.

It appears that about the time of admission Mr PACKMAN was recorded as having a large black blistered area on his left heel in addition to the leg ulceration.

Following assessment his problems were recorded as cellulitis of the left leg, chronic leg oedema, poor mobility,

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morbid obesity, raised blood pressure and possible atrial fibrillation. In relation to the latter and prior to the performance of the ECG, anticoagulants were suggested if atrial fibrillation was confirmed, and the possibility of left ventricular dysfunction was also raised. Shortly thereafter Mr PACKMAN was commenced on Clexane 40mgs twice daily.

At this stage Mr PACKMAN's creatinine level was noted at 173, with urea at 14.9, suggesting that the insult due to the infection in his legs was resulting in compromise of his renal function.

It was also noticed on 6th August that "in view of pre-morbid state + multiple medical problems [Mr PACKMAN was] not for CPR in event of arrest". A Barthel score stated to have been assessed on 5th August (presumably 6th August in error) was recorded as zero, indicating that Mr PACKMAN was completely dependant.

Mr PACKMAN was reviewed by the Specialist Registrar the following day, 7th August, who agreed, presumably on the basis of what was felt to be Mr PACKMAN's poor condition at that stage, that he was not to be resuscitated in the vent of arrest. It was suggested that his anti-hypertensive medication should be changed to an ACE inhibitor in view of the oedema and he was considered for a beta-blocker in view of his atrial fibrillation. His diuretic was changed lest it cause dehydration. Mr PACKMAN was given Flucloxacillin 500 mgs 4 times daily,

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supplemented by Penicillin V 500 mgs 4 times a day to combat the cellulitis.

Although steps were apparently taken to prevent the development of pressure sores, on 8th August Mr PACKMAN was noted to have sores to the sacrum, being described as "Grade 3". I believe this would have been a reference to a wound classification system, Grade 3 suggesting that there was full thickness skin loss involving damage of subcutaneous tissue.

Over the next few days it appears that Mr PACKMAN's cellulitis improved but the overall assessment of his suitability of resuscitation did not change - on 11th and again on 13th August it was again specifically noted that he was not for resuscitation - recorded as "Not for 555".

On 13th August Mr PACKMAN was reviewed by a Consultant Geriatrician Dr Jane TANDY . She noted that he had had black stools overnight. The following day a nursing note records that when the dressings on the pressure sores were renewed, the wounds to the left buttock and right lower buttock and thigh were very sloughy and necrotic in places, and very offensive smelling. Clearly by that time, Mr PACKMAN had developed significant pressure sores.

A Barthel score measured on 14th August again recorded a score of zero indicating his complete dependence.

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It appears that by 15th August a decision had been made that Mr PACKMAN should be transferred to the Dryad Ward at the Gosport War Memorial Hospital. A note in the nursing records indicates that Staff Nurse HALLMAN at Gosport War Memorial Hospital had indicated that we were not in a position to take Mr PACKMAN at that time. This is likely to have been an indication that there were no beds available and that we would have been under considerable pressure in consequence of the high bed occupancy.

An entry in Mr PACKMAN's records for 20th August by the Specialist Registrar indicates that Mr PACKMAN was due to transfer to Gosport War Memorial Hospital on 23rd August. The Specialist Registrar also noted that Mr PACKMAN remained not for resuscitation. A Barthel score measured on 21st August again recorded a score of zero indicating his complete dependence.

Mr PACKMAN was then admitted to the Gosport War Memorial Hospital on 23rd August 1999. There is a clerking-in note contained within his records, but I do not recognise the handwriting or signature of the doctor who assessed him on this occasion. His problems were noted to be obesity, arthritis, immobility and pressure sores. The episode of melaena on 13th August was noted, with his haemoglobin being stable. At that stage he was said to be in no pain. Cardiovascular and respiratory systems were thought to be normal. The clinician admitting Mr PACKMAN also prescribed medication in the form of Doxazosin 4 mgs daily for hypertension, Frusemide 80 mgs

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once a day as a diuretic for Mr PACKMAN's oedema, Clexane 40mgs twice a day for DVT prophylaxis and atrial fibrillation. Paracetamol 1gm 4 times daily for pain relief, Magnesium Hydroxide 10 mls twice daily for constipation, together with Gaviscon for indigestion and cream for his pressure sores.

On this occasion, a Barthel score of 6 was recorded for 23rd August, suggesting that, although Mr PACKMAN might have improved to a degree, he was still significantly dependent.

I anticipate that I would have reviewed Mr PACKMAN the following day as part of my assessment of all the patients on the ward, though it appears that I did not have an opportunity to make any entry in his medical records on this occasion. The prescription chart shows that I prescribed Temazepam for Mr PACKMAN on a PRN basis - as required - at a dose range of 10-20 mgs. 10 mgs of Temazepam was then given on the night of 24th August, with a night nursing record indicating that he slept for long periods.

I anticipate that I would have reviewed Mr PACKMAN the following day, 25th August, although again I did not have an opportunity to make an entry in his records. It appears that Mr PACKMAN then was noted to have passed blood per rectum, and Dr BEASLEY was contacted, Dr BEASLEY presumably being on duty out-of-hours. He advised that the Clexane should be discontinued. Dr BEASLEY also appears to have prescribed

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Metoclopramide by way of verbal order, which I later endorsed, together with Loperamide. The Metoclopramide was apparently given at 5.55pm (1755) with good effect. The dressings on the pressure sores were removed on 25th August and were noted to be contaminated with faeces.

I do not know if I reviewed Mr PACKMAN on the morning of 26th August. He was noted by the nurses to have had a fairly good morning. Sister HAMBLIN has recorded that Dr RAVI, locum Consultant Geriatrician, was contacted and he confirmed that the Clexane should be discontinued and the haemoglobin repeated. Again, Mr PACKMAN was noted to be "not for resuscitation". Sister HAMBLIN may have contacted Dr RAVI if I was unavailable that morning. The nursing record goes on to indicate that Mr PACKMAN then deteriorated at about lunchtime, that his colour was poor and that he complained of feeling unwell. I was called to see him, my entry in his records on this occasion reading as followed.

'Called to see, pale, clammy, unwell

Suggest ? MI. treat stat diamorph

And oramorph overnight

Alternative possibility GI bleed but no haematemesis

Not well enough to transfer to acute unit

Keep comfortable

I am happy for nursing staff to confirm death'.

As my note indicates, I was concerned that Mr PACKMAN might have suffered a myocardial infarction and accordingly I decided to administer opiates in the form of

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Diamorphine for pain and distress consequent on the possible myocardial infarction, at a dose of 10 mgs intramuscularly. In addition, I would have been conscious that he had large pressure sore areas on his sacrum and thighs which would have been causing him significant pain and discomfort. I prescribed 10 mgs Diamorphine intramuscularly to be given immediately, which is recorded on the drug chart as a verbal instruction. An alternative diagnosis which I recorded was that Mr PACKMAN had had a gastro intestinal bleed.

My impression when I assessed Mr PACKMAN on this occasion was that he was very ill. I felt that in view of his condition and the previous decisions that he was not for resuscitation, transfer to an acute unit was quite inappropriate. Any such transfer was very likely to have had a further deleterious affect on his health.

The nursing note for 26th August indicates that we were to await blood test results. There was then a further deterioration later in the day, with Mr PACKMAN complaining of indigestion and a pain in his throat, which was not radiating.

The blood count taken on 26th August subsequently showed that Mr PACKMAN's haemoglobin had dropped to 7.7 grams, a substantial drop from the 12 grams which had been recorded 2 days earlier.

It appears that I re-attended to see Mr PACKMAN at 7.00pm (1900) on 26th August. Concerned that he should

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have further appropriate medication to relieve his pain and distress, I prescribed Oramorph 10-20 mgs 4 times a day together with 20 mgs at night. 20 mgs of Oramorph was later given at 10.00pm (2200).

I also wrote up prescriptions for Diamorphine 40-200 mgs subcutaneously over 24 hours, together with 20-80 mgs of Midazolam via the same route on an anticipatory basis, concerned that further medication might be required in due course to relieve Mr PACKMAN's pain and distress. It was not my intention that this subcutaneous medication should be administered at that time. The nursing record also indicates that I saw Mr PACKMAN's wife, explaining her husband's condition and the medication we were using. I anticipate I would have indicated to Mrs PACKMAN that her husband was very ill indeed and in all probability that he was likely to die.

I would have reviewed Mr PACKMAN again the following morning and indeed the nursing record confirms that I attended to see him then. Sister HAMBLIN has recorded that there had been some marked improvement since the previous day and that the Oramorph was tolerated well and should continue to be given, though Mr PACKMAN apparently still had some discomfort later that afternoon especially when the dressings were being changed. In spite of the earlier improvement, Mr PACKMAN was said to remain poorly. 10 mgs of Oramorph were administered 4 hourly, together with a further 20 mgs at night as prescribed, so that Mr PACKMAN received a total of 60 mgs that day, though this was seemingly not enough to

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remove his pain and discomfort when his dressings were being changed. The nursing records indicate that he appeared to have had a comfortable night.

I reviewed Mr PACKMAN again the following morning and on this occasion I made a note in his records which reads as follows:

'28-8-99 Remains poorly but comfortable
please continue opiates over weekend'.

The nursing record indicates that Mr PACKMAN remained very poorly with no appetite. However, the Oramorph again seems to have been successful in keeping Mr PACKMAN comfortable at night.

I do not believe I would have seen Mr PACKMAN on Sunday 29th August. The nursing record indicates that he slept for long periods but that he also complained of pain in his abdomen. The sacral wounds were said to be leaking a lot of offensive exudate.

I do not know if I would have seen Mr PACKMAN again the following morning, Monday 30th August, that being a Bank Holiday. I have no way of knowing now if I was on duty then. If I did see him as part of my review of all the patients on the two wards, I did not have an opportunity to make a specific entry in his records on this occasion. A Barthel score was recorded as 4. The nursing record indicates that Mr PACKMAN's condition remains poor and later that day - at 2.45pm (1445) the syringe driver was set

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up to deliver 40 mgs of Diamorphine and 20 mgs Midazalam subcutaneously. I anticipate that Mr PACKMAN would have continued to experience pain and clearly in view of the significant sacral sores, it's highly likely that he would have been experiencing further significant discomfort.

In view of his poor condition I anticipate that I considered him to be terminally ill and I would have been concerned to ensure that he did not suffer pain and distress as he was dying. Mr PACKMAN had received 60 mgs of Oramorph daily over the preceding 3 days and the administration of 40 mgs of Diamorphine subcutaneously over 24 hours did not represent a significant increase. Mr PACKMAN would have started to have become inured to the opiate medication and an increase of this nature was in my view entirely appropriate to ensure that his pain was well controlled. Indeed, the nursing record goes on to state that there were no further complaints of abdominal pain and Mr PACKMAN was able to take a small amount of food.

I anticipate that the nursing staff would have liaised with me prior to the commencement of the Diamorphine and Midazalam and that this would have been set up on my instruction, directly if I had been at the hospital, or otherwise by phone.

On the morning of 31st August Mr PACKMAN was recorded as having had a peaceful and comfortable night, though he then passed a large amount of black faeces that morning.

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I believe I would have seen Mr PACKMAN again that morning, though again I did not have an opportunity to make an entry in his records. I anticipate his condition would have been essentially unaltered and that he would have remained comfortable. Similarly, I would probably have seen Mr PACKMAN again on the morning of 1st September but would have been unable to record this. I anticipate that his condition was again unchanged. 5 separate pressure sore areas were noted by the nurses. A Barthel score of only 1 was recorded.

Mr PACKMAN was reviewed the same day by Consultant Geriatrician Dr REID . Dr REID noted that Mr PACKMAN was rather drowsy but comfortable. He had been passing melaena-stools. His abdomen was noted to be huge but quite soft and Dr REID also recorded the presence of the pressure sores over the buttocks and across the posterior aspects of both thighs. He noted that Mr PACKMAN remained confused and was for "TLC". The Frusemide and Doxazosin were to be discontinued and Mr PACKMAN's wife was said to be aware of his poor prognosis.

The entry by Dr REID that Mr PACKMAN was to have "TLC" - tender loving care - was clearly an indication that Dr REID also considered Mr PACKMAN to be terminally ill. Dr REID had the opportunity to review the medication which Mr PACKMAN was receiving at that time and clearly felt it appropriate.

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Sister HAMBLIN recorded later in the nursing records that the syringe driver was renewed at 7.15pm (1915) with 60 mgs of Diamorphine and 60 mgs of Midazolam subcutaneously as the previous dose was not controlling Mr PACKMAN's symptoms. It appears therefore that Mr PACKMAN was experiencing yet further pain and discomfort. I anticipate that the nursing staff would have contacted me and that I authorised this moderate increase in his medication in order to alleviate the pain and distress.

That night, Mr PACKMAN was noted to be incontinent of black tarry faeces but otherwise he had a peaceful night and the syringe driver was said to be satisfactory.

I believe I would have reviewed Mr PACKMAN again the following day, 2nd September. The nursing notes show that his medication was again increased, the Diamorphine to 90 mgs and the Midazolam to 80 mgs subcutaneously. I anticipate again that Mr PACKMAN would have been experiencing pain and distress and that I and the nursing staff were concerned that the medication should be increased accordingly to ensure that he did not suffer pain and distress as he died. That night, Mr PACKMAN was said to remain ill, but was comfortable and the syringe driver was satisfactory.

Sadly, Mr PACKMAN passed away on 3rd September 1999 at 1.50pm (1350). My belief was death would have been consequent on the myocardial infarction.

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The Oramorph, Diamorphine and Midazalam were prescribed and in my view administered solely with the aim of relieving Mr PACKMAN's pain and distress, ensuring that he was free from such pain and distress as he died. At no time was any medication provided with the intention of hastening Mr PACKMAN's demise.

DC YATES

Thank you. I must, I don't think there's anything that needs altering on that unless you've made any, again doctor thank you it's a very full prepared statement. Can I ask you if you would to sign it and date it and time it as being handed to me DC YATES? Mr BARKER would you care to countersign it, thanks? Thank you. For the purpose of the tape I'll give this prepared statement an identification reference of JB/PS/11. Doctor we'll call a stop to the interview now so that we can go away and consider the statement that you've just read out. I may well wish to put a number of questions to you about this statement if I do would you be prepared to answer those questions?

BARTON

No.

DC YATES

No okay.

BARKER

Can I just say?

DC YATES

Yeah.

BARKER

That's on the basis of the advice previously tended and for the reasons previously given which I know is ...

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DC YATES

Okay. Is there anything that you wish to clarify Doctor?

BARTON

No thank you.

DC YATES

Is there anything you wish to add? Right we'll give you a notice explaining what will happen to the tapes and the tape recording procedure. The time is 9.41 (0941) hours and we'll turn the recorder off.

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RECORD OF INTERVIEW

Number: Y20AI

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 0901 Time concluded: 0940

Duration of interview: 39 MINUTES Tape reference nos.
(→)

Interviewer(s):

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC YATES	This interview is being tape recorded. I am 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	Jane Ann BARTON, Code A

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DC YATES

Also present is Mr BARKER, who is Doctor BARTON's solicitor. Can you please introduce yourself here for me?

BARKER

Certainly it's Ian Steven Petrie BARKER and I am Doctor BARTON's solicitor.

DC YATES

Thank you. This interview is being conducted in an Interview Room at Fareham Police Station in Hampshire. The time is 0901 hours and the date is the Thursday the 6th of April 2006 (06/04/2006). At the conclusion of the whole interview process doctor, I will give you a notice explaining what will happen to the tapes okay. I must remind you doctor that you're still entitled to free legal advice. Mr BARKER is here as your legal advisor. Have you had enough time to consult with Mr BARKER in private or would you like further time?

BARTON

Fine thank you.

DC YATES

If at any time you wish to stop the interview and take legal advice, then if you just say doctor and we will stop the interview and you can do that. I'd also like to point out that you have attended voluntarily and so you're not under arrest, you've come here of your own free will and so if at any time you wish to leave you know you're free to do so okay.

BARTON

Thank you.

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DC YATES

I'll also caution you, 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 may be given in evidence. Do you understand that caution doctor?

BARTON

I do.

DC YATES

(Inaudible) I'll break it up again anyway. The caution can be broken into three sections. The first, which is the very simple bit, is that it is your right not to say anything when asked questions by us okay. The second part is the slightly more confusing part and that is if this matter should go to court, and as I say 'even if this matter should go to court' it may harm your defence if you wish to rely on something as part of your defence, if you've had the opportunity to mention it now. In other words a court might think, or draw an inference and say: "Why didn't you say that earlier?" The third and last part again is quite simple, the interview is being recorded and so should the matter go before a court a transcript of the interview can be read out, or the tapes can be played. Are you quite happy with the sound of that?

BARTON

Thank you.

DC YATES

On this occasion the room is equipped with a remote monitoring facility, it's that red light on top of the tapes there doctor. When that red light is on it means it's being monitored, and it is being monitored at the moment by

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Detective Inspector GROCOTT. It's being monitored purely just to facilitate any enquiries we might want to do as a result of this interview quickly. When those tapes are turned off though nothing can be heard in this room throughout the remote facility, so if you want to take legal advice or anything like that you can do in this room, it can't be heard. So that will be me speaking to you the majority of the time, DC QUADE will be taking some notes and he will also be asking some questions. Now Operation Rochester, this is an investigation that's being conducted by the Hampshire Constabulary and it started in September 2002, so this particular investigation has been running for over three years now. It is an investigation into allegations of the unlawful killing of a number of patients at the Gosport Ware 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 for you to be aware that the offence range being investigated runs from potential murder right the way down to assault. Now part of the ongoing enquiries is to interview witnesses who were involved in the care and treatment of the patients at the hospital during that period. You were a clinical assistant at the Gosport War Memorial Hospital at the times of these deaths, so your knowledge of the working of the hospital and the care and the treatment of the patients is very central to our enquiry. Today doctor in this interview we will be concentrating on the patient Geoffrey PACKMAN. He was a 68 year-old-man admitted to Dryad Ward on the 23rd of August 1999 (23/08/1999) from the Queen Alexandra Hospital. He died on the 3rd of

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September 1999 (03/09/1999). Now I'm going to ask you quite a few questions today and all these groups of questions will come under particular topics and headings, and what I'll try to do is I'll endeavour to explain each topic at the start.

BARKER Can I just indicate the,...

DC YATES Uh-huh.

BARKER ...just confirm again the nature of the advise that I've given Doctor BARTON that she should make 'no comment' to the questions that you put her and invite her to indicate if she accepts that advise and for the reasons that she's previously stated to.

BARTON (Silent.)

DC YATES Yeah that's okay. Now that's the advice given to you by your solicitor, it's entirely up to you whether you take that advice, but I still have a duty to ask you a number of questions, which I propose to do okay. Right the following questionnaire is designed so that we can try and get an explanation from you as to the role you performed in the care and treatment of Geoffrey PACKMAN. The questions follow on from the initial 'prepared statement' that you tendered during a voluntary interview in 2005. The explanations or lack of that you give will be considered by the senior investigating officer as to whether they will ultimately be sufficient evidence to formulate criminal

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charges. The asking of each of these questions seems fundamental to the overall investigation of this case and will therefore take some time. Now it is important that you are given sufficient time to understand and reflect on the question and any answer before we ask you further questions, so there will be gaps after the questions, this is purely so that you can consider your reply. Now you were given copies of Geoffrey PACKMAN's Medical Records back in 2005. Is that correct?

BARTON

Correct.

BARKER

And I am confirming that as well.

DC YATES

Yeah. And you've also got a copy of your own 'prepared statement', is that right?

BARTON

(Silent)

DC YATES

Right the first topic area I would like to cover today is 'clerking'. Now clerking the patient is essential to ensuring that the patient's needs and treatments are identified and that suitable care plans are put in place. And what I want to establish is what you believe is the purpose of 'clerking' and what your own procedures were? I also want to try and identify what you see as the role of either the nurse or the doctor in clerking? (Pause) The GMC, General Medical Council booklet for Good Medical Practice, which we have a copy of here, a photocopy of, and it's got an identification reference of CSY/HF/2. In here, I'll leave this if you want

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to consult it doctor, it states that 'Good clinical care must include adequate assessment of the patient's condition based on the history and symptoms and, if necessary, an appropriate examination'. And it goes on after that to say - 'In providing care you must keep clear, accurate, legible and contemporaneous patient records, which report the relevant clinical findings with decisions made, the information given to patients and any drugs or other treatments prescribed'. And it also goes on to say - 'Good clinical care must include taking suitable, prompt action where necessary', and that's going to form quite an important part of today's questions. Also it says - 'Prescribe drugs, including repeat prescriptions only when you have adequate knowledge of the patient's health and medical needs'. Doctor did you provide a suitable and adequate assessment of Mr PACKMAN's care?

BARTON

No comment.

DC YATES

What is the purpose of the clinical assistant in the context of looking after patients?

BARTON

No comment.

DC YATES

We have here a copy of the Job Description for the Clinical Assistant at the hospital and it's got an identification reference of GJQ/HF/14, and it lists thirteen duties. Have you read this document?

BARTON

No comment.

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DC YATES

(Pause) The duties, the thirteen duties are to visit the units on a regular basis and to be available on call as necessary. To ensure that all new patients are seen promptly after admission. To be responsible for the day-to-day medical management of patients. To be responsible for the writing up of the initial case notes and to ensure that follow up notes are kept up-to-date and reviewed regularly. To complete upon discharge the Discharge Summary, an HRM60. To ensure the prompt preparation of Death Certificates and Cremation Certificates where appropriate. To take part in the weekly consultant rounds. To prescribe, as required, drugs for the patients under the care of the consultant physicians in geriatric medicine. To participate, wherever possible, in the multi disciplinary case conferences and discussions related to the patients on the unit. To provide clinical advice and professional support to other members of the caring team. To identify opportunities to improve services so that a high level of care can be provided within the resources available. To be available, when required, to advise and counsel relatives and to be responsible for liaison with the general practitioners with whom the patient is registered with other clinicians and agencies as necessary. Did you carry out these duties in your role?

BARTON

No comment.

DC YATES

How often doctor would you visit the patients?

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BARTON

No comment.

DC YATES

I believe you have said in previous statements that 'you would visit the patients Monday to Friday between half-seven and nine o'clock (that's in the morning), virtually every lunchtime and quite often about 1900, seven o'clock in the evening especially if you were the duty doctor'. Is that correct?

BARTON

No comment.

DC YATES

Doctor could you take me through what your daily routine was?

BARTON

No comment.

DC YATES

As I mentioned before you've implied that 'you visit the hospital between half-past-seven (0930) and nine o'clock every morning'. Is it correct that you then have your GP Practice to attend between nine (0900) and eleven (1100) every morning?

BARTON

No comment.

DC YATES

And quite often don't leave until half-eleven (1130)?

BARTON

No comment.

DC QUADE

(Inaudible - mumbles).

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BARTON No comment.

DC YATES And why was he admitted to Dryad Ward?

BARTON No comment.

DC YATES Well where did Mr PACKMAN come from before he went to Dryad Ward?

BARTON No comment.

DC YATES Doctor is it correct that Mr PACKMAN came on the 23rd of August 1999 (23/08/1999) from the Queen Alexandra Hospital?

BARTON No comment.

DC YATES Doctor what is 'continuing care'?

BARTON No comment.

DC YATES (Inaudible – speaks to DC QUADE).

Doctor can I draw your attention to a document...

DC QUADE CSY/HF/4.

DC YATES HF/4, Portsmouth Health Care NHS Trust. It's the Department Of Medicine For Elderly People Essential

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Information for Medical Staff. There is an entry here about 'continuing care and long stay', and on the fifth (5th) paragraph it says: "It is often difficult to know on first encounter if the patient on the ward whether they are appropriate for continuing care or not. Patients who are severely physically disabled and require a medical input can go to continuing care for a period of assessment over a few weeks to one month. If at the end of that time they have complex medical problems that need continuing input from nursing, medical and other professionals, and their Barthel score is lower than four out to twenty (4/20) then they should be appropriately cared for on continuing care. Some of these patients will improve with time, in which case the situation would have to be reviewed. Those patients who do not need regular input from a specialist team would be most appropriate for nursing home care. This assessment should be explained to patients and their families'. Now would you say that that is a fair definition of continuing care?

BARTON

No comment.

DC YATES

Is that a definition you are familiar with Doctor BARTON?

BARTON

No comment.

DC YATES

So what is the difference between 'continuing care' and 'rehabilitation'?

BARTON

No comment.

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DC YATES And 'palliative care'?

BARTON No comment.

DC YATES (Pause) Doctor if I may draw your attention to Page 54 of the medical notes for Geoffrey PACKMAN, which are BJC/34 and they're the clinical notes. On the 23rd of August 1999 (23/08/1999), which is when Mr PACKMAN came into the hospital, he was seen by a doctor. Are they your notes doctor?

BARTON No comment.

DC YATES Now there's a page of notes here where the patient has been initially seen by a doctor and it was Doctor RAVI...

DC QUADE RAVINDRANE.

DC YATES RAVINDRANE. There's on full page of notes there. Is that what you would expect to see when the patient was clerked?

BARTON No comment.

DC YATES On either admission or transference of a patient to the ward, what process should then take place?

BARTON No comment.

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DC YATES Is that what clerking is?

BARTON No comment.

DC YATES Who should carry out this function?

BARTON No comment.

DC YATES Should it be a doctor?

BARTON No comment.

DC YATES Should it be a nurse?

BARTON No comment.

DC YATES Were you present at the time of Mr PACKMAN's admission?

BARTON No comment.

DC YATES What notes would be available at the time of Mr PACKMAN's admission?

BARTON No comment.

DC YATES Would the notes from the Queen Alexandra Hospital accompany Mr PACKMAN to the War Memorial Hospital?

BARTON No comment.

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DC YATES

So what is then the purpose of the initial clerking?

BARTON

No comment.

DC YATES

What is an adequate assessment for the patient's condition?

BARTON

No comment.

DC YATES

Again if I show you again Page 54, I've shown you that before, it's a page of notes made by a doctor, that's on Mr PACKMAN's initial attendance at the hospital on the 23rd of August 1999 (23/08/1999). For the rest of his stay there's less than a page. Now in fact I believe you've just made two more entries on there. (Pause) Is that what you would say was that 'an adequate assessment for the patient when they arrived at the hospital'?

BARTON

No comment.

DC QUADE

(Pause) Shall we take the doctor through that entry Chris?

DC YATES

Yeah.

DC QUADE

That entry doctor, you have a copy available I believe in front of you, if you just have a look at it. It reads (1) Obesity, (2) Arthritis bilateral knees, (3) Immobility, (4) Pressure sores. On a high protein diet. Query Myeloma 13/08/1999, HP stable, Q15 29, constipated on Doxazosin, MST = very good better in himself, OJVP, CVS. Now do

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you think that that was a reasonable example of how to clerk-in a patient?

BARTON No comment.

DC YATES Now Mr PACKMAN actually suffered a fall and that's why he was initially admitted to the Queen Alexandra Hospital. Again I'll draw your attentions to Pages 44 and 45 of the medical notes. There's two pages here as an initial assessment for the clerking. Is this what you would expect to see?

BARTON No comment.

DC YATES So why is this initial assessment important?

BARTON No comment.

DC YATES What examination did you carry out on Mr PACKMAN?

BARTON No comment.

DC YATES So what baseline were you and your colleagues going to have if Mr PACKMAN's condition changed?

BARTON No comment.

DC YATES Would this one page assessment and clerking on Page 54 of medical notes, is what the baseline is?

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BARTON No comment.

DC YATES Is it your normal practice just to write on notes at the time of admission that you're happy for staff to confirm death?

BARTON No comment.

DC YATES Had you formed the opinion that Mr PACKMAN was at the terminal phase of his life?

BARTON No comment.

DC YATES If you had, why?

BARTON No comment.

DC YATES Because after the initial assessment the next entry of his clinical notes is the 26th of August, and your last sentence on that eight line entry was: "I am happy for the nursing staff to confirm death." What was wrong with Mr PACKMAN?

BARTON No comment.

DC YATES (Pause) Again DC QUADE read out the initial assessment, or clerking and it appears as obesity, arthritis, immobility and pressure sores and Myeloma. Was there anything else wrong with Mr PACKMAN?

BARTON No comment.

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DC YATES At that stage doctor, although it was (inaudible) Myeloma, at that stage his HP was stable. Was that significant to you?

BARTON No comment.

DC YATES And his mental test score has been recorded as 'very good'. He's not suffering from any pain he's better in himself. It would appear that he is obese, the immobility is probably because of the obesity and he has pressure sores. What else was wrong with the man?

BARTON No comment.

DC YATES It directly links to clerkings initial assessments, and I would like to see if I can identify what you consider to be the fundamental purpose of initial assessments of a patient?

BARTON No comment.

DC QUADE Can I just ask her one more question please?

DC YATES Yeah sure.

DC QUADE Doctor just going back to that you wrote: "I am happy for nursing staff to confirm death," on the 26/08 after Doctor RAVINDRANE had seen him on the 23rd. What was he dying of?

BARTON No comment.

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DC QUADE You must have thought he was dying for you to have written that surely?

BARTON No comment. (Somebody coughs)

DC QUADE Okay.

DC YATES Right so we'll move on to 'initial assessment' then doctor and I'd like to identify what you consider to be the fundamental purpose of the initial assessment with a patient, specifically this will include what routine you follow and the reasons behind the assessment and what the benefit is to both the patient and the medical practitioners. Okay I'm going to quote from the Good Medical Practice from the General Medical Council, which is CSY/HF/2, the copy it's still on my desk there, and that states that 'good clinical care must include adequate assessment for the patient's condition based on the history and symptoms and, if necessary, an appropriate examination'. Now I believe that the purpose of the initial assessment should be to provide a contemporaneous record of a doctor's interaction with their patient for analysis by all medical staff. What was your standard practice when it came to initial assessments?

BARTON No comment.

DC YATES What is the purpose of an initial medical assessment with a patient when they arrive on the ward?

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BARTON No comment.

DC YATES Who would you expect to make an entry on the medical notes?

BARTON No comment.

DC YATES Who would you be expecting to read the entry?

BARTON No comment.

DC YATES So as the clinical assistant doctor when would you see a patient for the first time?

BARTON No comment.

DC YATES Now the initial assessment in the case of Mr PACKMAN was conducted by another doctor, Doctor RAVINDRANE. When did you first see the doctor, uh first see the patient?

BARTON No comment.

DC YATES Your first notes were recorded on the 26th of August, which is three days later. Why would that be?

BARTON No comment.

DC YATES So what physical examination of Mr PACKMAN did you carry out?

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BARTON No comment.

DC YATES What assessment, or examination did you carry out on Mr
PACKMAN?

BARTON No comment.

DC YATES Just the basic things then doctor, who took his temperature.

BARTON No comment.

DC YATES Who took his pulse?

BARTON No comment.

DC YATES Who took his blood pressure?

BARTON No comment.

DC YATES Who listened to his heart and lungs etcetera?

BARTON No comment.

DC YATES And where was this recorded?

BARTON No comment.

DC YATES Now just taking Mr PACKMAN, what were you treating
him for?

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BARTON

No comment.

DC YATES

You've had access to the medical notes now, do you know what you were treating him for?

BARTON

No comment.

DC YATES

What medical management did you put in place for Mr PACKMAN?

BARTON

No comment.

DC YATES

What was your Medical Care Plan for Mr PACKMAN?

BARTON

No comment.

DC YATES

If I refer to Pages 82 and 83 of Mr PACKMAN's medical notes, BJC/34, it's the Nurses' Care Plan and it's to deal with Mr PACKMAN obviously and his bowels. On the 23rd of August the problem identified is that due to immobility Mr PACKMAN was prone to constipation, there was then a desired outcome, which is to try to achieve a regular bowel movement pattern. The evaluation date (inaudible) was daily. Well the nursing action was for, to try and encourage adequate fibre in Mr PACKMAN's diet, to encourage adequate fluid intake, to ensure privacy at all times and to administer...

DC QUADE

(Inaudible)

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DC YATES ... (inaudible) as prescribed, and then after that there's all the notes made by the nurses PWO – bowels open. Is that what you would say was a well laid out Nursing Care Plan?

BARTON No comment.

DC YATES And there are Nursing Care Plans then for all sorts of aspects for Mr PACKMAN's care, there's urinary catheter, his personal hygiene and it goes on. Who instructs the nurses and what care plans should be put in place?

BARTON No comment.

DC YATES Well where do the nurses get their directions from?

BARTON No comment.

DC YATES Who sets the care plans?

BARTON No comment.

DC YATES So how do nurses know what care plans to put into place?

BARTON No comment.

DC YATES Is it something that's left to chance and the nurses just put in whatever care plans that they see fit?

BARTON No comment.

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BARTON No comment.

DC QUADE ...so do you just rely on the experience of the nurses to just get on and look after Mr PACKMAN as best they can?

BARTON No comment.

DC QUADE Thank you.

DC YATES With the clerking and the initial examination, Doctor RAVINDRANE he noted that Mr PACKMAN's ongoing problems were obesity, arthritis in his knees, immobility, pressure sores and constipation. He noted that Mr PACKMAN was on a high protein diet, he queried Myeloma on the 13th of August 1999 (13/08/1999), his haemoglobin was stable, he was better in himself with a good mental test score and no pain. So there was little to find on examination of him, but his obesity, swollen legs and pressure sores, is that correct doctor?

BARTON No comment.

DC YATES I can refer you back to Page 54 of the medical notes if you wish.

BARTON No comment.

DC YATES But it does look like yet another example of you relying on nurses to inform you of any changes in the patients'

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conditions. Is that what was happening at the War Memorial doctor?

BARTON

No comment.

DC YATES

If I refer you again doctor back to the document GJQ/HF/14, it's a Job Description and other duties. Duties (3) to be responsible for the day-to-day medical management of the patients, and (4) to be responsible for the writing up of the initial case notes and to ensure that follow-up notes are kept up-to-date and reviewed regularly. That's your job description doctor, did you do that?

BARTON

No comment.

DC YATES

If you didn't, who did?

BARTON

No comment.

DC YATES

Anything on that?

DC QUADE

No.

DC YATES

Right that tape is on about forty (40) minutes so it will buzz in a minute. What I'll do then is I'll, we'll stop the interview here and put another tape in, so the time by my watch is 0940 hours and we'll turn the recorder off.

THE INTERVIEW CONCLUDED - THE TAPE MACHINE WAS SWITCHED OFF.

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RECORD OF INTERVIEW

Number: Y20AJ

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 0942 Time concluded: 1017

Duration of interview: 35 MINUTES Tape reference nos.
(→)

Interviewer(s): DC2479 Chris YATES / DC1162 Geoff QUADE

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking Text

DC YATES This is a continuation of the interview with Doctor BARTON. The time is 0942 hours. Doctor can I just ask you to confirm that while the tapes were off there has been no conversation about this matter?

BARTON None.

DC YATES Thank you. Right the same people are present. I must remind you doctor that you are still under caution as well. I would like to move, if I may, on to existing treatment and

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conditions', and in this case it is the case of Mr PACKMAN. What specific ailments was he suffering from? I will ask questions to get an understanding of why you've prescribed various medicines, also to seek an explanation as to what Medical Records would have been available to you and what you would have reviewed, and in order to offer the correct and appropriate care medical practitioners should be aware of pre-existing medical history, prescriptions and care plans. So what notes would have been available to you when a patient arrived at the ward?

BARTON

No comment.

DC YATES

What process would you normally follow upon a patient's arrival at the Gosport War Memorial Hospital?

BARTON

No comment.

DC YATES

What was Mr PACKMAN suffering from that necessitated him being admitted to the hospital in the first place?

BARTON

No comment.

DC YATES

Would it be right in saying obesity, swollen legs and pressure sores?

BARTON

No comment.

DC YATES

(Pause) What medication was Mr PACKMAN taking at the

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time of the transfer?

BARTON

No comment.

DC YATES

(Pause) On the Drug Chart, which is on Page 170 and 168 actually, that reveals that he was on, he was continued on regular Doxazosin 4 milligrams once a day, Frusemide 80 milligrams once a day and (Inaudible) 40 milligrams twice a day, Paracetamol 1 gram four times a day. He was commenced on Magnesium Hydroxide 10 millilitres twice a day, I believe that's a laxative and that was subsequently taken intermittently, which was two doses on the 24th and one dose on the 25th, two doses on the 28th, 29th and one dose on the 30th, and as required Gaviscon. Is that correct doctor?

BARTON

No comment.

DC YATES

What was the purpose of these drugs?

BARTON

No comment.

DC YATES

Now later Oramorph was prescribed, why was this?

BARTON

No comment.

DC YATES

(Pause) On Page 172 of Mr PACKMAN's medical notes (pause), Oramorph was prescribed on the 26th of August. Why was this doctor?

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BARTON No comment.

DC YATES (Pause) Where is it recorded what the Oramorph was prescribed for?

BARTON No comment.

DC YATES It's not is it doctor?

BARTON No comment.

DC YATES Why isn't it recorded anywhere?

BARTON No comment.

DC QUADE Doctor I think we've established that it wasn't recorded. This patient came into hospital in 1999 and we are now in the year 2006. If we can't glean from the records why he was on Oramorph then, how could anybody looking at the records in 1999, how can anybody tell what it was for then as well. So if we don't know how did anybody know then?

BARTON No comment.

DC QUADE How did the nursing staff know what he was on the Oramorph for?

BARTON No comment.

DC QUADE How would any other medical personnel know what he was

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on the Oramorph for?

BARTON

No comment.

DC QUADE

If somebody was called out during the night or over a weekend when you weren't available, how would they know what the Oramorph was for?

BARTON

No comment.

DC QUADE

Similarly when you wrote in your note: "Happy for staff to confirm death," on the 26th of August. If another doctor had been called out, how would they have known what he was dying from?

BARTON

No comment.

DC QUADE

I think that's a fairly reasonable question to ask doctor don't you?

BARTON

No comment.

DC QUADE

I think a doctor being called out to examine Geoffrey PACKMAN, after you wrote that note, would be entitled to know why you wrote it.

BARTON

No comment.

DC QUADE

Similarly he'd be entitled to know why you prescribed Oramorph.

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BARTON No comment.

DC QUADE Chris.

DC YATES He wouldn't have been just entitled, he would need to know wouldn't he doctor?

BARTON No comment.

DC YATES Right. But on the same point wouldn't Geoffrey PACKMAN be entitled for any doctor treating him to understand what his current condition was?

BARTON No comment.

DC YATES And how could a doctor being called out understand what the current condition was properly assessing if you hadn't written down what you had done?

BARTON No comment.

DC YATES (Pause) Doctor I'd like to move on and talk about the purpose of Mr PACKMAN's stay and of your aims, your plans. Now care plans are put in place to allow a nurse and medical practitioner to follow a particular course of action. The progress of the patient is going to be monitored and the results reviewed and then the care can be altered accordingly. What I want now is to try and get an explanation as to how you were directly involved in the

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process of establishing care plans. What is the purpose of a 'care plan' doctor?

BARTON No comment.

DC YATES What input do you have in that 'care plan'?

BARTON No comment.

DC YATES What was the 'care plan' that was put into place in respect of Mr PACKMAN?

BARTON No comment.

DC YATES Did that 'care plan' ever change?

BARTON No comment.

DC YATES If it did why did it change?

BARTON No comment.

DC YATES Who was the main nurse for Mr PACKMAN?

BARTON No comment.

DC YATES From the notes I believe that to be Nurse Freda SHAW.
What was her role?

BARTON No comment.

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DC YATES Now I think Nurse Freda SHAW will be, as the main nurse have more contact than any other nurse with Mr PACKMAN and she certainly would have some sort of direct responsibility. So what did you discuss with her?

BARTON No comment.

DC YATES What have you recorded as the 'care plan'?

BARTON No comment.

DC YATES So was Freda SHAW left to her own devices?

BARTON No comment.

DC YATES Who decided on what the 'care and treatment plan' would be for Mr PACKMAN then?

BARTON No comment.

DC YATES How would the 'care plans' be drawn up?

BARTON No comment.

DC YATES Well doctor who was responsible for the treatment of Mr PACKMAN on a day-to-day basis?

BARTON No comment.

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DC YATES Who was in overall charge of the care of Mr PACKMAN?

BARTON No comment.

DC YATES (Sneezes) Excuse me. What planned investigations were you going to carry out?

BARTON No comment.

DC YATES Geoff do you want to ask anything?

DC QUADE No.

DC YATES (Sneezing) I'm having a sneezing fit I'm sorry.

BARTON No comment.

DC QUADE Only this then, (DC YATES sneezes) did you just leave the 'care plans' to the nurses?

BARTON No comment.

DC YATES Did you have no input into the 'care plans' at all?

BARTON No comment.

DC YATES Well surely the nurses would need some guidance from the doctors, otherwise why have doctors?

BARTON No comment.

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DC QUADE

Okay.

DC YATES

Right. Medical Records then doctor. The recordings of interactions with patients, as we've said before, is a fundamental requirement of the Health Care Professional. In the Good Medical Practice, it's set out by the GMC that states that 'a doctor must keep clear, accurate, legible and contemporaneous records which report the relevant clinical findings and decisions made, the information given to patients and any drugs or other treatment described. That's on Page 3 of the Good Medical Practice, which is left on the desk, CSY/HF/2. So feel free to browse through that doctor. In addition that booklet states, well there's a booklet called Withholding and Withdrawing Life Prolonging Treatments...

DC QUADE

GJQ/HF/15.

DC YATES

...and on Page 30 of this document, or this book, it specifically states that 'the decision making process should be recorded'. Now with these documents in mind, I want to seek an explanation as to how you completed Medical Records, and in particular those records of Mr PACKMAN's? And I'll leave this book here for you as well doctor?

BARTON

No comment.

DC YATES

Doctor what would you record in the Medical Records of a

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patient, and what importance did you place on the completion of the records?

BARTON

No comment.

DC YATES

What would you expect to see recorded in the patient notes on a day-to-day basis?

BARTON

No comment.

DC YATES

And in that question I include the nursing and medical notes doctor?

BARTON

No comment.

DC YATES

Did you normally complete records to the standards set out by the GMC?

BARTON

No comment.

DC YATES

In fact in relation to the Good Medical Practice, the GMC booklet CSY/HF/2, doctor can you confirm if you got a copy of this booklet each year when you renewed your subscription?

BARTON

No comment.

DC YATES

Right the records of Mr PACKMAN. Other than on the Prescription Charts, there are only two pages of clinical notes for the War Memorial Hospital, which you have made

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entries on the 26th and the 28th of August. Where in those entries doctor have you recorded that Mr PACKMAN was in pain?

BARTON

No comment.

DC YATES

Would you like to see these?

BARTON

No comment.

DC YATES

Where on Page 54, which is the initial assessment by Doctor RAVINDRANE, is it recorded that Mr PACKMAN was in pain?

BARTON

No comment.

DC YATES

In fact would be right to say it was recorded that 'he was not in pain'?

BARTON

No comment.

DC YATES

Doctor what is the Analgesic Ladder?

BARTON

No comment.

DC YATES

Show me your description bit.

DC QUADE

Sure.

DC YATES

That yellow piece.

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DC QUADE

(Pause) Just before we leave that last section doctor...

For the benefit of the tape DC YATES and DC QUADE talk amongst each other regarding the Analgesic Ladder.

DC QUADE

Before we leave that last section about Mr PACKMAN being in pain and you haven't recorded anywhere in those notes what the pain was or where it was, I'm sure like DC YATES I've seen lots of Medical Records over the years in various cases I've worked on and is it not a common practice for doctors to draw diagrams of parts of the body indicating where a pain is emanated from, am I right?

BARTON

No comment.

DC QUADE

And isn't that, the reason for that is so that it makes it clear to anybody else who picks up on that patient to see where pain is coming from?

BARTON

No comment.

DC QUADE

So it indicates; it clears up any ambiguity as to where the pain is coming from, not necessarily what's causing it but where it's coming from?

BARTON

No comment.

DC QUADE

For instance where the patient is complaining of the pain?

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BARTON

No comment.

DC QUADE

I don't think I've seen any diagrams from you regarding patients' pain. I

BARTON

No comment.

DC QUADE

Do you not feel that that is a good idea to draw diagrams of patients then?

BARTON

No comment.

DC QUADE

Is that a practice that you don't adhere to? I

BARTON

No comment.

DC QUADE

Is it a practice you disagree with or some reason?

BARTON

No comment.

DC YATES

In fact Page 45 of these medical notes, QA notes there's some diagrams here doctor, these are the sort of things that DC QUADE was talking about. Do you make any such diagrams?

BARTON

No comment.

DC QUADE

Doctor we've just asked you about the Analgesic Ladder haven't we, and I am confident that you must be aware of the Analgesic Ladder. Am I right?

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BARTON No comment. (Somebody coughs).

DC QUADE From exhibit CSY/HF/6, these are blank Gosport medical documents from the War Memorial Hospital this is, I'm showing you a yellow copy, it's a newish document. I believe. Can you see that?

BARTON No comment.

DC YATES Would you like to have a look at it?

BARTON No thank you.

DC YATES It sets out the Analgesic Ladder and it says that 'this is adopted from the WHO Analgesic Ladder and it's very very similar to the one available to you in the Wessex Protocol and it starts off (somebody coughs), it's in several steps isn't it? The first step being Step (1) Mild Pain and this is drugs, which are non-opioid such as Paracetamol, Diclofenac, Co-prox (pause), yes sorry Diclofenac etcetera, etcetera, yes, yeah? And then as the pain increases to a moderate pain you move up the ladder to weak opioids such as Codeine with Paracetamol, Co-codamol, Dihydrocodeine, Tramadol, etcetera, and then eventually we end up, if pain increases to severe pain, to Step (3) which are your strong opioids and these are basically your Morphine based drugs aren't they doctor?

BARTON No comment.

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DC YATES So these would be your Oramorphs, MSTs, Diamorphine, Morphine. Is that right?

BARTON No comment.

DC YATES Is the Analgesic Ladder something that you follow when prescribing medicines for analgesics and painkillers?

BARTON No comment.

DC YATES Were you aware of the Analgesic Ladder in 1999?

BARTON No comment.

DC YATES So what previous painkillers had Mr PACKMAN been prescribed?

BARTON No comment.

DC YATES Is that right Paracetamol four times a day doctor?

BARTON No comment.

DC YATES Why isn't there any documentation, and I know we keep coming back for this, but why isn't there any documentation relating to why Morphine or other strong analgesics were prescribed?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES Why was Oramorph prescribed without an alternative?

BARTON No comment.

DC YATES And why isn't there an entry in the Medical Records explaining why Mr PACKMAN was prescribed Diamorphine?

BARTON No comment.

DC YATES Geoff?

DC QUADE No.

DC YATES (Inaudible) about the topic about Ward Rounds and these are an opportunity for doctors and nurses to review a patient aren't they to discuss and decide upon further or change treatment? So as such they too are an integral part of a doctor's duties, and what I'd like to do is get an explanation from you as to how you conducted your rounds, and the role that you saw ward rounds played in the care and treatment of a patient and in particular Mr PACKMAN. So how often did you conduct your rounds doctor?

BARTON No comment.

DC YATES Will I be right in saying that in the document that we've given an identification reference of GJQ/HF/14, which is the Job Description for the Clinical Assistant at Gosport

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War Memorial Hospital, Duty (1) was to visit the units on a regular basis and to be available on call as necessary. Did you do a round every time you visited the wards?

BARTON

No comment.

DC YATES

Who would you conduct your rounds with?

BARTON

No comment.

DC YATES

What time of day would you conduct your rounds doctor?

BARTON

No comment.

DC YATES

Now you've previously stated that you visited the ward every morning between half-past-seven (0730) and nine (0900), most afternoons and some evenings. We know that you had certainly three afternoon commitments with the surgery, but you certainly state that 'you visited the hospital every morning'. Would you conduct a round every morning?

BARTON

No comment.

DC YATES

What was the purpose of the ward rounds?

BARTON

No comment.

DC YATES

How long did they take?

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BARTON No comment.

DC YATES If you conducted ward rounds, would the nurses accompany you?

BARTON No comment.

DC YATES Would the nurses have any input into the rounds?

BARTON No comment.

DC YATES (Coughs) In what form did the ward rounds take place?

BARTON No comment.

DC YATES Would the ward rounds consist of visiting each patient at their bed, or you conducted in an office with the nursing staff?

BARTON No comment.

DC YATES How often did the consultants conduct, well the consultants conduct their rounds?

BARTON No comment.

DC YATES Again Duty (7) from your Job Description, which is GJQ/HF/14, states that you should take part in the weekly consultant rounds. I would assume from your Job Description that the consultant rounds were weekly. Did

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you take part?

BARTON

No comment.

DC YATES

What time of the day did the consultant rounds take place?

BARTON

No comment.

DC YATES

Was it after nine o'clock?

BARTON

No comment.

DC YATES

Did you attend a consultant round with regards to Mr
PACKMAN?

BARTON

No comment.

DC YATES

Did you ever attend any consultant rounds?

BARTON

No comment.

DC YATES

Because I'm having a problem working out your actual
daily schedule again doctor. It was a busy day that you had,
half-past-seven (0730) until nine o'clock at the hospital,
nine (0900) until half-eleven (1130) at the surgery,
afternoon clinics. When did you ever have time to do a
consultant's round?

BARTON

No comment.

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DC YATES Was that just a blatant disregard for one of your duties?

BARTON No comment.

DC YATES And if you did attend them, how did their rounds differ from yours?

BARTON No comment.

DC YATES Well did they differ?

BARTON No comment.

DC YATES If you saw Mr PACKMAN every day, why didn't you make an entry in the medical notes each time?

BARTON No comment.

DC YATES Geoff.

DC QUADE What was the nurses' responsibility when it came down to ward rounds?

BARTON No comment.

DC QUADE The nursing staff?

BARTON No comment.

DC QUADE We touched on it there whether the ward rounds were an act

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of you physically walking from bed to bed and physically seeing each patient. Did you actually do that doctor?

BARTON No comment.

DC YATES Or did you conduct them more as an office conference perhaps?

BARTON No comment.

DC YATES Was it the case that you sat in an office with the nursing staff and discussed the patient?

BARTON No comment.

DC YATES The notes already indicate that you placed quite some responsibility on to the nursing staff. Was this another example of how you conducted your rounds or not?

BARTON No comment.

DC YATES Did you encourage or allow the nursing staff to conduct ward rounds on their own?

BARTON No comment.

DC YATES Did Sister HAMBLIN in particular conduct ward rounds on her own?

BARTON No comment.

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DC YATES

If you weren't in hospital for some reason and legitimately that would probably happen wouldn't it on some days? Would Sister HAMBLIN conduct (somebody coughs) a ward round on her own?

BARTON

No comment.

DC YATES

If she did, was that the practice that crept in gradually until she was doing more ward rounds than perhaps she should have been doing?

BARTON

No comment.

DC QUADE

Okay.

DC YATES

Doctor what I want to talk about is 'consultants' assessments and their responsibilities'. As we know consultants certainly play an integral part in the care and treatment of patients. I think it's essential that we give you the opportunity to offer an explanation as to how the role and the function of consultants is performed in the respect of Mr PACKMAN, and also I would like to know if you've had any concerns that you may have raised and raised them to whom. But did you have any concerns and how many consultants supported you at the Gosport War Memorial Hospital?

BARTON

No comment.

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DC YATES If you did, when did you raise these concerns?

BARTON No comment.

DC YATES Again if you did, how did you raise these concerns?

BARTON No comment.

DC YATES Where would a written record of these concerns be found?

BARTON No comment.

DC YATES Why would you have concerns?

BARTON No comment.

DC YATES Who was the consultant that was responsible for the care of Mr PACKMAN whilst he was a patient on that ward?

BARTON No comment.

DC YATES What did you understand the consultant's responsibilities to be?

BARTON No comment.

DC YATES Well what involvement did the consultant have with Mr PACKMAN to your knowledge?

BARTON No comment.

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DC YATES Did you have any concerns as to how the consultants performed their role in respect of this patient?

BARTON No comment.

DC YATES Were you given sufficient support by the consultants in order to carry out your own work?

BARTON No comment.

DC YATES How was this support offered?

BARTON No comment.

DC YATES Did you ever raise concerns with anyone?

BARTON No comment.

DC YATES If you did, whom did you raise these concerns to?

BARTON No comment.

DC YATES (Coughs) And if you did, when did you raise these concerns?

BARTON No comment.

DC YATES And probably more importantly, why did you raise concerns of anyone?

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BARTON No comment.

DC YATES Geoff?

DC QUADE I think Doctor REID was the consultant...

DC YATES He was.

DC QUADE ...in this case wasn't he doctor? Yeah and DC YATES has confirmed it by reading from your notes. Did you have any problems with Doctor REID?

BARTON No comment.

DC QUADE I understand that Doctor RAVINDRANE was involved, and Doctor RAVINDRANE was a registrar above yourself and below Doctor REID. Did you raise any concerns regarding either of those two doctors?

BARTON No comment.

DC QUADE Did you have any concerns with those two doctors?

BARTON No comment.

DC QUADE If you had had concerns, how would you have raised them? Would you have known how to raise them?

BARTON No comment.

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DC QUADE

You had, part of GJQ/HF/14 your Job Description, a letter accompanying it from Pauline DANCE, and it states in there that 'should you have any grievance relating to your employment, you are entitled to discuss the matter in the first instance with the consultants to whom you are responsible'. Did you ever do that?

BARTON

No comment.

DC QUADE

'And where appropriate, you can consult either in person or in writing with the personnel officer'. That's the nearest hospital. And it goes on to say that 'there is a Section 32 of the General (Inaudible) Council Conditions Of Service that you can also refer to affecting your conditions of service. Did you ever do that?

BARTON

No comment.

DC QUADE

And there is an agreed disciplinary procedure available to you in the Personnel Department at St. Mary's. Did you ever have a look at that?

BARTON

No comment.

DC QUADE

Did anything happen at Gosport War Memorial that led you to go down that path?

BARTON

No comment.

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DC QUADE Did you have any personal issues with Doctor RAVINDRANE?

BARTON No comment.

DC QUADE Did you have any personal issues with Doctor REID...

BARTON No comment.

DC QUADE ...that would prevent you from making a complaint that it was justified?

BARTON No comment.

DC QUADE Okay.

DC YATES Again the tapes have about three or four minutes to go, I think we'll change the tapes. In fact we might take a ten minute break now actually.

DC QUADE Yeah.

DC YATES All right. Is there anything you wish to clarify at the moment doctor?

BARTON No thank you.

DC YATES Is there anything you wish to add?

BARTON No thank you.

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DC YATES

The time by my watch is 1017 hours and I am going to turn the recorder off.

INTERVIEW CONCLUDED -- TAPE MACHINE SWITCHED OFF.

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20AK

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 1034 Time concluded: 1116

Duration of interview: 42 MINUTES Tape reference nos.
(→)

Interviewer(s): DC2479 Chris YATES / DC1162 Geoff QUADE

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC YATES	This interview is being tape recorded I am DC 2479 Chris YATES and my colleague is?
DC QUADE	DC1162 Geoff QUADE.
DC YATES	I am interviewing Doctor Jane BARTON. Doctor will you please give your full name and your dated of birth?
BARTON	Jane Ann BARTON Code A

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DC YATES

Thank you.

BARTON

Also present is Mr BARKER, who is Doctor BARTON's solicitor. Can you please introduce yourself and your full name?

BARKER

Yes certainly. I am Ian Steven Petrie BARKER and I am Doctor BARTON's solicitor.

DC YATES

Thank you. This interview is being conducted in an Interview Room at Fareham Police Station in Hampshire. The time is 1034 hours and the date is the 6th of April 2006 (06/04/2006). At the conclusion of the whole process 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. Mr BARKER is here as your legal advisor. Have you had enough time to consult with Mr BARKER in private or would you like further time?

BARTON

Fine thank you.

DC YATES

If at any time you do wish to stop the interview doctor to take legal advice just say and the interview will be stopped in order that you can do this.

BARTON

Thank you.

DC YATES

I'd also like to point out that you have attended voluntarily, you're not under arrest and you've come here of your own free will. So if at any time that you wish to leave you're

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free to do so okay.

BARTON

Thank you.

DC YATES

I'll also caution you, 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. Anything you do say maybe given in evidence. Do you understand that caution?

BARTON

Thank you.

DC YATES

Is there any need for it to be broken down again this time?

BARTON

No thank you.

DC YATES

Okay. As I've said before on this occasion the room that we're in has been equipped with a monitoring facility. Whenever the red light is on that means that somebody is listening to the interview. Today Detective Inspector GROCOTT is monitoring the interview with the lights on. (Somebody clearing throat) Nobody can listen to any conversation in this room when those tapes aren't playing doctor okay. Right if I can just confirm doctor that we've had a quick comfort break, but there's been no conversation about this matter whilst the tape's been off.

BARTON

None at all.

DC YATES

Thank you. If I can doctor I'd like to move on to issues

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surrounding the pharmacy and that's the 'prescription and administration of controlled drugs', it's a specialist subject in it's own right and I seek an explanation now as to how you were involved in pharmaceutical prescriptions. I would also like to know your level of training and understanding of the drugs that you prescribed and their uses. How did you ensure doctor that you were up-to-date in the knowledge that you had in respect of pharmaceutical issues?

BARTON

No comment.

DC YATES

What pharmaceutical training had you received at the time of Mr PACKMAN's admission to hospital?

BARTON

No comment.

DC YATES

What further pharmaceutical training had you received since your initial qualifications?

BARTON

No comment.

DC YATES

How would you know what drugs to prescribe to a patient?

BARTON

No comment.

DC YATES

How would you learn about new drugs that are available for administration?

BARTON

No comment.

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DC YATES How would the pharmacy at the Gosport War Memorial Hospital work in relation to the availability or the suitability of medicines and drugs?

BARTON No comment.

DC YATES How many pharmacists worked at the Gosport War Memorial Hospital in 1999?

BARTON No comment.

DC YATES Doctor what is the BNF?

BARTON No comment. (Somebody clears throat)

DC YATES Have you got a reference number for this?

DC QUADE CSY/HF/12.

DC YATES Doctor I'll show you the BNF number 42, September 2001. Is this a book that you're familiar with?

BARTON No comment.

DC YATES I think I'll leave that on the desk should you wish to refer to it. A similar book, that's the other one, is the NPF, Nurse Prescribers Formulary, and that's got a reference of GJQ/HF/17, this one is dated 2002/2003 (inaudible). Is that a book that you're familiar with?

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BARTON No comment.

DC YATES What is its purpose?

BARTON No comment.

DC YATES What is the purpose of the BNF?

BARTON No comment.

DC YATES How often would you refer to it?

BARTON No comment.

DC YATES And finally book wise GJQ/HF/18, which is the PCF, which is the Palliative Care Formulary. Is this a book that you are familiar with doctor?

BARTON No comment.

DC YATES What is the purpose of that book?

BARTON No comment.

DC YATES And how often would you refer to it?

BARTON No comment.

DC YATES (Coughs) Were any of the drugs used in the treatment of

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Mr PACKMAN new or seldom used?

BARTON

No comment.

DC YATES

What was the purpose of the Wessex Protocols in relation to prescribing medicines to patients?

BARTON

No comment.

DC YATES

Have you got a copy of that one?

DC QUADE

Sorry which one?

DC YATES

Wessex Protocols.

DC QUADE

(Pause) No I haven't got a copy or it would be here.

DC YATES

No?

DC QUADE

No sorry.

DC YATES

(Inaudible)

DC QUADE

(Pause)

DC YATES

That's it. (Pause) Have you got a reference number? We're using that as a copy aren't we?

DC QUADE

Yeah, which is (pause) CSY/HF/3.

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DC YATES

Okay CSY/HF/3 is a copy of the Palliative Care handbook and I have one here, a photocopy, and it's actually a photocopy of this small book Advice On Clinical Management. Is this a book that you're familiar with doctor?

BARTON

No comment.

DC YATES

It's referred to often as the Wessex Protocols, it's a book, it's the 5th addition, Advice On Clinical Management, but this one is Countess Mountbatten House, Southampton University Hospital NHS Trust. That is in association with all the Wessex Specialist Palliative Care Units. How often did you refer to this book?

BARTON

No comment.

DC YATES

(Pause) What was the purpose of the Wessex Protocols in relation to prescribing medicines to patients doctor?

BARTON

No comment.

DC YATES

What pharmacy guidelines were available for prescribing the medicines within the Gosport War Memorial Hospital?

BARTON

No comment.

DC YATES

Where was the pharmacy at the Gosport War Memorial Hospital?

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BARTON No comment.

DC YATES How accessible was the pharmacy?

BARTON No comment.

DC YATES What were the opening times of the pharmacy if any?

BARTON No comment.

DC YATES Geoff?

DC QUADE Regarding the pharmaceutical side of things, did you not have a responsibility as a general practitioner to keep up-to-date with drugs administration and prescribing?

BARTON No comment.

DC QUADE Do you get provided with training up dates regarding these matters?

BARTON No comment.

DC QUADE Did you, at any stage, feel that you needed that sort of training?

BARTON No comment.

DC QUADE Did you fully understand (pause) each drug that you were prescribing?

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BARTON No comment.

DC QUADE In other words did you feel confident that you understood what that drug would do and why you should prescribe it?

BARTON No comment.

DC QUADE If you didn't, did you ever take steps to rectify that?

BARTON No comment.

DC QUADE Were steps available to you at the time?

BARTON No comment.

DC QUADE Did you ever seek advice from anybody in relation to the prescribing of controlled drugs?

BARTON No comment.

DC QUADE Were you confident in your ability to ensure that each patient had the correct drug for their needs?

BARTON No comment.

DC QUADE Okay.

DC YATES Going back to your Job Description, GJQ/HF/14. Duty number (8) was to prescribe, as required, drugs for the

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patients under the care of the consultant physicians in geriatric medicine. (Clears throat) So that was one of your duties. Would you not be duty bound to keep up-to-date?

BARTON

No comment.

DC YATES

Right. Prescriptions. Now prescribing medicines doctor there's a requirement to complete different parts of a Prescription Chart. Now what I want to do now is try and get an explanation as to how the 'clinical assistance' was involved in the prescription of medicines and what protocols you followed. Now could you please describe the process undertaken in the prescribing and administering of controlled drugs?

BARTON

No comment.

DC YATES

Have you got a reference for this?

DC QUADE

CSY/HF/10.

DC YATES

And that identification refers to a (inaudible) in Gosport, an NHS Primary Care Trust Prescription sheet, which I am opening out for the doctor. Could I just take you through this chart and perhaps you can identify certainly if we have anything wrong. Once you open the document out there's three pages, there's an area on the top half of the first page, which is 'for once one and pre-medication drugs'. Who is responsible for completing that part of the form?

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BARTON

No comment.

DC YATES

Under that is 'as required prescriptions', which there's a box for the approved name of the drug, the route that is to be taken, the dose, the date and the pharmacy and the signature of the doctor and the special directions, and next to that is the administration record, which I believe the nurses complete is that correct?

BARTON

No comment.

DC YATES

Who is responsible for completing the left hand box on the 'as required prescription'?

BARTON

No comment.

DC YATES

Would that be a doctor?

BARTON

No comment.

DC YATES

Again on your actual Job Description, GJQ/HF/14, one of your duties is to prescribe 'as required drugs' for the patients under the care of the consultant physicians in geriatric medicine. So would it be fair for me to think, as you accepted the job as 'clinical assistant', that that was one of your responsibilities to complete these?

BARTON

No comment.

DC YATES

On the middle page, again the left hand side of it, it would

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appear for the doctors, that's for 'regular prescriptions'.
Were you responsible for completing any of this?

BARTON

No comment.

DC YATES

And that goes on to the next page, and finally the 'daily
review prescriptions', what are they?

BARTON

No comment.

DC YATES

Right on the back there's an area 'for nursing use only,
exceptions to prescribed orders'. What is this used for?

BARTON

No comment.

DC YATES

Is this completed by a nurse when, for some reason, a
prescribed order hasn't been taken...

BARTON

No comment.

DC YATES

...or has been refused by the patient?

BARTON

No comment.

DC YATES

Or even on occasions vomited?

BARTON

No comment.

DC YATES

(Pause) What was your prescribing policy doctor?

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BARTON No comment.

DC YATES What medicines and drugs did you prescribe to Mr PACKMAN?

BARTON No comment.

DC YATES What is the difference between 'once only drugs', 'as required drugs' and 'regular drugs'?

BARTON No comment.

DC YATES (Pause) Why are ranges of drugs prescribed for patients?

BARTON No comment.

DC YATES I'm just showing you a Prescription Chart, how do you think that Prescription Chart should be completed?

BARTON No comment.

DC YATES So what is a 'Proactive Prescribing Policy'?

BARTON No comment.

DC YATES Is this a policy where a range, quite often a large range of drugs is prescribed?

BARTON No comment.

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DC YATES

How did this policy come about?

BARTON

No comment.

DC YATES

What was its purpose?

BARTON

No comment.

DC YATES

Who authorised this policy?

BARTON

No comment.

DC YATES

Was this your policy we're describing?

BARTON

No comment.

DC YATES

Where could I find this policy?

BARTON

No comment.

DC YATES

What is meant by 'telephone prescribing' doctor?

BARTON

No comment.

DC YATES

Am I right in thinking that 'telephone prescribing' would be a nurse phoning the doctor, the doctor making a prescription over the phone, the phone had been passed to a second nurse and the prescription repeated and then both nurses, or one of the nurses would make an entry on the record, countersigned by the second nurse and later signed

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by the doctor when the doctor comes in. Is that correct?

BARTON

No comment.

DC YATES

So what is the purpose of a doctor on call?

BARTON

No comment.

DC YATES

Is part of the purpose of a doctor on call to conduct telephone prescribing?

BARTON

No comment.

DC YATES

Is it also expected of a doctor on call to, if required, attend the hospital?

BARTON

No comment.

DC YATES

If there is a doctor on call, and if there is the availability of 'telephone prescribing', why was there 'proactive prescribing'?

BARTON

No comment.

DC YATES

What was the necessity of prescribing for such wide ranges of drugs?

BARTON

No comment.

DC QUADE

Was 'telephone prescribing' a recommended form of

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prescribing drugs?

BARTON

No comment.

DC QUADE

Was it something that you were encouraged to do?

BARTON

No comment.

DC QUADE

Were you ever discouraged from doing it?

BARTON

No comment.

DC QUADE

Did you do it frequently?

BARTON

No comment.

DC QUADE

(Pause) Did you try to avoid 'telephone prescribing'?

BARTON

No comment.

DC QUADE

If you had a Proactive Policy, would that negate the need for anybody to phone you up?

BARTON

No comment.

DC QUADE

(Pause) What's the purpose of the 'proactive prescribing'?

BARTON

No comment.

DC QUADE

(Pause) Was it something that you used frequently?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC QUADE Did you, on a personal level, prefer 'proactive prescribing' to 'telephone prescribing'?

BARTON No comment.

DC QUADE Okay.

DC YATES (Pause) With 'proactive prescribing' and the ability to write up prescriptions possibly before they were needed, would that make your busy life easier?

BARTON No comment.

DC YATES Will I be correct in thinking with 'proactive prescribing' that that would negate the need to attend the hospital, and it would negate the need to be telephoned...

BARTON No comment.

DC YATES ...or certainly minimise those opportunities?

BARTON No comment.

DC YATES Because again as part of your Job Description is you're expected to be on call is that correct?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES Geoff?

DC QUADE Was that a lifestyle issue doctor?

BARTON No comment.

DC QUADE Did you proactively prescribe purely on medical terms on what was best for the patients...

BARTON No comment.

DC QUADE ...or was it a lifestyle issue?

BARTON No comment.

DC QUADE (Pause) Do you think it would have been preferable, particularly with the use of Diamorphine, to have prescribed in a way that would allow nurses to contact you should the patient need to have his dose varied...

BARTON No comment.

DC QUADE ...as opposed to the Proactive Prescribing Policy that you adopted?

BARTON No comment.

DC QUADE Okay.

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DOCUMENT RECORD PRINT

DC YATES Who administers the prescribed drugs?

BARTON No comment.

DC YATES What training do the nurses have for the administration of the drugs?

BARTON No comment.

DC YATES Can any level of nurse administer drugs?

BARTON No comment.

DC YATES What is the purpose of the drug registers?

BARTON No comment.

DC YATES What has to be recorded in them?

BARTON No comment.

DC YATES Why have there been drugs prescribed but no administered?

BARTON No comment.

DC YATES Geoff?

DC QUADE No.

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DOCUMENT RECORD PRINT

DC YATES Let me move on if I can then doctor to 'syringe drivers'.
Now the use of a syringe driver, what we've found so far,
is normally dictated by a doctor and that there are different
reasons for employing a syringe driver, one of which is
once a patient can no longer take oral medicine. I want to
seek an explanation now as to why a syringe driver was
utilised in this case, in particular in the way in which you
would envisage the driver to be used. So we'll start off
doctor with what training had you had for the use and
deployment of syringe drivers?

BARTON No comment.

DC YATES And what is a syringe driver?

BARTON No comment.

DC YATES How long had syringe drivers been in use in 1999?

BARTON No comment.

DC YATES But why is a syringe driver used?

BARTON No comment.

DC YATES And what kinds of patients are most suitable for syringe
drivers?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES Who talks to the patient, or the family regarding the use of syringe drivers?

BARTON No comment.

DC YATES Well how does a syringe driver work?

BARTON No comment.

DC YATES Who prepares the drugs for administration via a syringe driver?

BARTON No comment.

DC YATES Right. We've got a photocopy now of the instructions for the use of the Ambulatory syringe drivers. This is a notice that was found on the ward in Dryad Ward, it's got a reference number of CSY/HF/8. First of all doctor have you seen this before?

BARTON No comment.

DC YATES It's titled Graseby Medical Instructions For The Use Of (inaudible) Syringe Drivers, and it depicts that there are three types of syringe drivers, the Variable Syringe Driver MS16, a Fixed Syringe Driver MS18 and the Variable Speed Driver MS26. What are the differences between these syringe drivers?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES What is the difference between the MS16A and the MS26?

BARTON No comment.

DC YATES Has one got a boost facility?

BARTON No comment.

DC YATES What is a boost facility?

BARTON No comment.

DC YATES I believe they are actually both different colours. What colour was the syringe driver used in the case of Mr PACKMAN?

BARTON No comment.

DC YATES So why was Mr PACKMAN given drugs by way of a syringe driver?

BARTON No comment.

DC YATES And correct me if I'm wrong doctor, but Mr PACKMAN was still able to take oral medicine. Why wasn't he given pills, or Oramorph instead of a sub cut syringe driver?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES (Pause) Why was it necessary to put Mr PACKMAN on a syringe driver?

BARTON No comment.

DC YATES (Pause) Why isn't there an entry on the Medical Records that the use of a syringe driver was now deemed necessary?

BARTON No comment.

DC YATES Page 55 are the only notes made by you and there's no mention of a need for a syringe driver.

BARTON No comment.

DC YATES So who deemed it necessary then?

BARTON No comment.

DC YATES Was it you?

BARTON No comment.

DC YATES Was it Sister HAMBLIN?

BARTON No comment.

DC YATES Did Sister HAMBLIN prescribe drugs?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES Why is there an entry in the nursing notes that a syringe driver is being used?

BARTON No comment.

DC YATES (Pause) Is the use of a syringe driver a significant factor in the care of a patient?

BARTON No comment.

DC YATES Geoff?

DC QUADE Yes. Doctor we've just gone through the suitability and usage of syringe drivers for particular types of patients, and we see that this syringe driver was started on the 30th of August. DC YATES has already asked you one question saying: "Why was a syringe authorised and started on the 30th when Mr PACKMAN was still able to take oral medicine?" Can you remind me why that was?

BARTON No comment.

DC QUADE Because not only was he able to take oral medicine, but a nursing note on the same date, on Page 63 of those notes, (someone coughs) a nursing note states that 'a very small amount of diet taken, mainly puddings'. So that implicates, doesn't it, that Mr PACKMAN was still eating, grant you in smaller doses, but he was still eating. If he was able to eat puddings, was he able to take Oramorph?

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DOCUMENT RECORD PRINT

BARTON

No comment.

DC QUADE

The nursing note goes on to say, amongst other things, 'encourage fluids', which again indicates, does it not, that he was drinking still. Is that right doctor?

BARTON

No comment.

DC QUADE

And yet the syringe driver was authorised. Did Mr PACKMAN fit the criteria for the commencement of a syringe driver?

BARTON

No comment.

DC QUADE

And the interesting point about that entry on Page 63 is that the nurse who wrote it and says that 'he was taking mainly puddings and he was to be encouraged to have fluids', was the same nurse who started off the syringe driver having apparently discussed it with you and that nurse was Sister HAMBLIN. Have you got any comment to make about that doctor?

BARTON

No comment.

DC QUADE

Why would Sister HAMBLIN start a syringe driver on a patient who was still able to drink, who was still able to take oral medicine, who was still able to eat?

BARTON

No comment.

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DOCUMENT RECORD PRINT

DC QUADE Was she acting on your instructions?

BARTON No comment.

DC QUADE Did you authorise the use of that syringe driver at that time?

BARTON No comment.

DC QUADE Was she acting on your authority Doctor BARTON?

BARTON No comment.

DC QUADE Should you have allowed the use of that syringe driver at that time?

BARTON No comment.

DC QUADE Have you got any further questions Chris?

DC YATES Along the same lines, on the 29th of August 1999 (29/08/1999) nocte, which is night, a nurse has written 'slept for long periods, Oramorph given as prescribed', and then 'complaining of left abdominal pain'. And then on the 30th of August, the next day, was Sister HAMBLIN's entry, which reads exactly 'condition remains poor, syringe driver commenced at 1445, Diamorphine 40 milligrams, Midazolam 20 milligrams, no further complaints of abdominal pain, very small amount of diet taken mainly

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DOCUMENT RECORD PRINT

puddings, re-catherised this afternoon, dressing, draining of the fluids and the dressings also reviewed'. So the whole entry for the 30th of August says, first of all it says 'syringe started' and later still 'still able to eat'. I just find it puzzling doctor; can you shed any light on it?

BARTON

No comment.

DC QUADE

Having started off the syringe driver doctor and you apparently having authorised it why then, it being surely a significant factor in the care of Mr PACKMAN, why then did you not make a record in the notes explaining why the syringe driver was started?

BARTON

No comment.

DC QUADE

I say it's probably because you felt unable to do so given the note in the Nursing Record,...

BARTON

No comment.

DC QUADE

...because surely your justification for using the syringe driver would have been 'unable to take oral medicine, unable to eat, unable to drink, commence syringe driver', that would go directly against what the sister had written wouldn't it?

BARTON

No comment.

DC QUADE

(Pause) Were you at the hospital when Sister HAMBLIN

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DOCUMENT RECORD PRINT

spoke to you about the syringe driver?

BARTON

No comment.

DC YATES

(Pause) If Mr PACKMAN was in enough pain to require Diamorphine through a subcutaneous syringe driver, what was causing that pain?

BARTON

No comment.

DC YATES

I'll come back to that one. Now I'd like to talk to you doctor about some drugs now and there are three drugs in particular that were prescribed and administered to Mr PACKMAN. I just want to see if we can clarify and get a further explanation as to the specific reasons behind the prescribing of these drugs and their uses and effects. Now firstly I would like to talk about Oramorph. Why was this drug, Oramorph, prescribed?

BARTON

No comment.

DC YATES

Why and when was this drug administered?

BARTON

No comment.

DC YATES

The drug was administered at 1445 hours, who authorised the drug?

BARTON

No comment.

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DOCUMENT RECORD PRINT

DC YATES (Pause) What time did you see Mr PACKMAN?

BARTON No comment.

DC YATES (Pause) So what was the purpose of this drug?

BARTON No comment.

DC YATES (Pause) Why was no other form of painkiller prescribed as an alternative to a strong opioid?

BARTON No comment.

DC YATES (Pause) A little more interesting, on Page 172 of the Medical Records, which are BJC/34, if I pull the original out for you the very first entry at the doctor it says Oramorph 10 – 20. Because you've prescribed 10 – 20, how does anyone know what to administer?

BARTON No comment.

DC YATES (Inaudible – mumbles) then how much has been administered?

BARTON No comment.

DC YATES Geoff?

DC QUADE Yeah. If I was a doctor on call and I'd come out to see Mr PACKMAN after one of those doses was administered,

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DOCUMENT RECORD PRINT

DC YATES (Pause) What time did you see Mr PACKMAN?

BARTON No comment.

DC YATES (Pause) So what was the purpose of this drug?

BARTON No comment.

DC YATES (Pause) Why was no other form of painkiller prescribed as an alternative to a strong opioid?

BARTON No comment.

DC YATES (Pause) A little more interesting, on Page 172 of the Medical Records, which are BJC/34, if I pull the original out for you the very first entry at the doctor it says Oramorph 10 – 20. Because you've prescribed 10 – 20, how does anyone know what to administer?

BARTON No comment.

DC YATES (Inaudible – mumbles) then how much has been administered?

BARTON No comment.

DC YATES Geoff?

DC QUADE Yeah. If I was a doctor on call and I'd come out to see Mr PACKMAN after one of those doses was administered,

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how would I know what amount of Oramorph he'd received?

BARTON

No comment.

DC QUADE

Because it doesn't tell me there does it? It could be 10, it could be 20, and presumably it could be 15. Would you expect a doctor to have to go back to the drug book to check it out?

BARTON

No comment.

DC QUADE

Why have you prescribed that in such a way then?

BARTON

No comment.

DC YATES

(Pause) (Coughs) Actually what is Oramorph doctor?

BARTON

No comment.

DC YATES

And what is its purpose?

BARTON

No comment.

DC YATES

And where does Oramorph sit on the Analgesic Ladder?

BARTON

No comment.

DC YATES

Again doctor Midazolam, what is Midazolam?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC YATES Well why is Midazolam used?

BARTON No comment.

DC YATES And more specifically why was it used in relation to Mr
PACKMAN?

BARTON No comment.

DC YATES Is it a sedative doctor?

BARTON No comment.

DC YATES Are there any other kinds of sedatives that can be used?

BARTON No comment.

DC YATES This drug appears to be commonly used in patients at the
terminal end of an illness, is this why this drug was
prescribed to Mr PACKMAN on this occasion?

BARTON No comment.

DC YATES Did you consider Mr PACKMAN was at the terminal phase
of his life?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES How would you know how much Midazolam to prescribe?

BARTON No comment.

DC YATES Whom was he diagnosed by as being in need of
Midazolam?

BARTON No comment.

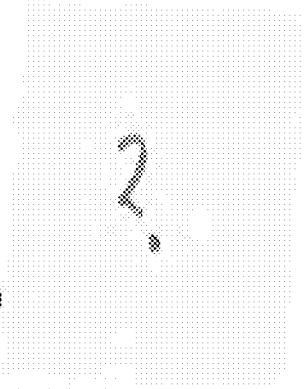
DC YATES What is the purpose of prescribing a range of parameters
for the administration of the drug (TAPE BUZZES)....
Hang on. Right we'll have to turn the tapes off.

INTERVIEW CONCLUDED - TAPE MACHINE
SWITCHED OFF.

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DOCUMENT RECORD PRINT



RECORD OF INTERVIEW

Num

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 1034 Time concluded: 1116

Duration of interview: 42 MINUTES (---) Tape reference nos.

Interviewer(s): DC2479 Chris YATES / DC1162 Geoff QUADE

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking Text

DC YATES This interview is being tape recorded I am DC 2479 Chris YATES and my colleague is?

DC QUADE DC1162 Geoff QUADE.

DC YATES I am interviewing Doctor Jane BARTON. Doctor will you please give your full name and your dated of birth?

BARTON Jane Ann BARTON Code A

DC YATES Thank you.

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20AK

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

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Person speaking	Text
DC YATES	This interview is being tape recorded I am DC 2479 Chris YATES and my colleague is?
DC QUADE	DC1162 Geoff QUADE.
DC YATES	I am interviewing Doctor Jane BARTON. Doctor will you please give your full name and your dated of birth?
BARTON	Jane Ann BARTON 19/10/48.
DC YATES	Thank you.

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BARTON

Also present is Mr BARKER, who is Doctor BARTON's solicitor. Can you please introduce yourself and your full name?

BARKER

Yes certainly. I am Ian Steven Petrie BARKER and I am Doctor BARTON's solicitor.

DC YATES

Thank you. This interview is being conducted in an Interview Room at Fareham Police Station in Hampshire. The time is 1034 hours and the date is the 6th of April 2006 (06/04/2006). At the conclusion of the whole process 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. Mr BARKER is here as your legal advisor. Have you had enough time to consult with Mr BARKER in private or would you like further time?

BARTON

Fine thank you.

DC YATES

If at any time you do wish to stop the interview doctor to take legal advice just say and the interview will be stopped in order that you can do this.

BARTON

Thank you.

DC YATES

I'd also like to point out that you have attended voluntarily, you're not under arrest and you've come here of your own free will. So if at any time that you wish to leave you're free to do so okay.

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BARTON

Thank you.

DC YATES

I'll also caution you, 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. Anything you do say maybe given in evidence. Do you understand that caution?

BARTON

Thank you.

DC YATES

Is there any need for it to be broken down again this time?

BARTON

No thank you.

DC YATES

Okay. As I've said before on this occasion the room that we're in has been equipped with a monitoring facility. Whenever the red light is on that means that somebody is listening to the interview. Today Detective Inspector GROCOTT is monitoring the interview with the lights on. (Somebody clearing throat) Nobody can listen to any conversation in this room when those tapes aren't playing doctor okay. Right if I can just confirm doctor that we've had a quick comfort break, but there's been no conversation about this matter whilst the tape's been off.

BARTON

None at all.

DC YATES

Thank you. If I can doctor I'd like to move on to issues surrounding the pharmacy and that's the 'prescription and administration of controlled drugs', it's a specialist subject in it's own right and I seek an explanation now as to how

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DC YATES

It's referred to often as the Wessex Protocols, it's a book, it's the 5th addition, Advice On Clinical Management, but this one is Countess Mountbatten House, Southampton University Hospital NHS Trust. That is in association with all the Wessex Specialist Palliative Care Units. How often did you refer to this book?

BARTON

No comment.

DC YATES

(Pause) What was the purpose of the Wessex Protocols in relation to prescribing medicines to patients doctor?

BARTON

No comment.

DC YATES

What pharmacy guidelines were available for prescribing the medicines within the Gosport War Memorial Hospital?

BARTON

No comment.

DC YATES

Where was the pharmacy at the Gosport War Memorial Hospital?

BARTON

No comment.

DC YATES

How accessible was the pharmacy?

BARTON

No comment.

DC YATES

What were the opening times of the pharmacy if any?

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BARTON No comment.

DC YATES Geoff?

DC QUADE Regarding the pharmaceutical side of things, did you not have a responsibility as a general practitioner to keep up-to-date with drugs administration and prescribing?

BARTON No comment.

DC QUADE Do you get provided with training up dates regarding these matters?

BARTON No comment.

DC QUADE Did you, at any stage, feel that you needed that sort of training?

BARTON No comment.

DC QUADE Did you fully understand (pause) each drug that you were prescribing?

BARTON No comment.

DC QUADE In other words did you feel confident that you understood what that drug would do and why you should prescribe it?

BARTON No comment.

DC QUADE If you didn't, did you ever take steps to rectify that?

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BARTON No comment.

DC QUADE Were steps available to you at the time?

BARTON No comment.

DC QUADE Did you ever seek advice from anybody in relation to the prescribing of controlled drugs?

BARTON No comment.

DC QUADE Were you confident in your ability to ensure that each patient had the correct drug for their needs?

BARTON No comment.

DC QUADE Okay.

DC YATES Going back to your Job Description, GJQ/HF/14. Duty number (8) was to prescribe, as required, drugs for the patients under the care of the consultant physicians in geriatric medicine. (Clears throat) So that was one of your duties. Would you not be duty bound to keep up-to-date?

BARTON No comment.

DC YATES Right. Prescriptions. Now prescribing medicines doctor there's a requirement to complete different parts of a Prescription Chart. Now what I want to do now is try and get an explanation as to how the 'clinical assistance' was

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DOCUMENT RECORD PRINT

involved in the prescription of medicines and what protocols you followed. Now could you please describe the process undertaken in the prescribing and administering of controlled drugs?

BARTON

No comment.

DC YATES

Have you got a reference for this?

DC QUADE

CSY/HF/10.

DC YATES

And that identification refers to a (inaudible) in Gosport, an NHS Primary Care Trust Prescription sheet, which I am opening out for the doctor. Could I just take you through this chart and perhaps you can identify certainly if we have anything wrong. Once you open the document out there's three pages, there's an area on the top half of the first page, which is 'for once one and pre-medication drugs'. Who is responsible for completing that part of the form?

BARTON

No comment.

DC YATES

Under that is 'as required prescriptions', which there's a box for the approved name of the drug, the route that is to be taken, the dose, the date and the pharmacy and the signature of the doctor and the special directions, and next to that is the administration record, which I believe the nurses complete is that correct?

BARTON

No comment.

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DC YATES Who is responsible for completing the left hand box on the
 'as required prescription'?

BARTON No comment.

DC YATES Would that be a doctor?

BARTON No comment.

DC YATES Again on your actual Job Description, GJQ/HF/14, one of
 your duties is to prescribe 'as required drugs' for the
 patients under the care of the consultant physicians in
 geriatric medicine. So would it be fair for me to think, as
 you accepted the job as 'clinical assistant', that that was
 one of your responsibilities to complete these?

BARTON No comment.

DC YATES On the middle page, again the left hand side of it, it would
 appear for the doctors, that's for 'regular prescriptions'.
 Were you responsible for completing any of this?

BARTON No comment.

DC YATES And that goes on to the next page, and finally the 'daily
 review prescriptions', what are they?

BARTON No comment.

DC YATES Right on the back there's an area 'for nursing use only,
 exceptions to prescribed orders'. What is this used for?

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BARTON No comment.

DC YATES Is this completed by a nurse when, for some reason, a prescribed order hasn't been taken...

BARTON No comment.

DC YATES ...or has been refused by the patient?

BARTON No comment.

DC YATES Or even on occasions vomited?

BARTON No comment.

DC YATES (Pause) What was your prescribing policy doctor?

BARTON No comment.

DC YATES What medicines and drugs did you prescribe to Mr PACKMAN?

BARTON No comment.

DC YATES What is the difference between 'once only drugs', 'as required drugs' and 'regular drugs'?

BARTON No comment.

DC YATES (Pause) Why are ranges of drugs prescribed for patients?

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BARTON No comment.

DC YATES I'm just showing you a Prescription Chart, how do you think that Prescription Chart should be completed?

BARTON No comment.

DC YATES So what is a 'Proactive Prescribing Policy'?

BARTON No comment.

DC YATES Is this a policy where a range, quite often a large range of drugs is prescribed?

BARTON No comment.

DC YATES How did this policy come about?

BARTON No comment.

DC YATES What was its purpose?

BARTON No comment.

DC YATES Who authorised this policy?

BARTON No comment.

DC YATES Was this your policy we're describing?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC YATES Where could I find this policy?

BARTON No comment.

DC YATES What is meant by 'telephone prescribing' doctor?

BARTON No comment.

DC YATES Am I right in thinking that 'telephone prescribing' would be a nurse phoning the doctor, the doctor making a prescription over the phone, the phone had been passed to a second nurse and the prescription repeated and then both nurses, or one of the nurses would make an entry on the record, countersigned by the second nurse and later signed by the doctor when the doctor comes in. Is that correct?

BARTON No comment.

DC YATES So what is the purpose of a doctor on call?

BARTON No comment.

DC YATES Is part of the purpose of a doctor on call to conduct telephone prescribing?

BARTON No comment.

DC YATES Is it also expected of a doctor on call to, if required, attend the hospital?

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BARTON No comment.

DC YATES If there is a doctor on call, and if there is the availability of 'telephone prescribing', why was there 'proactive prescribing'?

BARTON No comment.

DC YATES What was the necessity of prescribing for such wide ranges of drugs?

BARTON No comment.

DC QUADE Was 'telephone prescribing' a recommended form of prescribing drugs?

BARTON No comment.

DC QUADE Was it something that you were encouraged to do?

BARTON No comment.

DC QUADE Were you ever discouraged from doing it?

BARTON No comment.

DC QUADE Did you do it frequently?

BARTON No comment.

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DC QUADE (Pause) Did you try to avoid 'telephone prescribing'?

BARTON No comment.

DC QUADE If you had a Proactive Policy, would that negate the need for anybody to phone you up?

BARTON No comment.

DC QUADE (Pause) What's the purpose of the 'proactive prescribing'?

BARTON No comment.

DC QUADE (Pause) Was it something that you used frequently?

BARTON No comment.

DC QUADE Did you, on a personal level, prefer 'proactive prescribing' to 'telephone prescribing'?

BARTON No comment.

DC QUADE Okay.

DC YATES (Pause) With 'proactive prescribing' and the ability to write up prescriptions possibly before they were needed, would that make your busy life easier?

BARTON No comment.

DC YATES Will I be correct in thinking with 'proactive prescribing'

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DOCUMENT RECORD PRINT

that that would negate the need to attend the hospital, and it would negate the need to be telephoned...

BARTON No comment.

DC YATES ...or certainly minimise those opportunities?

BARTON No comment.

DC YATES Because again as part of your Job Description is you're expected to be on call is that correct?

BARTON No comment.

DC YATES Geoff?

DC QUADE Was that a lifestyle issue doctor?

BARTON No comment.

DC QUADE Did you proactively prescribe purely on medical terms on what was best for the patients...

BARTON No comment.

DC QUADE ...or was it a lifestyle issue?

BARTON No comment.

DC QUADE (Pause) Do you think it would have been preferable, particularly with the use of Diamorphine, to have

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DOCUMENT RECORD PRINT

prescribed in a way that would allow nurses to contact you should the patient need to have his dose varied...

BARTON No comment.

DC QUADE ...as opposed to the Proactive Prescribing Policy that you adopted?

BARTON No comment.

DC QUADE Okay.

DC YATES Who administers the prescribed drugs?

BARTON No comment.

DC YATES What training do the nurses have for the administration of the drugs?

BARTON No comment.

DC YATES Can any level of nurse administer drugs?

BARTON No comment.

DC YATES What is the purpose of the drug registers?

BARTON No comment.

DC YATES What has to be recorded in them?

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DOCUMENT RECORD PRINT

BARTON

No comment.

DC YATES

Why have there been drugs prescribed but no administered?

BARTON

No comment.

DC YATES

Geoff?

DC QUADE

No.

DC YATES

Let me move on if I can then doctor to 'syringe drivers'. Now the use of a syringe driver, what we've found so far, is normally dictated by a doctor and that there are different reasons for employing a syringe driver, one of which is once a patient can no longer take oral medicine. I want to seek an explanation now as to why a syringe driver was utilised in this case, in particular in the way in which you would envisage the driver to be used. So we'll start off doctor with what training had you had for the use and deployment of syringe drivers?

BARTON

No comment.

DC YATES

And what is a syringe driver?

BARTON

No comment.

DC YATES

How long had syringe drivers been in use in 1999?

BARTON

No comment.

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DOCUMENT RECORD PRINT

DC YATES But why is a syringe driver used?

BARTON No comment.

DC YATES And what kinds of patients are most suitable for syringe drivers?

BARTON No comment.

DC YATES Who talks to the patient, or the family regarding the use of syringe drivers?

BARTON No comment.

DC YATES Well how does a syringe driver work?

BARTON No comment.

DC YATES Who prepares the drugs for administration via a syringe driver?

BARTON No comment.

DC YATES Right. We've got a photocopy now of the instructions for the use of the Ambulatory syringe drivers. This is a notice that was found on the ward in Dryad Ward, it's got a reference number of CSY/HF/8. First of all doctor have you seen this before?

BARTON No comment.

RESTRICTED

DOCUMENT RECORD PRINT

DC YATES

It's titled Graseby Medical Instructions For The Use Of (inaudible) Syringe Drivers, and it depicts that there are three types of syringe drivers, the Variable Syringe Driver MS16, a Fixed Syringe Driver MS18 and the Variable Speed Driver MS26. What are the differences between these syringe drivers?

BARTON

No comment.

DC YATES

What is the difference between the MS16A and the MS26?

BARTON

No comment.

DC YATES

Has one got a boost facility?

BARTON

No comment.

DC YATES

What is a boost facility?

BARTON

No comment.

DC YATES

I believe they are actually both different colours. What colour was the syringe driver used in the case of Mr PACKMAN?

BARTON

No comment.

DC YATES

So why was Mr PACKMAN given drugs by way of a syringe driver?

RESTRICTED

DOCUMENT RECORD PRINT

BARTON

No comment.

DC YATES

And correct me if I'm wrong doctor, but Mr PACKMAN was still able to take oral medicine. Why wasn't he given pills, or Oramorph instead of a sub cut syringe driver?

BARTON

No comment.

DC YATES

(Pause) Why was it necessary to put Mr PACKMAN on a syringe driver?

BARTON

No comment.

DC YATES

(Pause) Why isn't there an entry on the Medical Records that the use of a syringe driver was now deemed necessary?

BARTON

No comment.

DC YATES

Page 55 are the only notes made by you and there's no mention of a need for a syringe driver.

BARTON

No comment.

DC YATES

So who deemed it necessary then?

BARTON

No comment.

DC YATES

Was it you?

BARTON

No comment.

RESTRICTED

DOCUMENT RECORD PRINT

DC YATES

Was it Sister HAMBLIN?

BARTON

No comment.

DC YATES

Did Sister HAMBLIN prescribe drugs?

BARTON

No comment.

DC YATES

Why is there an entry in the nursing notes that a syringe driver is being used?

BARTON

No comment.

DC YATES

(Pause) Is the use of a syringe driver a significant factor in the care of a patient?

BARTON

No comment.

DC YATES

Geoff?

DC QUADE

Yes. Doctor we've just gone through the suitability and usage of syringe drivers for particular types of patients, and we see that this syringe driver was started on the 30th of August. DC YATES has already asked you one question saying: "Why was a syringe authorised and started on the 30th when Mr PACKMAN was still able to take oral medicine?" Can you remind me why that was?

BARTON

No comment.

DC QUADE

Because not only was he able to take oral medicine, but a

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DOCUMENT RECORD PRINT

nursing note on the same date, on Page 63 of those notes, (someone coughs) a nursing note states that 'a very small amount of diet taken, mainly puddings'. So that implicates, doesn't it, that Mr PACKMAN was still eating, grant you in smaller doses, but he was still eating. If he was able to eat puddings, was he able to take Oramorph?

BARTON

No comment.

DC QUADE

The nursing note goes on to say, amongst other things, 'encourage fluids', which again indicates, does it not, that he was drinking still. Is that right doctor?

BARTON

No comment.

DC QUADE

And yet the syringe driver was authorised. Did Mr PACKMAN fit the criteria for the commencement of a syringe driver?

BARTON

No comment.

DC QUADE

And the interesting point about that entry on Page 63 is that the nurse who wrote it and says that 'he was taking mainly puddings and he was to be encouraged to have fluids', was the same nurse who started off the syringe driver having apparently discussed it with you and that nurse was Sister HAMBLIN. Have you got any comment to make about that doctor?

BARTON

No comment.

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DOCUMENT RECORD PRINT

DC QUADE Why would Sister HAMBLIN start a syringe driver on a patient who was still able to drink, who was still able to take oral medicine, who was still able to eat?

BARTON No comment.

DC QUADE Was she acting on your instructions?

BARTON No comment.

DC QUADE Did you authorise the use of that syringe driver at that time?

BARTON No comment.

DC QUADE Was she acting on your authority Doctor BARTON?

BARTON No comment.

DC QUADE Should you have allowed the use of that syringe driver at that time?

BARTON No comment.

DC QUADE Have you got any further questions Chris?

DC YATES Along the same lines, on the 29th of August 1999 (29/08/1999) nocte, which is night, a nurse has written 'slept for long periods, Oramorph given as prescribed', and then 'complaining of left abdominal pain'. And then on the 30th of August, the next day, was Sister HAMBLIN's entry,

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DOCUMENT RECORD PRINT

which reads exactly 'condition remains poor, syringe driver commenced at 1445, Diamorphine 40 milligrams, Midazolam 20 milligrams, no further complaints of abdominal pain, very small amount of diet taken mainly puddings, re-catherised this afternoon, dressing, draining of the fluids and the dressings also reviewed'. So the whole entry for the 30th of August says, first of all it says 'syringe started' and later still 'still able to eat'. I just find it puzzling doctor; can you shed any light on it?

BARTON

No comment.

DC QUADE

Having started off the syringe driver doctor and you apparently having authorised it why then, it being surely a significant factor in the care of Mr PACKMAN, why then did you not make a record in the notes explaining why the syringe driver was started?

BARTON

No comment.

DC QUADE

I say it's probably because you felt unable to do so given the note in the Nursing Record,...

BARTON

No comment.

DC QUADE

...because surely your justification for using the syringe driver would have been 'unable to take oral medicine, unable to eat, unable to drink, commence syringe driver', that would go directly against what the sister had written wouldn't it?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC QUADE (Pause) Were you at the hospital when Sister HAMBLIN spoke to you about the syringe driver?

BARTON No comment.

DC YATES (Pause) If Mr PACKMAN was in enough pain to require Diamorphine through a subcutaneous syringe driver, what was causing that pain?

BARTON No comment.

DC YATES I'll come back to that one. Now I'd like to talk to you doctor about some drugs now and there are three drugs in particular that were prescribed and administered to Mr PACKMAN. I just want to see if we can clarify and get a further explanation as to the specific reasons behind the prescribing of these drugs and their uses and effects. Now firstly I would like to talk about Oramorph. Why was this drug, Oramorph, prescribed?

BARTON No comment.

DC YATES Why and when was this drug administered?

BARTON No comment.

DC YATES The drug was administered at 1445 hours, who authorised the drug?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC YATES (Pause) What time did you see Mr PACKMAN?

BARTON No comment.

DC YATES (Pause) So what was the purpose of this drug?

BARTON No comment.

DC YATES (Pause) Why was no other form of painkiller prescribed as an alternative to a strong opioid?

BARTON No comment.

DC YATES (Pause) A little more interesting, on Page 172 of the Medical Records, which are BJC/34, if I pull the original out for you the very first entry at the doctor it says Oramorph 10 - 20. Because you've prescribed 10 - 20, how does anyone know what to administer?

BARTON No comment.

DC YATES (Inaudible - mumbles) then how much has been administered?

BARTON No comment.

DC YATES Geoff?

DC QUADE Yeah. If I was a doctor on call and I'd come out to see Mr

RESTRICTED

DOCUMENT RECORD PRINT

PACKMAN after one of those doses was administered, how would I know what amount of Oramorph he'd received?

BARTON No comment.

DC QUADE Because it doesn't tell me there does it? It could be 10, it could be 20, and presumably it could be 15. Would you expect a doctor to have to go back to the drug book to check it out?

BARTON No comment.

DC QUADE Why have you prescribed that in such a way then?

BARTON No comment.

DC YATES (Pause) (Coughs) Actually what is Oramorph doctor?

BARTON No comment.

DC YATES And what is its purpose?

BARTON No comment.

DC YATES And where does Oramorph sit on the Analgesic Ladder?

BARTON No comment.

DC YATES Again doctor Midazolam, what is Midazolam?

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DOCUMENT RECORD PRINT

BARTON

No comment.

DC YATES

Well why is Midazolam used?

BARTON

No comment.

DC YATES

And more specifically why was it used in relation to Mr
PACKMAN?

BARTON

No comment.

DC YATES

Is it a sedative doctor?

BARTON

No comment.

DC YATES

Are there any other kinds of sedatives that can be used?

BARTON

No comment.

DC YATES

This drug appears to be commonly used in patients at the
terminal end of an illness, is this why this drug was
prescribed to Mr PACKMAN on this occasion?

BARTON

No comment.

DC YATES

Did you consider Mr PACKMAN was at the terminal phase
of his life?

BARTON

No comment.

DC YATES

How would you know how much Midazolam to prescribe?

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DOCUMENT RECORD PRINT

BARTON

No comment.

DC YATES

Whom was he diagnosed by as being in need of Midazolam?

BARTON

No comment.

DC YATES

What is the purpose of prescribing a range of parameters for the administration of the drug (TAPE BUZZES).... Hang on. Right we'll have to turn the tapes off.

INTERVIEW CONCLUDED - TAPE MACHINE SWITCHED OFF.

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20AL

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 1121 Time concluded: 1155

Duration of interview: 34 MINUTES Tape reference nos.
 (→)

Interviewer(s): DC2479 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 This is a continuation of the interview with Doctor BARTON. I am DC Chris YATES, the other officer present is?

DC QUADE DC1162 Geoff QUADE.

DC YATES Thank you. The time by my watch is 1121 hours. The last tape finished before we could actually give an end time and that was 1116 hours that the last tape ended. It's just really

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DOCUMENT RECORD PRINT

been a change over of tapes. Doctor can you confirm it's the same people in the room?

BARTON

I can.

DC YATES

Would you care to confirm whether there's been any conversation about this matter while the tapes have been off?

BARTON

None at all.

DC YATES

Okay doctor. I must still remind you that you are still under caution. We were talking about Midazolam weren't we?

BARTON

(Silent)

DC YATES

Right. What is the purpose doctor of prescribing a range of parameters for the administration of this drug, Midazolam, i.e. 20 – 80 milligrams?

BARTON

No comment.

DC YATES

Is this what is known as 'proactive prescribing'?

BARTON

No comment.

DC YATES

Why doctor did you prescribe a range of this drug to Mr PACKMAN?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC YATES How would the nurses know where to start within this range?

BARTON No comment.

DC YATES Where is it recorded within the medical notes your prescribing instructions to the nurses as to why, when and by how much the dose can be altered within this range?

BARTON No comment.

DC YATES And by whom?

BARTON No comment.

DC YATES How would a nurse know why to alter the dose?

BARTON No comment.

DC YATES How would a nurse know when to alter the dose?

BARTON No comment.

DC YATES And very importantly, how would a nurse know how much to alter the dose by?

BARTON No comment.

RESTRICTED

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DOCUMENT RECORD PRINT

DC YATES Doctor would you expect to see an entry in the notes as to the justification for this drug being administered?

BARTON No comment.

DC YATES What safe guards were in place to ensure that Mr PACKMAN did not receive an excessive dose of Midazolam?

BARTON No comment.

DC YATES What part did the Wessex Protocols play in the prescription of Midazolam?

BARTON No comment.

DC YATES Did they play any part at all?

BARTON No comment.

DC YATES (Pause) Why didn't you follow the guidelines for the prescription of Midazolam, i.e. arrange starting at 5 milligrams a day?

BARTON No comment.

DC YATES Geoff?

DC QUADE No.

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DOCUMENT RECORD PRINT

DC YATES Doctor Diamorphine. What is Diamorphine?

BARTON No comment.

DC YATES Why is Diamorphine used?

BARTON No comment.

DC YATES (Interference on tape) What kinds of analgesics are normally used (inaudible interference on tape) Diamorphine?

BARTON No comment.

DC YATES Where does Diamorphine fit within the Analgesic Ladder?

BARTON No comment.

DC YATES Why didn't you record what the purpose was for Diamorphine on the records?

BARTON No comment.

DC YATES Why was the Diamorphine written up to 200 milligrams?

BARTON No comment.

DC YATES Would you have allowed a nurse to administer this much without you reviewing the patient?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC YATES How would you stop this happening?

BARTON No comment.

DC YATES Why was a Proactive Prescribing Policy needed if you were seeing the patients every day?

BARTON No comment.

DC YATES (Pause) In your Job Description, GJQ/HF/14, your very first duty is 'to visit the units on a regular basis and to be available on call as necessary'. If you complied with this duty, what was the necessity for proactive prescribing?

BARTON No comment.

DC YATES Duty (4) to be responsible for the writing up of initial case notes and to ensure that follow-up notes are kept up to date and reviewed regularly. Why haven't you performed this duty doctor?

BARTON No comment.

DC YATES Where is it recorded, bearing in mind that duty, on how much the nurses can increase the dosage of any drug when arranged as prescribed?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES (Coughs) (Pause) What checks and valve safes were put in place to prevent overdosing?

BARTON No comment.

DC YATES (Pause) Why was Diamorphine prescribed to Mr PACKMAN?

BARTON No comment.

DC YATES Is it normal to prescribe Diamorphine as a required drug?

BARTON No comment.

DC YATES Was Mr PACKMAN in his terminal phase in your view?

BARTON No comment.

DC YATES How was he diagnosed as being in need of Diamorphine?

BARTON No comment.

DC YATES How would you decide how much Diamorphine to prescribe?

BARTON No comment.

DC YATES What is the purpose of prescribing a range of parameters for the administration of a drug, i.e. 20 – 80 milligrams?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC YATES And why did you prescribe a range of this drug to Mr
PACKMAN?

BARTON No comment.

DC YATES And very importantly, how would the nurses know where
to start within this range?

BARTON No comment.

DC YATES (Pause) Where is it recorded then within the medical notes
the prescribing instructions to the nurses as to why, when
and by how much that those can be altered within this
range and by whom?

BARTON No comment.

DC YATES Would you expect to see an entry in the notes as to the
justification for this drug being administered?

BARTON No comment.

DC YATES What would you consider to be an excessive dose of
Diamorphine for Mr PACKMAN?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES What safeguards were in place to ensure that Mr PACKMAN did not receive an excessive dose of Diamorphine?

BARTON No comment.

DC YATES What part did the Wessex Protocols play in the prescription of Diamorphine?

BARTON No comment.

DC YATES That's that little book that's already been produced on the table doctor. Did it play any role at all?

BARTON No comment.

DC YATES Why didn't you follow the guidelines for the prescription of Diamorphine, i.e. arrange starting it at 10 milligrams a day?

BARTON No comment.

DC YATES (Pause) Did you ever seek advice from anyone regarding your prescribing regime in respect of Mr PACKMAN?

BARTON No comment.

DC YATES Why didn't you?

BARTON No comment.

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RESTRICTED

DOCUMENT RECORD PRINT

DC YATES (Coughs) How do you know that you're prescribing regime did not lead to a worsening of Mr PACKMAN'S condition?

BARTON No comment.

DC YATES Where is the reasoning behind this recorded?

BARTON No comment.

DC YATES Why wasn't this recorded?

BARTON No comment.

DC YATES Doctor there's no justification documented in the medical notes for the use of Diamorphine or Midazolam and the syringe driver, why is that?

BARTON No comment.

DC YATES Why isn't there any record of an ongoing assessment?

BARTON No comment.

DC YATES There weren't any documentation notes to explain why Mr PACKMAN required increases in the doses of Diamorphine from 40 up to eventually 90 milligrams over a three-day period.

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DOCUMENT RECORD PRINT

BARTON No comment.

DC YATES When did you consider that Mr PACKMAN had entered the terminal phase of his life?

BARTON No comment.

DC YATES Why did you consider Mr PACKMAN had entered the terminal phase of his life?

BARTON No comment.

DC YATES What change had taken place of Mr PACKMAN for you to reach this conclusion?

BARTON No comment.

DC YATES Where did you record this (coughs)?

BARTON No comment.

DC YATES Were you qualified to make this diagnoses doctor?

BARTON No comment.

DC YATES Were you qualified to diagnose and provide palliative care to Mr PACKMAN?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES Was that your responsibility?

BARTON No comment.

DC YATES Did you refer these decisions to a consultant?

BARTON No comment.

DC YATES Did you ever refer to a consultant?

BARTON No comment.

DC YATES Geoff?

DC QUADE Yeah. Regarding the lack of notes on on-going assessment, I think it's quite appropriate with analgesics, but particularly with Diamorphine, which is, is that the strongest one you can prescribe doctor?

BARTON No comment.

DC QUADE Don't you have a duty to regularly review that (somebody coughs) dosage on the patients?

BARTON No comment.

DC QUADE Because otherwise how do you know what effect it's having on them?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC QUADE Did you ever go back to him to find out whether the Diamorphine was having a good effect,...

BARTON No comment.

DC QUADE ...or bad effect?

BARTON No comment.

DC QUADE Did you ever check him for his, do that simple pupil check that I understand some doctors do...

BARTON No comment.

DC QUADE ...whereby you can state, you can see from the state of the pupils whether the Diamorphine is having the right effect, or too much effect, i.e. if it makes them drowsy?

BARTON No comment.

DC QUADE Well let's go back then to (pause) when you originally prescribed to him... Can I just take the BNF?

DC YATES Yeah it's here.

DC QUADE Does, in the BNF, tell me if I'm reading it right, I would like you to have a look at it, does it not indicate that 'you should start at 5 milligrams of Diamorphine subcutaneously'?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC QUADE Because he was on 10 milligrams of Oramorph wasn't he?

BARTON No comment.

DC QUADE But the starting dose in the syringe driver was 40 wasn't it?

BARTON No comment.

DC QUADE Well you prescribed it...

BARTON No comment.

DC QUADE ...and you apparently authorised it.

BARTON No comment.

DC QUADE Well I'll tell you then it started at 40 on your prescription and apparently on your authorisation. Is that right?

BARTON No comment.

DC QUADE Or are you saying that a nurse has now administered that without authority?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC QUADE

Well let me show you, this is a blow up from the Prescribing For The Elderly, which is in the BNF, and you will see on there that for the Morphine Sulphate 10 milligrams every four hours. If you go across it goes to 20 milligrams of Diamorphine. Well you didn't even start there did you, I asked you just now 'why didn't you start at 5 milligrams?', or suggested you could have done, but you don't start there you go right to 40. So if I show you that and I'll introduce that as GJQ/HF/21, if I show you that you can see that that's quite a dramatic jump isn't it?

BARTON

No comment.

DC QUADE

Not only is it a dramatic jump to 40, so it looks as if it is completely out of the guidelines, is that right?

BARTON

No comment.

DC QUADE

I'm just wondering why Morphine Sulphate wasn't used because you've missed that.

BARTON

No comment.

DC QUADE

Now let's just go back to the 10 milligrams of Morphine - yes? And let's just think about the date when you prescribed the Diamorphine (somebody coughs), because if you look at the prescription charts on Page 171 you'll see that you prescribed the Diamorphine 40 - 200, again in a huge range on the 26th and at that stage you had also prescribed the Oramorph 10 - 20 so you didn't, presumably

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DOCUMENT RECORD PRINT

that was arranged where you're authorising the nurses to administer up to 20 milligrams of Oramorph. Is that right or wrong?

BARTON

No comment.

DC QUADE

Going on your prescription, would the nurse have been wrong to give Geoffrey PACKMAN 20 milligrams of Oramorph?

BARTON

No comment.

DC QUADE

That was on the 26th and that was the same day that you authorised the Diamorphine.

BARTON

No comment.

DC QUADE

So how did you know what the correct dose of Diamorphine would be before he had even started on that Oramorph prescription...

BARTON

No comment.

DC YATES

...because that was a variable range wasn't it according your prescription?

BARTON

No comment.

DC QUADE

Well we've told you doctor this is your opportunity to tell us things if we've got the wrong end of the stick and so we

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DOCUMENT RECORD PRINT

repeat: "This is your opportunity to tell us." What was the thinking behind that?

BARTON

No comment.

DC QUADE

Because how do you know what his requirement would be in terms of Diamorphine before you had given the Oramorph its chance?

BARTON

No comment.

DC QUADE

Well I'll take you back to when the Diamorphine was started on the subcutaneous dosage. Did you authorise the commencement of the syringe driver?

BARTON

No comment.

DC QUADE

Did you need to authorise the commencement of a syringe driver?

BARTON

No comment.

DC QUADE

(Pause) If a nurse lets, for arguments sake you are in the hospital at the time, could a nurse start that syringe driver of her own accord?

BARTON

No comment.

RESTRICTED

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DOCUMENT RECORD PRINT

DC QUADE A significant factor in the treatment of Geoffrey
PACKMAN is just about to start. Should that nurse have
contacted you?

BARTON No comment.

DC QUADE Did that nurse contact you?

BARTON No comment.

DC QUADE If the nurse had contacted you, should that be recorded?

BARTON No comment.

DC QUADE Well I suggest it should have done, it should have been
recorded by the nurse shouldn't it?

BARTON No comment.

DC QUADE And then it should have been recorded by you.

BARTON No comment.

DC QUADE Well why wasn't it recorded by you?

BARTON No comment.

DC QUADE It wasn't recorded by the nurse either was it?

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RESTRICTED

DOCUMENT RECORD PRINT

BARTON

No comment.

DC QUADE

She said that 'she started the syringe driver', but she doesn't say in her note that she's had a conversation with yourself, or any other doctor come to that.

BARTON

No comment.

DC YATES

In fact it's for that doctor, in your own prepared statement you wrote: "I anticipate that the nursing staff would have liaised with me prior to commencing with the Diamorphine and Midazolam and that this would have been set up on my instruction directly if I had been at the hospital, or otherwise by phone," but you don't know do you?

BARTON

No comment.

DC QUADE

Well given there's 'no comment' from you again doctor, I am now thinking along the lines that what about this for something that may have happened? The nurse has started that syringe driver without your authority and a dose far exceeding the guidelines and using the table in the BNF. Is that what happened?

BARTON

No comment.

DC QUADE

Would that explain why you did not make a record afterwards?

BARTON

No comment.

RESTRICTED

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DOCUMENT RECORD PRINT

DC QUADE If that was the scenario and you came into the hospital and saw that Geoffrey PACKMAN had been started on a syringe driver without your authority and on too high a dose range, what could you have done? What were your options?

BARTON No comment.

DC QUADE Could you have made an entry in the nursing notes, in the medical notes saying 'a mistake had been made'?

BARTON No comment.

DC QUADE Could you have stopped the syringe driver?

BARTON No comment.

DC QUADE We've already seen that he was able to eat and drink and take oral medicine, so could you have gone a different route and changed his medication?

BARTON No comment.

DC QUADE Were you covering up for Sister HAMBLIN Doctor REID, Doctor BARTON?

BARTON No comment.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC QUADE Do you think that you and Sister HAMBLIN, at this time, followed the guidelines and the procedures correctly?

BARTON No comment.

DC YATES (Pause) Doctor if I can take you back to Page 54, Page 55 of these notes (pause), it will be Page 55, the Medical Records, PJC/34, your very first entry on the 26th of August 1999 (26/08/1999), the very last line of that entry which was signed by you doctor. Can you confirm that?

BARTON Confirmed.

DC YATES "I am happy for nursing staff to confirm death." What does that mean doctor?

BARTON No comment.

DC YATES And why is it recorded there?

BARTON No comment.

DC YATES Is there a difference between confirming and verifying and certifying death?

BARTON No comment.

DC YATES If there are, what are the differences?

BARTON No comment.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

BARTON No comment.

DC QUADE You clearly felt that he was dying, or could die. Is that correct?

BARTON No comment.

DC QUADE And possibly when you're not in the hospital. Is that correct?

BARTON No comment.

DC QUADE What were you aware of when he had his treatment at the QA Hospital?

BARTON No comment.

DC QUADE Well we know that Doctor RAVINDRANE had obviously read the notes because of his clerking-in of Mr PACKMAN on the day he came in on the 23rd, and in those notes at the QA he had been written up, at least once, 'not for resus'. Were you aware of that?

BARTON No comment.

DC QUADE Did that influence you in writing: "Happy for staff to confirm death."?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC QUADE What is your understanding of that term 'not for resus'?

BARTON No comment.

DC QUADE Well to put it crudely it doesn't mean 'to let the patient die'
does it?

BARTON No comment.

DC QUADE My understanding is that if the patient would say fall into
cardiac arrest, something along those lines, he would not be
considered for resuscitation in that circumstance, is that
right?

BARTON No comment.

DC QUADE (Somebody coughs) So did that term influence you when
you wrote that?

BARTON No comment.

DC QUADE Well what made you write it then?

BARTON No comment.

DC QUADE What did you feel he was dying from?

BARTON No comment.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

DC QUADE

What were the signs of him dying?

BARTON

No comment.

DC QUADE

Okay Chris.

DC YATES

(Pause) I'm going to do a bit more on that. (Pause) 'Not for resuscitation', paragraph 25 of your statement. 'It was my impression that when I assessed Mr PACKMAN on this occasion was that he was very ill. I felt that in view of his condition and the previous decisions that he was not for resuscitation, transfer to the (inaudible) was quite inappropriate. Any such transfer was very likely to have had a further serious effect on his health'. So you're saying in your statement that you were influenced by previous decisions that he was not for resuscitation. Is that correct doctor?

BARTON

No comment.

DC YATES

The meaning of 'not for resuscitation' is quite specific isn't it? I believe a medical judgement has been made that 'in the event of the patient's heart or breathing stopping unexpectedly, cardio respiratory arrest, there is little or not chance of cardiopulmonary resuscitation being successful, that is it being medically futile and should not be attempted. This is usually on a background of a progressive life threatening illness or other significant medical problems'. What was Mr PACKMAN's progressive life threatening illness?

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DOCUMENT RECORD PRINT

BARTON

No comment.

DC YATES

And the status of 'not for resuscitation', that does not mean that the patient is automatically excluded from receiving appropriate treatment for other medical problems that may arise. I mean even patients that are suffering from really advanced cancer who may be admitted seriously unwell with an infection, they would be treated for the infection wouldn't they doctor?

BARTON

No comment.

DC YATES

(Pause) I find it (clears throat) hard with the medical notes as they are that on Page 54 Doctor RAVINDRANE is saying 'his mental score is very good, he's better in himself, there's no pain' and that's on the 23rd of August, and on the 26th of August you're writing him off doctor aren't you?

BARTON

No comment.

DC YATES

Geoff?

DC QUADE

That's quite a line there doctor. Had you given up hope of saving Mr PACKMAN's life...

BARTON

No comment.

DC QUADE

...at that stage?

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DOCUMENT RECORD PRINT

BARTON (Silent)

DC QUADE At that stage doctor?

BARTON No comment.

DC YATES (Pause) But what was his progressive life threatening illness?

BARTON No comment.

DC YATES Obesity, arthritis in both knees, immobility, pressure sores? I just don't see the life threatening illness so far? Cellulitis.
(Pause) (Clears throat) (Inaudible – mumbles).

DC QUADE Yeah.

DC YATES I don't want to move on to, if we start something else we'll probably get into too big a subject,...

DC QUADE Yeah sure.

DC YATES ...so I think now would be a good time to actually end this interview and take a lunchtime break shall we say, okay. Is there anything you wish to clarify doctor?

BARTON No thank you.

DC YATES Is there anything you wish to add?

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BARTON

No thank you.

DC YATES

Okay. As I said before I'll give you the notice explaining what will happen to the tapes at the end of the whole process. The time is now 1155 hours and we will turn the recorder off.

INTERVIEW CONCLUDED - TAPE MACHINE
SWITCHED OFF.

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20AM

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2004

Time commenced: 1311 Time concluded: 1349

Duration of interview: 38 MINUTES (→) Tape reference nos.

Interviewer(s): DC2479 Chris YATES / DC1162 Geoff QUADE

Other persons present: Mr BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC YATES	This interview is being tape recorded, I am DC2479 Chris YATES. My colleague is?
DC QUADE	DC1162 Geoff QUADE.
DC YATES	I am interviewing Doctor Jane BARTON. Doctor will you please give me your full name and your dated of birth?
BARTON	Jane Ann BARTON, Code A

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DC YATES

Also present is Mr BARKER, who is Doctor BARTON's solicitor. Can you please introduce yourself and your full name?

BARKER

Certainly. It's Ian Steven Petrie BARKER and I am Doctor BARTON's solicitor.

DC YATES

Thank you. This interview is being conducted in an Interview Room at Fareham Police Station in Hampshire. The time is 1311 hours and the date is Thursday the 6th of April 2006 (06/04/2006). At the end of the whole procedure that's when I'll sort out the paperwork for the tapes okay. I must remind you doctor that you're still entitled to free legal advice. Mr BARKER is here as your legal advisor. Have you had enough time to consult with Mr BARKER in private or would you like further time?

BARTON

Fine thank you.

DC YATES

Okay. If at any time you wish to stop the interview and take legal advice just say and the interview will be stopped in order that you can do this. I'd also like to point out that you have attended voluntarily, you're not under arrest and you have come here of your own free will. So if at any time that you wish to leave you're free to do so okay.

BARTON

Thank you.

DC YATES

I'll also caution you, you do not have to say anything but it may harm your defence if you do not mention, when

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DOCUMENT RECORD PRINT

questioned, something which you later rely on in court and anything you do say maybe given in evidence. Do you understand that caution doctor?

BARTON

I do.

DC YATES

I broke it down earlier this morning, is there any need for me to break that caution down now?

BARTON

No thank you.

DC YATES

Likewise, the same as this morning, on this occasion the room that we're in has been equipped with a monitoring facility. Whenever that red light there is on it means that somebody is listening to the interview, this afternoon it's Detective Inspector GROCOTT who will be monitoring the interview. When the tapes aren't running and it's not in record mode, no conversation can be heard in this room by that facility okay. Right (clears throat) now we've had a break for lunch doctor, can I just ask you to confirm that there's been no conversation between us, the police, and yourself regarding this matter when the tapes haven't been running?

BARTON

None at all.

DC YATES

Thank you. What I would like to move on to now doctor is Death Certificates. The completion of a Death Certificate is a formal legal requirement that can only be undertaken by a medical practitioner. There are specific guidelines to

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DOCUMENT RECORD PRINT

be followed and what I'd like to try and get is an explanation from you as to your understanding of what was required of you in the completion of this process. Now I have in front of me the Medical Certificate Of Cause Of Death for Geoffrey PACKMAN. We'll have to give that an identification reference I believe won't we?

DC QUADE

Yeah. The next one will be 22.

DC YATES

So it's CSY/HF/22. Can you see this doctor?

BARTON

(Silence)

DC YATES

Who completed this Death Certificate with regard to Geoffrey PACKMAN?

BARTON

No comment.

DC YATES

(Pause) At the bottom of this certificate doctor is a, well there is a certificate saying: "I hereby certify that I was in medical attendance during the above named deceased's last illness and that the particulars and cause of death above written are true to the best of my knowledge and belief." And it has a signature; can I ask you to confirm if that is your signature?

BARTON

(Pause) Yes.

DC YATES

And underneath is written J. A. BARTON with your address. And the cause of death, which took place on the

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3rd of September 1999 (03/09/1999) has been recorded as 'myocardial infarction' and the approximate interval between the onset of this illness and death you recorded as five days. Is that correct?

BARTON

No comment.

DC YATES

(Coughs) What procedure did you follow when certifying or recording the death of this patient?

BARTON

No comment.

DC YATES

What procedure did you follow in certifying or recording the death of any patient?

BARTON

No comment.

DC YATES

Who informed the registrar or coroner?

BARTON

No comment.

DC YATES

Who decided the cause of death?

BARTON

No comment.

DC YATES

Why was the death recorded as myocardial infarction?

BARTON

No comment.

DC YATES

(Pause)

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For the benefit of the tape DCs YATES and QUADE talk between themselves, which is inaudible.

DC YATES

Isn't that right doctor that this process should be carried out by the consultants or senior clinician?

BARTON

No comment.

DC YATES

Why were you completing the certificates?

BARTON

No comment.

DC YATES

(Pause) Here on this certificate there doctor it states that 'a post-mortem was not being held and the patient was seen after death by you'.

For the benefit of the tape, DCs YATES and QUADE talk between themselves, which is inaudible.

DC YATES

Supervision doctor, and this gives you an opportunity to explain how the line management operated at the hospital and whether the supervision that you were provided with was efficient. What supervision were you given or provided with in respect of the care of Geoffrey PACKMAN?

BARTON

No comment.

DC YATES

Were you happy with the level of supervision?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC YATES Were you happy with the training that you had been provided with in order to care for patients whilst a Clinical Assistant at the War Memorial Hospital?

BARTON No comment.

DC YATES If there were any deficiencies what were they?

BARTON No comment.

DC YATES If there were any deficiencies how did you try to address them?

BARTON No comment.

DC YATES At the time of Mr PACKMAN's admission to the Gosport War Memorial Hospital, did you have any concerns regarding your personal workload?

BARTON No comment.

DC YATES How would you report whether you had any concerns regarding staff or workload issues?

BARTON No comment.

DC YATES What concerns, if any, did you have about the Gosport War

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DOCUMENT RECORD PRINT

Memorial Hospital at this time?

BARTON

No comment.

DC YATES

What training, in respect of any issues whether they were medical or pharmaceutical, did you raise in (inaudible due to banging in background)?

BARTON

No comment.

DC YATES

Who was your line manager?

BARTON

No comment.

DC YATES

And who did you supervise yourself?

BARTON

No comment.

DC YATES

What would have been the correct route for you to take if you had any concerns about the level of supervision at that hospital?

BARTON

No comment.

DC YATES

Did you have an appraisal system in operation there?

BARTON

No comment.

DC YATES

How was your contract renewed at GWMH?

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BARTON

No comment.

DC YATES

Did you have, if you had an appraisal system or something like that, did you have the opportunity to discuss with your supervisors your role, how things were going etcetera?

BARTON

No comment.

DC YATES

Did you, in any way; discuss your role and how it was going with any supervisors?

BARTON

No comment.

DC YATES

Did you have any concerns about the way your role was going?

BARTON

No comment.

DC YATES

You've already discussed previously, I believe, your (clears throat) role at the hospital and how things had not significantly changed from you starting there. In actual fact I think I was able to show you that the number of beds had decreased in the late '90s compared to the number that you were expected to supervise and be responsible for when you first took the role up, and yet you say in your first 'prepared statement' that 'things were getting too much'. Did you discuss that with anybody there at the hospital?

BARTON

No comment.

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DOCUMENT RECORD PRINT

DC YATES	Do you think that it had an impact on your ability to do your job at the hospital...
BARTON	No comment.
DC YATES	...sufficiently?
BARTON	No comment.
DC YATES	Efficiently?
BARTON	No comment.
DC YATES	Professionally?
BARTON	No comment.
DC YATES	Competently?
BARTON	No comment.
DC YATES	Adequately?
BARTON	No comment.
DC YATES	Geoff?
DC QUADE	No.

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DC YATES

What I'll do now is to try and take you chronologically through the Medical Records for the period that Mr PACKMAN was on Dryad Ward. And probably the most simple place to start is with Page 54 and this is the initial assessments or clerking by Doctor RAVINDRANE. Now the clerking doctor noted that Mr PACKMAN's ongoing problems were obesity, arthritis in his knees, immobility, pressure sores and constipation. It was noted that Mr PACKMAN was 'on a high protein diet, queried melaena which was on the 13th of August 1999 (13/08/1999), his haemoglobin was stable, he was better in himself with a good mental test score and no pain. There was little to find here on this doctor, Page 54 which is in front of you if you want to examine it, that there was anything wrong with Mr PACKMAN bar obesity, the swollen legs and pressure sores. Do you agree?

BARTON

No comment.

DC YATES

We can move on possibly to the nursing notes now on Page 62. Do feel free doctor to have a look at any of these pages if you wish. Now they record that Mr PACKMAN was transferred from Ann Ward, I think it's at the Queen Alexandra Hospital following an episode of immobility and (inaudible sounds like sickle) sores, he was catherised, on a profile bed hoist only, able to feed himself and Mrs PACKMAN is waiting decision (inaudible) at the QA Hospital tomorrow'. Now several nursing plans, or Nursing Care Plans were produced, Page 78, Page 82, Page 84, Page 96 and these plans were for his immobility, in fact

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DOCUMENT RECORD PRINT

he was prone to constipation. There was a care plan for the urinary catheter. Another care plan for the pressure sore areas. Who instigated these care plans?

BARTON

No comment.

DC YATES

If the nursing staff had these care plans, whose directions were they following?

BARTON

No comment.

DC YATES

(Pause) I think it's Page 170, which is a Drug Chart, that reveals he was continued on regular Doxazosin 4 milligrams once a day, Frusemide 80 milligrams once a day, (inaudible - Clexane?) 40 milligrams twice a day, Paracetamol 1 gram, or 1g four times a day. He was commenced on Magnesium Hydroxide 10 millilitres twice a day, which is a laxative and that was subsequently taken intermittently and as required Gaviscon. So that was the drugs that he was taking on the 23rd of August. So where doctor, when you look at the Nursing Care Plans, you look at the clerking, you look at the medication, where does it say that there is anything wrong with Mr PACKMAN bar his obesity, swollen legs and pressure sores?

BARTON

No comment.

DC YATES

(Pause) On the 24th of August Mrs, this is quite interesting, on Page 90 is a handling profile (pause) and in this section for pain it is noted 'pain needs to be controlled'. Now this

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is at odds with the medical notes, or the clerking, where it says that 'there was no pain'. Can you explain how this entry came to be?

BARTON

No comment.

DC YATES

Pain is not mentioned anywhere else. 'His bowels were well open, there's no melaena specified and swabs were taken from his pressure sores from Microbiology'. (Pause) Right Page 207 (pause) should be a blood test result. The blood test revealed a haemoglobin of 12 grams/DL. The white cell count was 12.2×10 (inaudible – mumbles), it's on Page 207. Have you got that?

DC QUADE

Yeah.

DC YATES

What does that mean?

BARTON

No comment.

DC YATES

I think it also states that 'there's a marginally (inaudible) of 8.9 and a reduced albumin'. Now both these forms had been signed just there doctor J.A.B. Is that your initials?

BARTON

No comment.

For the benefit of the tape DCs YATES and QUADE talk between themselves, which is inaudible.

DC YATES

Page 190 of the Medical Records doctor is (pause) a

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DOCUMENT RECORD PRINT

Biochemistry Report authorised on the 26th of August 1999. Again there is the initials of J.A.B. written there. Is that your initials?

BARTON

No comment.

DC QUADE

I am going to hold it up in front of you doctor so that you can see it.

BARTON

No comment.

DC YATES

Doctor would a doctor initial these reports to say that he or she had seen the results?

BARTON

No comment.

DC YATES

What would those results indicate to you?

BARTON

No comment.

DC YATES

Do you want to say anything Geoff?

DC QUADE

Why do doctors initial those reports Doctor BARTON?

BARTON

No comment.

DC QUADE

Is it not to acknowledge that they have seen the report?

BARTON

No comment.

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DOCUMENT RECORD PRINT

DC YATES

(Pause) On the 25th of August doctor Mr PACKMAN was noted to have bowels open; melaena formed, leaking some fluid and later several loose bowel actions throughout the afternoon and evening, some fresh blood present, query due to medication, (inaudible) stopped to review later'. That's Pages 82 and 83. (Pause) Now the 'nursing summary notes' record that 'Mr PACKMAN had been passing fresh blood and queried. Was it due to the (inaudible) or the Clexane? And a verbal order from Doctor BEASLEY was to withhold the six o'clock in the evening dose and review with Doctor BARTON in the morning'. Did you review this the next morning?

BARTON

No comment.

DC YATES

Page 171 says that 'Mr PACKMAN was also vomiting and Metoclopramide, 10 milligrams, was given at five-to-six (1755) in the evening. Mr PACKMAN was taking Temazepam 20 milligrams at five-past-ten (2205) that night and Loperamide 4 milligrams, which I believe is for diarrhoea as a one off dose' and it's a time that I can't quite work out I must admit, it's on Page 168. (Pause) On the 26th of August the 'nursing summary notes' record 'a fairly good morning, no further vomiting. Doctor RAVI contacted re' (inaudible) or the Clexane and advised to discontinue and will repeat haemoglobin today and tomorrow, not for resuscitation, unwell at lunchtime, colour poor, complaining of feeling unwell. (Pause sounds like door being shut) This was seen by Doctor BARTON this afternoon, await result of haemoglobin, further

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DOCUMENT RECORD PRINT

deterioration complaining, query indigestion, pain in throat, not radiating, vomited again this evening'. Now verbal order from Doctor BARTON 'Diamorphine 10 milligrams stat', which was given at six o'clock that evening. Did you see Mr PACKMAN on the 26th of August in the afternoon?

BARTON No comment.

DC YATES What were you expecting from the results of the haemoglobin?

BARTON No comment.

DC YATES Why did you give the verbal order for Diamorphine?

BARTON No comment.

DC YATES Again on Page 55 I think it is, these should be your notes I think.

DC QUADE Yeah.

DC YATES 'Called to see pale, clammy, unwell. Suggest query myocardial infarction. Treat stat Diamorphine and Oramorph overnight. Alternative possibility gastro intestinal bleed, or GI bleed, but no haematemesis'. What made you think that it was possibly a myocardial infarction doctor?

BARTON No comment.

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DOCUMENT RECORD PRINT

DC YATES What is a myocardial infarction?

BARTON No comment.

DC YATES Did Mr PACKMAN have any previous medical history of myocardial infarction?

BARTON No comment.

DC YATES If Mr PACKMAN had suffered a myocardial infarction, what benefits would 10 milligrams of Diamorphine be?

BARTON No comment.

DC YATES (Pause) You've got 'suggest query myocardial infarction'. Does that mean it was just a possibility it was a myocardial infarction?

BARTON No comment.

DC YATES The same with the 'alternative a possibility of a GI bleed'. With those two possible diagnoses, what did you do to treat Mr PACKMAN?

BARTON No comment.

DC YATES You also state 'he was not well enough to transfer to an acute unit, keep comfortable and I am happy for nursing staff to confirm death'. (Pause) Have you got any

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questions on that Geoff?

DC QUADE

My understanding doctor is that when a doctor puts a question mark in front of something, that is because something has happened to the patient that leads that person to believe that whatever follows the question mark may be occurring or may have occurred. Is that right?

BARTON

No comment.

DC QUADE

The fact that you put the question mark in front of myocardial infarction and then queried the gastro internal bleed in the case that you felt that that's what might be happening to Mr PACKMAN, is that right?

BARTON

No comment.

DC QUADE

Now presumably a doctor wouldn't just think 'the person might be having this, the person might be having that' and then not do something to find out whether that person was having this or that. Is that right?

BARTON

No comment.

DC QUADE

What investigations did you then commence to find out what that patient, Mr PACKMAN, was suffering from?

BARTON

No comment.

DC YATES

All right that takes us up to the 26th where you're queering

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DOCUMENT RECORD PRINT

the myocardial infarction or a GI bleed. What I am going to do then is just take you to some of the questions around your 'prepared statement'. (Pause) Geoff have you got a calendar? (Pause) Have you got an identification reference?

DC QUADE

CSY/HF/23.

DC YATES

Thank you. Paragraph (3) of your statement doctor, I can see you have it in front of you, in that statement (clears throat) 'I indicated when I'd first taken up the post the level of dependency of patients was relatively low and that in general the patients did not have major medical needs. I said that over time that position changed very considerably and that patients who were increasingly dependent would be admitted to the wards. I indicated that certainly by 1998 many of the patients were profoundly dependent with minimal Barthel scores and there was significant bed occupancy. The demands on my time and that of the nursing staff were considerable. I was, in effect, 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 other patients. The statement largely represented the position at the GWMH in 1998. I confirm that these comments are indeed a fair and accurate summary of the position then though, if anything, it had become even more difficult by 1999 when I was involved in the care of Mr PACKMAN'. Geoff do you want to...

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BARTON

No comment.

DC QUADE

Yeah, okay. Doctor so we look at this exhibit, which we're calling now CSY/HF/23, and it's a printout of the calendar months for August and September of 1999 and you can see from that that I'm showing you look that on the 23rd of August Geoffrey PACKMAN was admitted to the ward, Dryad Ward, and on the 24th you made an entry on his records, on the 26th sorry not the 24th you made an entry didn't you on his records and you made entries into, I can't remember what the 24th was Chris, do you know what it was?

BARTON

No comment.

DC YATES

Yes on the Drug Chart.

BARTON

No comment.

DC QUADE

On the Drug Chart that's right. But in the main records you've only made two entries, the 26th and the 28th, the 28th being a Saturday. Now going on your previous history of what you've told us and what we've worked out of your daily routines, if we count out the number of days Mr PACKMAN was in hospital, at your hospital, he came in on the 23rd, one, two, three, four, five, six, seven, eight, nine, ten, he was in for ten days in total. Now you say that 'you visited the hospital three times a day maximum, so that makes a total of thirty possible visits doesn't it? Thirty possible times you could have seen Mr PACKMAN given

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DOCUMENT RECORD PRINT

that you think on the 26th, as early as the 26th you think he's possibly had a myocardial infarction or a GI bleed. You only have one other visit to him after that recorded. Is that right?

BARTON

No comment.

DC QUADE

How can you account for the fact that despite this man being go gravely ill that you have recommended the nurses to, or happy for them to confirm death. You've got no entries, very relative entries, very few entries in the notes, only two in his medical notes (somebody coughs) the 26th and the 28th. Can you explain that doctor?

BARTON

No comment.

DC QUADE

Explain, can you explain to us what the Speciality History sheet is for then?

BARTON

No comment.

DC QUADE

(Pause) Well can you tell us which of those days from the 23rd up to his death on the 3rd of September, can you tell us which of those days you were not available for?

BARTON

No comment.

DC YATES

You say in your statement that 'the pressure is put on you on how busy you were and had become considerable in 1999'. The Dryad Ward Admissions book, which is

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DOCUMENT RECORD PRINT

BJC/89, which I will put in front of you, it shows quite clearly that between the 17th of August 1999 (17/08/1999) and the 31st of August 1999 (31/08/1999), that's fourteen days, two patients were admitted to that ward Mr PACKMAN and a Margaret MORRIS. Now I accept that the other beds may be full, but you had two new admissions. Now part of your Job Description says that 'you must see new admissions'. Is that correct?

BARTON No comment.

DC YATES Does that register indicate that that was a busy time?

BARTON No comment.

DC QUADE (Pause) It doesn't seem to doctor, or you tell us otherwise?

BARTON No comment.

DC QUADE (Pause) The last patient before Mr PACKMAN was almost a week before. Is that right?

BARTON No comment.

DC QUADE And the next patient after Mr PACKMAN was the day after. (Pause) Is that right?

BARTON No comment.

DC QUADE And does that represent a really busy time at the hospital

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DOCUMENT RECORD PRINT

for you...

BARTON

No comment.

DC QUADE

...compared to other times?

BARTON

No comment.

DC YATES

You see Paragraph (22) in your statement says that 'you state that you anticipate that you would have reviewed Mr PACKMAN on the basis that you prescribed drugs for him on the 24th of August, that's Page 168 of your medical notes. Now you state in your generic statement on pages 3 and 4 that 'you visited patients every day and you would admit and write up charts etcetera. In addition you'd return to the hospital every evening to continue with these duties'. DC QUADE is just showing you the calendar there, why then did it take you three days to make an entry in Mr PACKMAN's medical notes?

BARTON

No comment.

DC YATES

Why isn't there any reference to his general condition, or comment re.: care plans or drugs?

BARTON

No comment.

DC YATES

Let me take you back doctor to Paragraphs (12) and (13) of your statement. Paragraphs (4) to (11) are pretty much Mr PACKMAN's previous medical history, so if we go to

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DOCUMENT RECORD PRINT

Paragraph (12) 'it was also noted on the 6th of August that in view of pre-morbid state/multiple medical problems, Mr PACKMAN was not for CPR in event of arrest. A Barthel score was stated to have been assessed on the 5th of August (presumably the 6th of August in error) was recorded as zero, indicating that Mr PACKMAN was completely dependent'. Paragraph (13) 'Mr PACKMAN was reviewed by the specialist registrar the following day, 7th of August, who agreed, presumably on the basis of what was felt to be Mr PACKMAN's poor condition at that stage, that he was not to be resuscitated in the event of arrest. It was suggested that his anti-hypertensive medication should be changed to an ACE inhibitor in view of the oedema and he was considered for a beta-blocker in view of his atrial fibrillation. His diuretic was changed lest it caused dehydration. Mr PACKMAN was given Flucloxacillin 500 milligrams 4 times daily, supplemented by Penicillin 500 milligrams four times a day to combat the cellulites'. Now this cardiac arrest and resus policy, I think we spoke about this earlier on this morning, what is the resus policy, or not for resus policy?

BARTON

No comment.

DC YATES

Am I right in thinking that should somebody have a heart attack, or stop breathing, then for those purposes they're not for resuscitation?

BARTON

No comment.

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DOCUMENT RECORD PRINT

DC YATES What about any illnesses they may have, should you still be treating those?

BARTON No comment.

DC YATES I mean Paragraph (19) 'an entry in Mr PACKMAN's records for 20th of August by the specialist registrar indicates that Mr PACKMAN was due for transfer to the Gosport War Memorial Hospital on the 23rd of August. The Specialist Registrar also noted that Mr PACKMAN remained not for resuscitation. A Barthel score measured on the 21st of August again recorded a score of zero indicating his complete dependence'. Yet on his arrival at the Gosport War Memorial Hospital it was six. Was that not an improvement?

BARTON No comment.

DC YATES Any questions Geoff?

DC QUADE No.

DC YATES The tape is about to come to an end so the time is 1359 hours, I am going to turn the recorder off.

INTERVIEW CONCLUDED. TAPE MACHINE
SWITCHED OFF.

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20AN

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 1354 Time concluded: 1355

Duration of interview: 1 MINUTE Tape reference nos. (→)

Interviewer(s): DC2479 Chris YATES / DC1162 Geoff QUADE

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking Text

DC YATES (Tape faulty) Right there's been an interruption in that tape
 (tape faulty). TAPE ENDS

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RECORD OF INTERVIEW

Number: Y20AO

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 1359 Time concluded: 1443

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

Interviewer(s): DC2479 Chris YATES / 1162 Geoff QUADE

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC YATES	This is a continuation of the interview with Doctor BARTON. The time is 1359 hours. The reason we've had this second break was the fault in the tape machine, which hopefully has been rectified by changing it. Can I just ask you doctor to confirm that that is the reason why we took that break?

BARTON	It is.
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DC YATES	And has there been any conversation about the matter
----------	--

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whilst the tape has been off?

BARTON

None at all.

DC YATES

Thank you. Doctor we'll try and pick up where we left off and we were referring to Paragraph (24). This states, this is your statement, 'I do not know if I reviewed Mr PACKMAN on the morning of 26th August. He was noted by the nurses to have had a fairly good morning. Sister HAMBLIN has recorded that Doctor RAVI, locum consultant geriatrician, was contacted and he confirmed that the Clexane should be discontinued and the haemoglobin repeated. Again, Mr PACKMAN was noted to be "not for resuscitation". Sister HAMBLIN may have contacted Doctor RAVI if I was unavailable that morning. The nursing record goes on to indicate that Mr PACKMAN then deteriorated at about lunchtime, that his colour was poor and that he complained of feeling unwell. I was called to see him, my entry in his records on this occasion reading as followed:- 26th of August 1999 (25/08/1999) called to see, pale, clammy, unwell. Suggest, query MI, treat stat Diamorph and Oramorph overnight. Alternative possibility GI bleed but no haematemesis. Not well enough to transfer to acute unit. Keep comfortable. I am happy for nursing staff to confirm death. As my note indicates, I was concerned that Mr PACKMAN might have suffered a myocardial infarction and accordingly I decided to administer opiates in the form of Diamorphine for pain and distress consequent on the possible myocardial infarction, at a dose of 10 milligrams intramuscular. In addition, I

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would have been conscious that he had large pressure sore areas on his sacrum and thighs, which would have been causing him significant pain and discomfort. I prescribed 10 milligrams Diamorphine intramuscularly to be given immediately, which is recorded on the Drug Chart as a verbal instruction. An alternative diagnosis, which I recorded was that Mr PACKMAN had had a gastro intestinal bleed'. Now you state that 'you were called to see Mr PACKMAN on the 26th'. This must have been after six o'clock in the evening. There's an entry on Page 168 that shows you gave a verbal order at that time to Sister HAMBLIN for Diamorphine. This is now nearly four days since Mr PACKMAN arrived. Well why is that the first time that you've seen him?

BARTON

No comment.

DC YATES

On Page 168 of the medical notes (pause), (inaudible) Page 172 (pause) there are two entries for Oramorph there. Why is that?

BARTON

No comment.

DC YATES

And also on Page 168 'once only and pre-medication drugs'. There are two prescriptions for Diamorphine on there. Why is that?

BARTON

No comment.

DC YATES

That will be the only one that was given?

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BARTON

No comment.

DC QUADE

Mr BARKER can I just say something here that obviously all questions are important, but we feel that the questioning around the Prescription Chart is very important to your client and can you just confirm that your client has had an opportunity to consult with those original charts?

BARKER

You've provided the original Prescription Chart to Doctor BARTON, it's available for her to consider, but I don't think it's appropriate for me to comment...

DC QUADE

No thank you...

BARKER

...further.

DC QUADE

...that's fine, thank you very much for that cheers.

DC YATES

What other drugs did you prescribe on the 26th?

BARTON

No comment.

DC YATES

(Pause) Now the Drug Chart shows that he received Diamorphine, 10 milligrams at six o'clock in the evening and that was the verbal order. As I pointed out the prescription was repeated below this one, it doesn't appear to have been given. 'Or a Morphine solution, Oramorph was commenced regularly, 10 – 20 milligrams every four hours with 20 milligrams at night', which meant Mr

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PACKMAN had continued until ten o'clock on the 30th of August 1999 (30/08/1999). Regular Oramorph solution 10 milligrams every four hours was also prescribed in the Daily Review Prescription. Is that where it should be?

BARTON

No comment.

DC YATES

Because it appears as though it's duplication doctor, I just wonder if you could clarify?

BARTON

No comment.

DC YATES

(Pause) Diamorphine 40 – 200 milligrams and Midazolam 20 – 80 milligrams subcutaneously over a twenty-four period were also prescribe on the 26th of August 1999 (26/08/1999) (coughs), that's on Page 171. Why was this doctor?

BARTON

No comment.

DC YATES

Why did you prescribe these drugs?

BARTON

No comment.

DC YATES

On Page 171 doctor...
Have you got it there Geoff?

DC QUADE

(Inaudible)

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DC YATES

...what explanation can you give as to why Jill HAMBLIN has completed a prescription for Oramorph on Page 171 and you have countersigned it? That signifies it is blatantly not in your handwriting although signed by you with the blue pen, that Jill HAMBLIN's used elsewhere.

BARTON

No comment.

DC YATES

Should she fill in that part of the prescription sheet?

BARTON

No comment.

DC YATES

Did Jill HAMBLIN prescribe it?

BARTON

No comment.

DC YATES

Was this given as a verbal order?

BARTON

No comment.

DC YATES

(Pause) You know that on the 26th of August 1999 (26/08/2006) doctor that the nurses contacted Doctor RAVI, who is a locum consultant geriatrician who advised that the Clexane be discontinued and that Mr PACKMAN's haemoglobin to be checked on the 26th and 27th of August 1999 (26-27/08/1999). The haemoglobin level on the 26th of August was 7.7, it's on Page 205.

For the benefit of the tape DCs YATES and QUADE talk between themselves, which is inaudible.

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DC YATES

If you can just bear with me doctor.

For the benefit of the tape there is a long pause whilst DCs YATES and QUADE talk between themselves, which is inaudible.

DC YATES

We'll have to come back to that Geoff.

DC QUADE

Yeah come back.

DC YATES

We'll come back to that doctor. (Pause) Right still moving on here though throughout your statement doctor you refer to Mr PACKMAN being 'not for resuscitation', several times in your statement. What explicitly is your understanding of the meaning and implications of that term?

BARTON

No comment.

DC YATES

(Inaudible) that a medical judgement has been made that in the event of a patient's heart or breathing stopping unexpectedly, cardio respiratory arrest, there is little or no chance of cardiopulmonary resuscitation being successful or medically futile and therefore it should not be attempted. Is that right doctor?

BARTON

No comment.

DC YATES

Is this usually on the background of a progressive life

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threatening illness, or other significant medical problems?

BARTON

No comment.

DC YATES

Does this status mean that the patient is automatically excluded from receiving all appropriate treatment for other medical problems that may arise?

BARTON

No comment.

DC YATES

(Pause) You know that Mr PACKMAN deteriorated about lunchtime on the 26th of August 1999 (26/08/1999) as he was reported 'to have had a fairly good morning'. This would have represented an acute deterioration in his condition. Your entry note that Mr PACKMAN was 'pale, clammy and unwell'. Does this suggest he was shocked?

BARTON

No comment.

DC YATES

And I will invite you to look at these Medical Records yourself doctor if you wish, but why weren't his basic observations such as his temperature, heart rate and blood pressure recorded?

BARTON

No comment.

DC YATES

What would these observations have told you?

BARTON

No comment.

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DC YATES Why did you feel that it wasn't necessary to perform or record these findings?

BARTON No comment.

DC YATES The nursing notes/entries suggest that 'he was complaining of indigestion with pain in the throat, which was not radiating', again associated with vomiting. Why did you query a myocardial infarction?

BARTON No comment.

DC YATES What were the medical findings that led you to consider that he had a myocardial infarction?

BARTON No comment.

DC YATES What examination, or tests did you undertake that would lead you to consider that he had a myocardial infarction?

BARTON No comment.

DC YATES You also recorded that 'an alternative possibility was a gastro intestinal bleed, but note that Mr PACKMAN had not vomited blood', given Mr PACKMAN's history of possible melaena, reported at the QA Hospital, which is on Page 54, and the fresh bleeding the day before. Why didn't you make any further enquiries to determine whether Mr PACKMAN was suffering from a GI bleed?

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BARTON No comment.

DC YATES What is a GI bleed?

BARTON No comment.

DC YATES (Pause) How should it be treated?

BARTON No comment.

DC YATES (Pause) How was it diagnosed?

BARTON No comment.

DC YATES So what medical findings led you to consider he may have had a gastro intestinal bleed?

BARTON No comment.

DC YATES All that together doctor, on what basis did you satisfy that a myocardial infarction was the more likely diagnosis?

BARTON No comment.

DC YATES Why was Mr PACKMAN prescribed Diamorphine for the treatment of pain due to his pressure sores?

BARTON No comment.

DC YATES (Pause) At the Queen Alexandra Hospital his only

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analgesic was Paracetamol. In the medical clerking whilst transferred to Dryad Ward, which is on Page 55 I think, and in the Nursing Care Plan relating to his pressure sores he only need Paracetamol. Why then was there a need to significantly increase the opioid levels?

BARTON

No comment.

DC YATES

Why wasn't this decision making process recorded, especially as you were called in to specifically treat Mr PACKMAN?

BARTON

No comment.

DC YATES

(Pause) Geoff do you want to ask anything?

DC QUADE

No not at the moment Chris.

BARTON

No comment.

DC YATES

Paragraphs (25), (26) and (27) then doctor. Paragraph (25) – 'My impression when I assessed Mr PACKMAN on this occasion was that he was very ill. I felt that in view of his condition and the previous decisions that he was not for resuscitation, transfer to an acute unit was quite inappropriate. Any such transfer was very likely to have had a further deleterious affect on his health'. (26) – 'The nursing note for the 26th of August indicates that we were to await blood test results. There was then a further deterioration later in the day, with Mr PACKMAN

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complaining of indigestion and a pain in his throat, which was not radiating'. Paragraph (27) – 'The blood count taken on the 26th of August subsequently showed that Mr PACKMAN's haemoglobin had dropped to 7.7 grams, a substantial drop from the 12 grams, which had been recorded two days earlier'. Now the part where you state that 'Mr PACKMAN was very ill and in view of his condition and a previous decision that he was not for resuscitation, transfer to an acute unit was quite inappropriate'. Could you explain that to me doctor?

BARTON

No comment.

DC YATES

(Pause) Why, although ill and deemed not for resuscitation, does this exclude Mr PACKMAN from receiving appropriate medical care?

BARTON

No comment.

DC YATES

(Pause) Why, given your clinical description of Mr PACKMAN being shocked, did you not undertake simple observations such as temperature, pulse and blood pressure?

BARTON

No comment.

DC YATES

(Pause) If you were convinced that a myocardial infarction was likely, why didn't you perform an ECG to help make the diagnosis for a myocardial infarction?

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BARTON

No comment.

DC YATES

(Pause) Given that you considered the possibility of a gastro intestinal haemorrhage why not, in addition to the simple observation, get into contact with the laboratory to obtain a result of the haemoglobin taken earlier that day?

BARTON

No comment.

DC YATES

Because as we know, and you've put in your statement doctor, it turns out we've revealed the drop of haemoglobin to 7.7., a considerable drop. (Pause) During Mr PACKMAN's acute deterioration, which was considered significant, why didn't you discuss it with Doctor RAVI, or Doctor REID, or the medical team on call at the QA Hospital?

BARTON

No comment.

DC YATES

If a patient becomes unexpectedly, or acutely unwell doctor, wouldn't it generally be appropriate to identify the reason for it and to investigate appropriate medical management?

BARTON

No comment.

DC YATES

(Pause) And taken into account this patient's particular circumstances, could this include insuring they are cared for in an environment best suited to meet their medical needs?

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BARTON

No comment.

DC YATES

So what you said doctor is 'he was so ill that he couldn't be transferred'? (Pause) What would happen if Mr PACKMAN had been at home and his wife found him in this way?

BARTON

No comment.

DC YATES

Would it have been reasonable to expect that an ambulance would be called and he would be taken to a hospital where he would be cared for?

BARTON

No comment.

DC YATES

Well would a doctor make a decision that he's so ill moving him would be deleterious to his condition so we'll leave him at home?

BARTON

No comment.

DC YATES

Because surely the same would apply at the Gosport War Memorial Hospital. If the hospital is not set up to deal with the man's condition, would it not be appropriate to move him doctor?

BARTON

No comment.

DC YATES

Having made the diagnoses that he was suffering from

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myocardial infarction, or a gastro intestinal bleed, both serious but both treatable, why did you choose to leave him on Dryad Ward?

BARTON

No comment.

DC YATES

Why didn't you perform an ECG?

BARTON

No comment.

DC YATES

We know that there was an ECG available at the hospital. Where was it doctor?

BARTON

No comment.

DC YATES

(Pause) Actually doctor let me show you the Lab Report that we couldn't find just now. (Pause) His specimen was taken on the 26th of August 1999 (26/08/1999) and this shows the drop (pause) in the haemoglobin had dropped to 7.7 grams from 12 grams from two days earlier. Is that your signature on that doctor?

BARTON

No comment.

DC QUADE

I know you've seen that doctor because you mentioned it in your own prepared statement, so I am showing you it again it is Page 205 of the copy file.

DC YATES

Geoff could, what you've got in your hand, could you read the bit there for the doctor?

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DC QUADE Yes it says Comment – Many attempts were made to phone these results, no answer from Gosport War Memorial switchboard.

DC YATES So the lab had obviously realised that there's a drop, they want to get those results through. Why didn't you phone the lab when you suspected a GI bleed?

BARTON No comment.

DC YATES What attempts did you make to treat either of the illnesses that you diagnosed?

BARTON No comment.

DC YATES What would the treatment for myocardial infarction be?

BARTON No comment.

DC YATES And what is the treatment for a GI bleed?

BARTON No comment.

DC YATES Do you know what a GI bleed is?

BARTON No comment.

DC YATES Would I be correct in thinking that even a medical student would understand that a GI bleed could be a medical

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emergency?

BARTON

No comment.

DC YATES

In fact it has been mentioned to me, and I did put it to test, that you can put GI Bleed into Google and find out that it's a medical emergency.

BARTON

No comment.

DC YATES

If you weren't sure, why didn't you take advice?

BARTON

No comment.

DC YATES

(Pause) What are the specific guidelines on the usual management of acutely ill patients at the Gosport War Memorial Hospital?

BARTON

No comment.

DC YATES

Were there any guidelines, or protocols, or practices in existence that would specifically prevent, or encourage the transfer of acutely ill patients to the main hospital?

BARTON

No comment.

DC YATES

(Pause) What facilities for general resuscitation were available, e.g. the ability to obtain venous access, (inaudible) venous infusion or fluid?

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BARTON No comment.

DC YATES For blood transfusions, things like that?

BARTON No comment.

DC YATES When did you become aware, doctor, of the full blood count result from the 26th of August?

BARTON No comment.

DC YATES Because we can see you were aware of it at some time because you initialled it doctor.

BARTON No comment.

DC YATES (Pause) Why wasn't it documented in his medical notes?

BARTON No comment.

DC YATES Did you notify Doctor RAVI or Doctor REID with the result?

BARTON No comment.

DC YATES You signed that Lab Report doctor, which is Page 205, and given that a large drop of haemoglobin had been demonstrated, on what grounds did you continue to consider a myocardial infarction more likely?

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BARTON No comment.

DC YATES Not only did you regard it as 'more likely', it was recorded as the cause of death.

BARTON No comment.

DC YATES What made that the stronger diagnosis than your alternative diagnosis of a gastro intestinal bleed?

BARTON No comment.

DC YATES So that was in light of the Lab Report that you received showing that significant drop in blood?

BARTON No comment.

DC YATES Geoff.

DC QUADE Doctor you've recorded 'query melaena', myocardial infarction sorry 'and possible GI bleed', and Chris has just asked you 'what steps you took to eliminate one or the other'. So in other words to find out what was wrong with Geoffrey PACKMAN. You've got an opportunity now, today, to tell us what steps you took to find out what was wrong with Geoffrey PACKMAN. What steps did you take doctor?

BARTON No comment.

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DC QUADE What steps could you have taken doctor?

BARTON No comment.

DC QUADE For instance regarding myocardial infarction, could you have arranged for an ECG to be performed?

BARTON No comment.

DC QUADE And would that have indicated to you that he had or didn't have myocardial infarction?

BARTON No comment.

DC QUADE Similarly we've just discussed GI bleed and as I understand it if somebody is bleeding lower in the intestine you're stools would come out red. Is that right?

BARTON No comment.

DC QUADE And if it's higher they come out black tarry. Is that right?

BARTON No comment.

DC QUADE And it is one of the simpler diagnoses to make I believe isn't it...

BARTON No comment.

DC QUADE ...for even a junior doctor?

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BARTON No comment.

DC QUADE How would you go about investigating whether a patient had a GI bleed?

BARTON No comment.

DC QUADE Well you can ask for blood results, blood tests couldn't you?

BARTON No comment.

DC QUADE And in fact bloods were asked for weren't they?

BARTON No comment.

DC QUADE Doctor REID, Doctor RAVI had asked for the blood tests.

BARTON No comment.

DC QUADE And was it not your plan to await lab results...

BARTON No comment.

DC QUADE ...for Mr PACKMAN?

BARTON No comment.

DC QUADE Well you did wait for blood results didn't you?

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BARTON No comment.

DC QUADE And when I say that you just waited. Is that right?

BARTON No comment.

DC QUADE What else could you have done to establish whether Mr
PACKMAN had a GI bleed?

BARTON No comment.

DC QUADE Did you consider and endoscopy?

BARTON No comment.

DC QUADE What are the considerations for an endoscopy with a patient
suffering (somebody coughs), suffering from a GI bleed?

BARTON No comment.

DC QUADE You'd put it down on the paperwork that 'he might have a
GI bleed' and yet it looks as if you haven't followed this
up.

BARTON No comment.

DC QUADE Well the lab obviously recognised that he was a medical emergency and
tried to contact the hospital, but couldn't get through. We
can't blame you for not answering the phone can we? No

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one is seeking to, but what steps did you take to get the results of those blood tests?

BARTON

No comment.

DC QUADE

Well when did you see those tests then?

BARTON

No comment.

DC QUADE

You signed them didn't you?

BARTON

No comment.

DC QUADE

We've already asked you 'why you didn't feel that he could go to the QA Hospital'. In Mr PACKMAN's case doctor. No let me start again, if you had gone out to a patient at home with the same symptoms that Mr PACKMAN had, i.e. you queried whether that patient lying in their bed at home had an myocardial infarction or possibly a GI bleed. Would you have just left them in their bed at home?

BARTON

No comment.

DC QUADE

I take it you wouldn't, and I take it you would have caused him to treble nined (999) to the nearest hospital. Would you have done that?

BARTON

No comment.

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DC QUADE Why didn't you do that with Mr PACKMAN?

BARTON No comment.

DC QUADE Do you feel that Geoffrey PACKMAN was at a disadvantage because he was already in your hospital then?

BARTON No comment.

DC QUADE If you weren't willing to have him transferred to an acute bed, do you feel he was at a disadvantage?

BARTON No comment.

DC YATES Right now we'll move on then to Paragraph 28. You state that 'you were concerned that Mr PACKMAN should receive appropriate medication to relieve his pain and distress, and therefore gave him Oramorph 10 - 20 milligrams four times a day and 20 milligrams at night'. So what dose of drug was given to Mr PACKMAN during the day?

BARTON No comment.

DC YATES Was it 10, or was it 20 doctor?

BARTON No comment.

DC YATES Page 172 of the notes show that a range was available, but the record does not show what dose was given. Why is

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this?

BARTON

No comment.

DC YATES

When this range is given, who decides on the size of the dose given?

BARTON

No comment.

DC YATES

(Pause) And what safeguards were in place preventing the inadvertent, or inattentive administration of these drugs to Mr PACKMAN?

BARTON

No comment.

DC YATES

So what doses of Morphine did Mr PACKMAN actually receive that day?

BARTON

No comment.

DC YATES

I'll change it slightly then, what explicitly was the pain and distress that Mr PACKMAN was in?

BARTON

No comment.

DC YATES

It's this range of drug again doctor isn't it? 10 - 20 milligrams four times a day, 20 milligrams at night. If I was to pick up those medical notes as a nurse, how would I know whether to give 10 or whether to give 20 milligrams?

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BARTON No comment.

DC YATES Or would the choice just be mine?

BARTON No comment.

DC YATES Geoff do you want to ask anything?

DC QUADE Yeah. Not only that doctor, we showed you earlier on this 'prescribing elderly medicine' blown up chart taken from the BNF GJQ/HF/21, and we showed you, did we not, that we had the 10 milligrams Morphine Sulphate oral solution and you'd prescribed 40 milligrams of Diamorphine, which was beyond the guidelines, above the guidelines, you should have been prescribing say 20 milligrams, and Chris has just said: "What safeguards did you put in place to make sure that Mr PACKMAN didn't receive the wrong drugs, or too much of the drugs?" because as we pointed out with the Oramorph how would a nurse know whether to give the 10 or the 20?

BARTON No comment.

DC QUADE And similarly how would a nurse know whether to give 10 milligrams of Oramorph and on this chart it's second in the table on the weaker side, or 200 milligrams of Diamorphine which is way down here look on the right hand side.

BARTON No comment.

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DOCUMENT RECORD PRINT

DC QUADE What prevents a nurse from doing that doctor...

BARTON No comment.

DC QUADE ...because that is the open range you've prescribed isn't it...

BARTON No comment.

DC QUADE ...on the same day that you prescribed the Oramorph?

BARTON No comment.

DC QUADE Do you think that is an acceptable way to write up a Prescription Chart?

BARTON No comment.

DC YATES In answer to what DC QUADE has just been asking, Paragraph (29), you actually say 'I also wrote up prescriptions for Diamorphine 40 - 200 milligrams subcutaneously over 24 hours, together with 20 - 80 milligrams of Midazolam via the same route on an anticipatory basis, concerned that further medication might be required in due course to relieve Mr PACKMAN's pain and distress. It was not my intention that this subcutaneous medication should be administered at that time. The nursing record also indicates that I saw Mr PACKMAN's wife explaining her husband's condition and the medication we were using. I anticipate I would have

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indicated to Mrs PACKMAN that her husband was very ill indeed and in all probability that he was likely to die'. As DC QUADE said 'you've written up prescriptions with Diamorphine 40 - 200 milligrams on the same day as you've written Oramorph 'on an anticipatory basis'. If that was the correct way of doing things doctor, where in the medical notes does it say that?

BARTON

No comment.

DC YATES

Well where in the medical notes does it say 'to advise the nurses that this is just on an anticipatory basis and that you would require contacting'?

BARTON

No comment.

DC YATES

I can't see any safeguard.

DC QUADE

Well let's just take that on a little bit further doctor, let's expand on that because 'safeguard' is the appropriate word I think because when the Diamorphine syringe driver was started it was started, was it not, by Sister HAMBLIN?

BARTON

No comment.

DC QUADE

And yet you haven't recorded your authority anywhere for her to start that?

BARTON

No comment.

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DC QUADE It's possible isn't it that she didn't have your authority to start it specifically?

BARTON No comment.

DC QUADE 'It was not my intention that this subcutaneous medication should be administered at that time'. So at what time was it to be administered?

BARTON No comment.

DC QUADE And how was that to be conveyed to the nurses?

BARTON No comment.

DC QUADE Because it seems it was started with nothing down on paper from you even post a decision. Did you give verbal authority for that medication to be started at that time?

BARTON No comment.

DC QUADE What I say it doesn't look as if (TAPE BUZZES), it doesn't look as if you have does it? And what is to stop, well I'll let you answer that question first, it doesn't look as if you have does it?

BARTON No comment.

DC QUADE And what was to stop that nurse from prescribing anywhere between the 20 milligrams of Diamorphine up to the 200?

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DOCUMENT RECORD PRINT

BARTON No comment.

DC QUADE She seemed to start it where she thought fit?

BARTON No comment.

DC QUADE What was to stop her from prescribing, from administering 200 milligrams from the start?

BARTON No comment.

DC YATES The buzzer sound, if we change the tapes over. Is there anything you wish to clarify?

BARTON No thank you.

DC YATES Is there anything you wish to add?

BARTON No thank you.

DC YATES And are you happy to continue straight on?

BARTON (Silent)

DC YATES Yeah. Okay the time is 1443 hours and I am turning the recorder off.

INTERVIEW CONCLUDED - TAPE MACHINE
SWITCHED OFF.

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RECORD OF INTERVIEW

Number: Y20AP

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 1453 Time concluded: 1537

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

Interviewer(s): DC2479 Chris YATES / DC1162 Geoff QUADE

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC YATES	This is a continuation of the interview with Doctor BARTON. The time is 1453 hours and a short break was taken at the end of the last tape for comfort reasons etcetera. Can you just confirm doctor that the same people are present?
BARTON	Yes.
DC YATES	And also that there has been no conversation whilst the tapes have been off about this matter?

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BARTON None at all.

DC YATES Thank you. Geoff you were.

DC QUADE Yes where was I? (Pause)

BARKER Well if it helps at all you had asked: "What was to stop her..."

DC QUADE Yes.

BARKER "...administering 200 from the start?" Doctor BARTON indicated: "No comment," and the tape ended.

DC QUADE Thank you very much.

DC QUADE So just to pick up on that last question then doctor, on that chart what was to stop Sister HAMBLIN or any of the other nurses from going straight to 200 milligrams of Diamorphine on setting up that syringe driver?

BARTON No comment.

DC QUADE What were the guidelines in place for commencing a syringe driver at the hospital at the time?

BARTON No comment.

DC QUADE If you had authorised Sister HAMBLIN, say for arguments

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sake over the phone, how should she have recorded that in the notes?

BARTON

No comment.

DC QUADE

Would she have needed another nurse with her to record what you had said?

BARTON

No comment.

DC QUADE

Did you trust Sister HAMBLIN to carry out your instructions?

BARTON

No comment.

DC QUADE

Would Sister HAMBLIN 'anticipate' - to use one of your words, would Sister HAMBLIN anticipate your instructions?

BARTON

No comment.

DC QUADE

Were there ever times when Sister HAMBLIN did things thinking that you were authorising post, i.e. she would do something and then get your authorisation after it had been done?

BARTON

No comment.

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DC QUADE Was this something you allowed her to do? (Somebody coughs)

BARTON No comment.

DC QUADE We know that you placed great trust in the nursing staff, or it seems that you placed great trust in the nursing staff. Was this yet another example of it?

BARTON No comment.

DC QUADE Chris.

DC YATES Just to continue on the Diamorphine aspect of things. Is it correct doctor that a drug such as Diamorphine is licensed?

BARTON No comment.

DC YATES And within that licence there are particular ways that you can use that drug?

BARTON No comment.

DC YATES Can you use a drug like Diamorphine in an unlicensed way?

BARTON No comment.

DC YATES And if you were (clears throat), what would you be

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expected to do in order to record that?

BARTON

No comment.

DC YATES

(Clears throat) Again on Diamorphine doctor, when you visited Mr PACKMAN on the 26th of August 1999 (26/08/1999) you were concerned that Mr PACKMAN may have suffered a myocardial infarction and accordingly you decided to administer opiates in the form of Diamorphine for pain and distress consequent on the possible myocardial infarction at a dose of 10 milligrams intramuscularly. Well first of all (inaudible) myocardial infarction is. My understanding is it is a heart attack, is that correct?

BARTON

No comment.

DC YATES

And my understanding is that Diamorphine can be administered for pain from a heart attack, but what would the correct dosage be?

BARTON

No comment.

DC YATES

You'd prescribed a dose of 10 milligrams intramuscularly. Is it right that that is double the licence dose?

BARTON

No comment.

DC YATES

Should that not have been a 5 milligram intramuscularly?

BARTON

No comment.

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DC YATES Was that a mistake?

BARTON No comment.

DC YATES (Pause – clears throat) But having diagnosed a possible heart attack, how important is the previous medical history in making such a diagnosis?

BARTON No comment.

DC YATES What previous medical history has Mr PACKMAN got with heart problems?

BARTON No comment.

DC YATES (Clears throat) Well what are the symptoms for a heart attack?

BARTON No comment.

DC YATES Could that be chest pains?

BARTON No comment.

DC YATES Nausea and/or abdominal pain?

BARTON No comment.

DC YATES Anxiety?

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BARTON No comment.

DC YATES Light headiness, cough?

BARTON No comment.

DC YATES Nausea with or without vomiting?

BARTON No comment.

DC YATES So if some of these symptoms were present and you made a diagnosis of a possible heart attack, what tests should you do?

BARTON No comment.

DC YATES An electrocardiogram or an ECG as most people know it, when should that be obtained?

BARTON No comment.

DC YATES You are an experienced doctor and you have to undergo an awful lot of training to get to the position you are doctor and we are just detectives with no medical training, but my understanding is is that an ECG should be obtained as soon as possible after presentation to the examining doctor. ...

BARTON No comment.

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DC YATES ...Why didn't you get an ECG?

BARTON No comment.

DC YATES Is it right that approximately one half of patients have diagnostic changes on their initial ECG?

BARTON No comment.

DC YATES Would it be right that an ECG should be preformed on any patient who is older than forty-five years and is experiencing any form of chest or stomach discomfort?

BARTON No comment.

DC YATES And would that included new epigastro or nausea?

BARTON No comment.

DC YATES (Pause) So again just carrying on from what DC QUADE was asking, on what basis did you determine a dose range of Diamorphine 40 – 200 milligrams over twenty-four hours and Midazolam at 20--80 milligrams over twenty-four hours and it would be necessary for Mr PACKMAN?

BARTON No comment.

DC YATES Why was it necessary to adopt a more proactive prescribing policy in this case?

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BARTON

No comment.

DC YATES

Doctor you've been called into the hospital specifically to attend to Mr PACKMAN and it was seven in the evening, so you don't have to deal with anyone else in the ward it's just Mr PACKMAN and you'd be returning to the ward twelve hours later, so why was it therefore necessary to prescribe that range of drug?

BARTON

No comment.

DC YATES

Geoff?

DC QUADE

At the end of Paragraph (29) doctor the last sentence is: "I anticipate I would have indicated to Mrs PACKMAN that her husband was very ill indeed and in all probability that he was likely to die." Now it's a question I've asked before today that that line demands the questions again, what was he likely to die of?

BARTON

No comment.

DC QUADE

What was causing his likely death?

BARTON

No comment.

DC QUADE

You'd written that day: "Possibly had GI bleed or may have been myocardial infarction." You hadn't even established what was wrong with him had you?

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BARTON No comment.

DC QUADE If you felt at that stage that his life was being threatened, why didn't you cause some form of investigation into his symptoms?

BARTON No comment.

DC QUADE But you're quite willing to tell a wife that 'her husband is dying' and at that stage you don't even know what is wrong with him.

BARTON No comment.

DC QUADE As I understand it both conditions are serious, but are they not both reversible with correct treatment?

BARTON No comment.

DC QUADE Would you expect somebody with a GI bleed to die?

BARTON No comment.

DC QUADE Do you expect any patient with myocardial infarction to die?

BARTON No comment.

DC QUADE But you did in this case didn't you?

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BARTON No comment.

DC QUADE So what was the difference between Mr PACKMAN?

BARTON No comment.

DC QUADE How did you form the opinion that he was likely to die?

BARTON No comment.

DC QUADE Chris.

DC YATES You see again with your note on the 26th of August (pause) 'query MI – treat stat Diamorph, unless it's query a heart attack, and Oramorph overnight. Alternative possibility GI bleed but no haematemesis'. Did you do anything to find out which, if any of these symptoms, which of, if any of these diagnoses was correct?

BARTON No comment.

DC YATES Because I can't see it recorded anywhere else in your notes. Now Doctor REID, the consultant, reviewed this patient, I think it was on the 1st of September, we will come on to that, how was he to know what you've done and what you think?

BARTON No comment.

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DC QUADE

If you had of known about the lab result on the 26/08 you could have linked it with his possible GI bleed obviously and you could have informed Mrs PACKMAN that her husband was badly ill, very poorly, but even so was it still, was it the case that that was a reversible condition at that time?

BARTON

No comment.

DC QUADE

I say to you you wouldn't have known would you at that time?

BARTON

No comment.

DC QUADE

How could you have known when you spoke to Mrs PACKMAN that her husband probably had a condition that was likely to lead to death?

BARTON

No comment.

DC YATES

I mean you certainly seem to be pretty convinced that Mr PACKMAN had suffered a heart attack or possibly a GI bleed. If we go to the Death Certificate, the Cause Of Death, in the box you actually noted that 'Mr PACKMAN had been suffering from myocardial infarction five days prior to his death', that was the 29th of August. So what made your mind up then that on the 29th of August you knew that Mr PACKMAN was having a heart attack or suffering with heart problems?

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BARTON

No comment.

DC YATES

So where was this recorded in the notes?

BARTON

No comment.

DC YATES

You had already decided that that's when he, that's when it was diagnosed and that's when he was suffering from this. How were you going to treat this?

BARTON

No comment.

DC YATES

So what changed between your note on the 26th of August then and the 29th of August when according to the MCCD, when the myocardial infarction was diagnosed, and on the 26th it was 'query myocardial infarction -- query GI bleed'.

BARTON

No comment.

DC YATES

How do you know he had a heart attack on the 29th of August?

BARTON

No comment.

DC YATES

Well I've been through the treatment, what I believe the treatment for a suspected heart attack is. What would you say this treatment should be?

BARTON

No comment.

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DC YATES As in this report how would Doctor REID know, the consultant, the doctor who has overall responsibility for this patient, how on earth could he be aware of your diagnosis if you haven't even written this down?

BARTON No comment.

DC YATES Did you discuss it verbally with Doctor REID?

BARTON No comment.

DC YATES Did you discuss it with anyone?

BARTON No comment.

DC YATES And again moving on to Paragraph (30) of your statement doctor. 'On the morning of the 27th of August 1999 (27/08/1999) Mr PACKMAN appeared to have stabilised somewhat'. Right 'I would have reviewed Mr PACKMAN again the following and indeed the Nursing Record confirms that I attended to see him then, therefore relying on the nurses' notes. Sister HAMBLIN had recorded that there had been some marked improvement since the previous day and that the Oramorph was tolerated well and should continue to be given, though Mr PACKMAN apparently still had some discomfort later that afternoon especially when the dressings were being changed. In spite of the earlier improvement, Mr PACKMAN was said to remain poorly. 10 milligrams of Oramorph were

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administered four hourly, together with a further 20 milligrams at night as prescribed, so that Mr PACKMAN received a total of 60 milligrams that day, though this was seemingly not enough to remove his pain and discomfort when his dressings were being changed. The nursing records indicate that he appeared to have a comfortable night'. So (pause) we are now on the 27th doctor. So by the morning of the 27th of August Mr PACKMAN appeared to have stabilized somewhat more. In addition, you would have had ample of opportunity to have obtained the result of the haemoglobin taken the day before. Why then at a time when Mr PACKMAN could have transferred more safely was this not done then?

BARTON

No comment.

DC YATES

If his condition had stabilised or he was suffering, possibly suffering from a GI bleed or a heart attack and you and the hospital are not capable of treating this, would it not have been better to have sent him to a hospital that could?

BARTON

No comment.

DC YATES

DC QUADE pointed this out earlier that 'it would appear that Mr PACKMAN was actually disadvantaged by being on your ward when suffering from these illnesses that were treatable, very serious conditions but treatable. What did you do to treat them?

BARTON

No comment.

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DC YATES

What did you do in order that anyone could help Mr PACKMAN?

BARTON

No comment.

DC YATES

When did you discuss with Doctor RAVI, or Doctor REID, or the gastroenterologists, or medical team on call Mr PACKMAN's condition in particular the drop in his haemoglobin?

BARTON

No comment.

DC YATES

Why didn't you discuss him?

BARTON

No comment.

DC YATES

Paragraph (31). 'I reviewed Mr PACKMAN again the following morning and on this occasion I made a note in his records, which read reads as follows:- The 28th of August 1999 (28/08/1999) remains poorly but comfortable, please continue opiates over weekend'. Were you aware of the blood results at this time?

BARTON

No comment.

DC YATES

What action did you take?

BARTON

No comment.

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DC YATES

Geoff?

DC QUADE

No.

DC YATES

(Pause) Paragraph (35) of your statement doctor. 'In view of his poor condition I anticipate that I considered him to be terminally ill and I would have been concerned to ensure that he did not suffer pain and distress as he was dying. Mr PACKMAN had received 60 milligrams of Oramorph daily over the preceding three days and the administration of 40 milligrams of Diamorphine subcutaneously over twenty-four hours did not represent a significant increase. Mr PACKMAN would have started to have become inured to the opiate medication and an increase of this nature was, in my view, entirely appropriate to ensure that his pain was well controlled. Indeed, the nursing record goes on to state that there were no further complaints of abdominal pain and Mr PACKMAN was able to take a small amount of food'. Like you said 'Mr PACKMAN received 60 milligrams of Morphine each day over the preceding three days, and on this basis the administration of Diamorphine, which was 40 milligrams subcutaneously over twenty-four hours, did not represent a significant increase'. How do you personally calculate an appropriate dose of subcutaneous Diamorphine based on a patient's previous oral Morphine dose?

BARTON

No comment.

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DC YATES Now DC QUADE's been through this with you as well.
Are you aware of that chart?

BARTON No comment.

DC YATES (Pause) As we understand it the total twenty-four hour oral
dose of Morphine is divided by three or occasionally by
two, hey Geoff?

DC QUADE That's right.

DC YATES So an appropriate dose, i.e. Diamorphine at 20 milligrams
over twenty-four hours would generally be considered an
appropriate conversion on this occasion. Is that correct
doctor?

BARTON No comment.

DC YATES Why was Mr PACKMAN's doubled therefore?

BARTON No comment.

DC YATES The first three lines of that paragraph, 'In view of his
condition I anticipate that I considered him to be terminally
ill and I would have been concerned to ensure that he did
not suffer pain and distress as he was dying'. What was he
dying of?

BARTON No comment.

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DC YATES Was he dying of a myocardial infarction?

BARTON No comment.

DC YATES Did he need to die of a myocardial infarction?

BARTON No comment.

DC YATES Isn't myocardial infarction for a heart attack? Is it treatable?

BARTON No comment.

DC YATES Well what did you do to treat it?

BARTON No comment.

DC YATES Did you do anything?

BARTON No comment.

DC YATES You say 'it was your second diagnosis of a GI bleed'. Is that treatable?

BARTON No comment.

DC YATES What can you do to save a person that is suffering a GI bleed?

BARTON No comment.

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DC YATES

Is it always a terminal condition?

BARTON

No comment.

DC YATES

But you were concerned to ensure that he did not suffer pain and distress as he was dying. Would it not have been better doctor to have tried to cure the underlying cause rather than increase the dose of the Diamorphine?

BARTON

No comment.

DC YATES

Geoff?

DC QUADE

Well doctor you have been given a copy of those Medical Records, a full copy of the Medical Records that are available and you've had some time to read them through and then make this statement that you've presented to us and in this Paragraph (35) I'll draw your attention to five words 'poor condition, terminally ill and dying'. Not anywhere there does it say what his poor condition was, what he was terminally ill with or what he was dying from. Even now, seven years later, when you read this Hospital Record, even now you cannot state, can you, what was causing his death.

BARTON

No comment.

DC QUADE

I am saying to you, I put it to you that at that stage you did not know what his condition was did you?

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BARTON No comment.

DC QUADE But you were content to assume that he was dying,...

BARTON No comment.

DC QUADE ...so content that you told his wife that he was dying according to you,...

BARTON No comment.

DC QUADE ...so content that you failed to find, or to investigate the cause of his condition,...

BARTON No comment.

DC QUADE ...so content that you merely ramped up the analgesic to keep him pain free,...

BARTON No comment.

DC QUADE ...but you had already suspected that he might have one of two reversible and treatable conditions.

BARTON No comment.

DC QUADE Why in Paragraph (35) have you not said what he was dying from?

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BARTON

No comment.

DC YATES

Right Paragraph (36) then doctor. 'I anticipate that the nursing staff', it's 'I anticipate' again isn't it? 'I anticipate that the nursing staff would have liaised with me prior to the commencement of the Diamorphine and Midazolam and this would have been set up on my instruction directly if I had been at the hospital, or otherwise by phone'. Doctor this is a direct contrast to Paragraph (34). You state that 'nursing would have liaised with you and that the Diamorphine and Midazolam would have been commenced on your instruction'. So therefore did you authorise the commencement of that Diamorphine?

BARTON

No comment.

DC YATES

If you did, why didn't you put an entry in the notes when you next came on duty as you had previously?

BARTON

No comment.

DC YATES

Did you have an arrangement with Sister HAMBLIN that she could commence patients on syringe drivers with Diamorphine when she deemed it suitable?

BARTON

No comment.

DC YATES

Well who therefore made the decision to increase Mr PACKMAN's Diamorphine by at least double the amount?

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BARTON No comment.

DC YATES Well that is a significant increase, it's double the amount doctor.

BARTON No comment.

DC YATES Well what is the purpose of medial practitioners reviewing patients and deciding on levels of prescriptions then?

BARTON No comment.

DC YATES (Pause) You said 'this would have been on your instruction directly if you had been at the hospital, or otherwise by phone'. What's the effect then of doubling the Diamorphine?

BARTON No comment.

DC YATES Geoff?

DC QUADE Yeah. 'I anticipate that the nursing staff bla, bla, bla. This would have been set up on my instruction directly, or otherwise by phone'. Well let's take 'directly' shall we. If it was directly, I'm assuming that you are there in the ward. Let's take 'directly', let's assume it was 'directly', you were there in the ward. Why didn't you make a record there and then on the notes that you had authorised the setting up of that driver?

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BARTON No comment.

DC QUADE No you didn't did you? So let's assume that it wasn't directly.

BARTON No comment.

DC QUADE Let's go then for 'or otherwise by phone' then surely (somebody coughs) if it was by phone again there would be some record wouldn't there?

BARTON No comment.

DC QUADE But there isn't is there?

BARTON No comment.

DC QUADE So let's go for another possibility, which you haven't put down in Paragraph (36) and that is that Sister HAMBLIN set up the syringe driver on her own...

BARTON No comment.

DC QUADE ...without speaking to you?

BARTON No comment.

DC YATES Had you had an arrangement with Sister HAMBLIN that she could put up the syringe driver when she felt it was the right time to do so?

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BARTON No comment.

DC QUADE Was that an arrangement that was common practice between the two of you?

BARTON No comment.

DC QUADE Was that an acceptable arrangement do you think?

BARTON No comment.

DC QUADE Okay. Well let's go for another option then and let's say: "Is it possible that Sister HAMBLIN did that of her own accord without any consultation with you?"

BARTON No comment.

DC QUADE And what was to stop her, you had prescribed the Diamorphine and the Midazolam; you'd given the broad range. Was she entitled to set up the syringe driver because you had already prescribed it?

BARTON No comment.

DC QUADE And if that last one was the case, is that why there's no record of it?

BARTON No comment.

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DC QUADE

Well is it doctor? Is it: "Let's leave well alone and let's hope it doesn't get noticed."

BARTON

No comment.

DC QUADE

(Pause) Obviously if it had been done on the telephone, if authority had been given over the telephone there would be more likely I suppose to be an entry because the policy says that 'it would have to be signed by two nurses'. Is that not correct doctor?

BARTON

No comment.

DC YATES

Let's take Paragraph (37) and Paragraph (38) then doctor. 'On the morning of the 31st of August Mr PACKMAN was recorded as having had a peaceful and comfortable night, though he then passed a large amount of black faeces that morning. I believe I would have seen Mr PACKMAN again that morning, though again I did not have an opportunity to make an entry in his records. I anticipate his condition would have been essentially unaltered and that he would have remained comfortable. Similarly, I would probably have seen Mr.PACKMAN again on the morning of 1st of September, but would have been unable to record this. I anticipate that his condition was again unchanged. Five separate pressure sore areas were noted by the nurses. A Barthel score of only 1 was recorded'. So you stated that 'on the morning of the 31st of August Mr PACKMAN was recorded as passing a large amount of black faeces'. Isn't this a pure indication of one of your queried diagnosis, of

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your indication of a gastro intestinal bleed?

BARTON

No comment.

DC YATES

And I will ask you again next to the dates that we have got. When did you obtain or review that full blood count that you signed?

BARTON

No comment.

DC YATES

Why didn't you refer Mr PACKMAN to a more senior colleague at this point?

BARTON

No comment.

DC YATES

So according to you doctor Mr PACKMAN was either suffering from a heart condition, or a GI bleed according you're your entry on the 26th of August. You've commenced him on varying, increasing doses of Diamorphine. You say that you, you stated somewhere, on the 26th, the 27th, the 28th, the 31st and the 1st of September you've made two entries in the notes and neither of which reasons why he has been given any medication. There was no evidence that an ECG, or any tests to address his heart condition had been thought about or carried out. And in relation to his GI bleed you wrote 'A large form of haemoglobin levels, passing of black stools' and yet again there was no record of investigations for treatment plans, or referrals to senior colleagues, why not?

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BARTON (Silent)

DC YATES Doctor why not?

BARTON No comment.

DC YATES So what care were you providing for Mr PACKMAN?

BARTON No comment.

DC YATES (Pause) Were you just allowing him to die?

BARTON No comment.

DC YATES Anything Geoff?

DC QUADE Yeah. And it's very similar to a set of questions I asked you a few moments ago doctor. Paragraph (37) – 'He then passed a large amount of black faeces that morning'. Paragraph (27) I think it was when 'you agree that you signed the Lab Report with a 7.7 reading on (inaudible). Previous to this you've written into this statement that 'you queried myocardial infarction plus you queried 'possible GI bleed', and now you have got the clearest indication that that is probably what he has got a GI bleed because you've put on here 'passed a large amount of black faeces'. Black faeces plus the 7.7, what is that an indication of doctor?

BARTON No comment.

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DC QUADE

Well we both know don't we that that is an indication of a GI bleed, and yet even now at this stage, in this prepared statement, prepared statements you've had time to write it, we haven't asked you to do it in five minutes, even now Chapter 30, or Paragraph (37) you still haven't written down what is wrong with Mr PACKMAN and that's the clearest indication yet that we've got so far and we'll carry on with the questioning, but expect another question on that in a minute doctor.

BARTON

No comment.

DC YATES

Right doctor we'll move on to Paragraph 41. 'Sister HAMBLIN recorded later in the Nursing Records that the syringe driver was renewed at 7.15pm (1915) with 60 milligrams of Diamorphine and 60 milligrams of Midazolam subcutaneously as the previous dose was not controlling Mr PACKMAN's symptoms. It appears therefore that Mr PACKMAN was experiencing yet further pain and discomfort. I anticipate that the nursing staff would have contacted me and that I authorised this moderate increase in his medication in order to alleviate the pain and distress'. So on the evening of the 1st of September now then 'the first Diamorphine was increased to 60 milligrams and Midazolam to 60 milligrams over a twenty-four hour period', that's at quarter-past-seven (1915) in the evening because the previous dose wasn't controlling the symptoms (coughs). Sister HAMBLIN has recorded this, you haven't. Who has authorised the change in dosage?

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BARTON No comment.

DC YATES So that's a Diamorphine increase of 50% and the Midazolam dose was trebled. Why was this?

BARTON No comment. (TAPE BUZZES)

DC YATES Where is it recorded in the records that Mr PACKMAN was in pain or distress?

BARTON No comment.

DC YATES So you're going to say that 'you anticipate that the nursing staff would have contacted you and you have authorised this moderate increase in his medication'. Well moderate is 50% of Diamorphine and trebling the Midazolam, but where have you authorised this?

BARTON No comment.

DC YATES Was it over the telephone?

BARTON No comment.

DC YATES In which case an entry would have been made by the nurses. Is that correct?

BARTON No comment.

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DC YATES

Were you there?

BARTON

No comment.

DC YATES

In which case you have signed it yourself?

BARTON

No comment.

DC YATES

Or did Sister HAMBLIN just authorise it herself?

BARTON

No comment.

DC YATES

I'll let you think about that for a moment doctor because I'm going to take this opportunity to change the tape. The time is 1537 hours and I am going to turn the recorder off.

INTERVIEW CONCLUDED - TAPE MACHINE SWITCHED OFF.

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RECORD OF INTERVIEW

Number: Y20AQ

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

Person interviewed: BARTON, JANE ANN

Place of interview: FAREHAM POLICE STATION

Date of interview: 06/04/2006

Time commenced: 1538 Time concluded: 1605

Duration of interview: 27 MINUTES Tape reference nos.
(→)

Interviewer(s): DC2479 Chris YATES / DC1162 Geoff QUADE

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC YATES	This is a continuation of the interview with Doctor Jane BARTON. The time is 1538 hours and the date is the 6 th of April 2006 (06/04/2006). Doctor can you just confirm that it's the same people present in the room please?
BARTON	It is.
DC YATES	And has there been any conversation about this matter while the tapes have been off?

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BARTON None at all.

DC YATES Okay. Just so that we can (pause – clears throat) re-cap on this, we were discussing Paragraph (41) and who actually authorised this increase in the medication. (Pause) So where was it recorded in the records that Mr PACKMAN was in pain?

BARTON No comment.

DC YATES And where was it in the records who authorised this?

BARTON No comment.

DC YATES Am I right in thinking had it been a telephone authorisation that two nurses would have signed the records?

BARTON No comment.

DC YATES Am I right in thinking that had you been at the hospital you would have signed the prescription sheet?

BARTON No comment.

DC YATES Geoff.

DC QUADE No not at the moment.

DC YATES No. Paragraphs (42) and (43) then. 'That night Mr PACKMAN was noted to be incontinent of black tarry

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faeces, but otherwise he had a peaceful night and the syringe driver was said to be satisfactory. I believe I would have reviewed Mr PACKMAN again the following day, the 2nd of September. The nursing records show that his medication was again increased, the Diamorphine to 90 milligrams and the Midazolam to 80 milligrams subcutaneously. I anticipate again that Mr PACKMAN would have been experiencing pain and distress and that I and the nursing staff were concerned that the medication should be increased accordingly to ensure that he did not suffer pain and distress as he died. That night Mr PACKMAN was said to remain ill, but comfortable and the syringe driver was satisfactory'. So Mr PACKMAN was noted to have had a peaceful night, however Diamorphine was increased to 90 milligrams over a twenty-four period from 60 and the Midazolam to 80 from 60 and that was at 1840 hours on the 2nd of September. Why was this doctor?

BARTON

No comment.

DC YATES

However there is no mention of pain and distress from the nursing or medical notes. Who authorised this increase?

BARTON

No comment.

DC YATES

Did you authorise it?

BARTON

No comment.

DC YATES

Personally?

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BARTON No comment.

DC YATES Or by phone?

BARTON No comment.

DC YATES Or was it unauthorised?

BARTON No comment.

DC YATES (Pause) Also it's mentioned in Paragraph (42) – 'That night Mr PACKMAN was noted to be incontinent of black tarry faeces otherwise he had a peaceful night'. What is that significant to?

BARTON No comment.

DC YATES So we've gone from the 26th of August where you've query a GI bleed and you queried a heart attack. Well we are now on, I believe, the 1st of September (pause), overnight on the 1st of September I believe. So four or five days and you have quite a few pointers now as to what might be wrong with Mr PACKMAN haven't you?

BARTON No comment.

DC YATES (Clears throat) And this last one 'the black tarry faeces', am I right in thinking that that is indicative of a GI bleed?

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BARTON No comment.

DC YATES Albeit it could be indicative of a lot of things I'm sure, but you suspected a GI bleed, and why did you suspect a GI bleed doctor?

BARTON No comment.

DC YATES And not only did you suspect a GI bleed on the 26th of August you, at some stage, had seen that Lab Report and you'd seen the drop in the haemoglobin. You must be pretty damn sure now that he was suffering from a GI bleed.

BARTON No comment.

DC YATES So what did you do about it?

BARTON No comment.

DC YATES (Pause) Geoff?

DC QUADE Was it too late to do anything about it?

BARTON No comment.

DC QUADE Well we're now up to, what was that Chapter what, Paragraph what Christopher was it?

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there you've pinned your colours to the mast and you said that it was a 'myocardial infarction'. So from the 26th of August until the 3rd of September at no stage did you say in your statement or in your notes what Mr PACKMAN was dying of, but when he's died you've said: "Yeah it was a myocardial infarction." What evidence is there that the cause of death was due to a heart condition?

BARTON

No comment.

DC YATES

Because you have repeatedly referred to symptoms that suggest a GI bleed, and even with the benefits of hindsight doctor and the review of case notes that contained details that Mr PACKMAN had a digestion like pain, he was passing fresh blood and melaena stools and the drop in his haemoglobin. Do you really think, bearing all that in mind, was your diagnosis of Mr PACKMAN correct?

BARTON

No comment.

DC YATES

I mean was it really a diagnosis other than you've given what you believe to be a cause of death?

BARTON

No comment.

DC YATES

Possibly an incorrect cause of death.

BARTON

No comment.

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DC YATES Even if PACKMAN had died of a heart attack or a myocardial infarction and you were correct in your suspicions on the 26th of August, what did you do about it?

BARTON No comment.

DC YATES Why didn't he have an ECG?

BARTON No comment.

DC YATES When was his heart listened to?

BARTON No comment.

DC YATES When were any tests done?

BARTON No comment.

DC YATES Well we actually feel that everything might point towards a GI bleed, so when were any tests done for that?

BARTON No comment.

DC YATES We had the blood test. When did you sign that and become aware of the drop in haemoglobin?

BARTON No comment.

DC YATES Something that you record in your statement 'a significant drop'.

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BARTON No comment.

DC YATES Accompanying that with the black faeces and the passing of fresh blood, all this etcetera. What do you think Mr PACKMAN died of?

BARTON No comment.

DC YATES Why haven't you written any reference to the reason behind the prescription of any drug, not only in these records but also in any of the ten records that we've had?

BARTON No comment.

DC YATES I admit it I'm just, I'm going to push the drugs to one side, but before I do that do you want to say anything?

DC QUADE Only when you get to Paragraph (44) doctor, when you were writing that where were you when you typed that?

BARTON No comment.

DC QUADE Well I think you were up against the wall weren't you, backed into a corner with nowhere to go because you realise what you've put on that Death Certificate and yet the evidence is pointing, and it has been pointing for several paragraphs now that it has been pointing to the other diagnosis that you did consider at one stage, but

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seemingly ignored and that was that he had the GI bleed and yet you failed to investigate didn't you?

BARTON

No comment.

DC QUADE

You failed to investigate the myocardial infarction possibility didn't you?

BARTON

No comment.

DC QUADE

Can you tell me even now, through this prepared statement, your evidence that indicates that he had a myocardial infarction?

BARTON

(Silence).

DC QUADE

Can you?

BARTON

No comment.

DC QUADE

And can you, through this prepared statement, justify your entry on the Death Certificate?

BARTON

No comment.

DC YATES

(Pause) So poor old Mr PACKMAN he came into hospital and his ongoing problems were obesity, arthritis, immobility, pressure sores and constipation. So to put it bluntly he was a fat man with arthritis in his knees, his immobility was possibly due to his size, pressure sores

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because he wasn't getting about and he was constipated and he's died of what you consider to be a myocardial infarction. Now forget the drugs at the moment, forget the Diamorphine and the Midazolam and all the other drugs, there was two diagnoses that you made on the 26th of August, two possible diagnoses myocardial infarction or a GI bleed, now forget which one was right, but what did you do about either?

BARTON

No comment.

DC YATES

What basic tests did you put in place?

BARTON

No comment.

DC YATES

If you were unable to treat or look after Mr PACKMAN, why didn't you move him somewhere where he could be?

BARTON

No comment.

DC YATES

We mentioned before that Mr PACKMAN seemed to be hampered by being in hospital, he was disadvantaged by being in hospital, he could have just as easily have been at home except then somebody could have called an ambulance couldn't they doctor?

BARTON

(Silent)

DC YATES

Did you consider anything, I mean of all the options that were open to you ECGs, all the different tests etcetera,

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didn't you consider anything that could have been done for Mr PACKMAN?

BARTON

No comment.

DC YATES

Had he been suffering from a GI bleed or a heart attack on the 26th of August, was the terminal?

BARTON

No comment.

DC YATES

Could that have been treated?

BARTON

No comment.

DC YATES

And could his life have been saved?

BARTON

No comment.

DC YATES

Now if you bring the drugs back into it the Diamorphine and that, was the proactive prescribing done in order that you didn't have to be bothered with nighttime call out?

BARTON

No comment.

DC YATES

But why such a range?

BARTON

No comment.

DC YATES

And with what eventually becomes, it could be either I suppose, but I would say quite high doses of Diamorphine.

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etcetera, was that a way of covering up the inadequate care and the treatment Mr PACKMAN received?

BARTON

No comment.

DC YATES

Just keep him quiet, out of pain and he would just eventually die of whatever was wrong with him?

BARTON

No comment.

DC YATES

Geoff?

DC QUADE

(Pause) Doctor a GI bleed is consider, you tell me if I'm wrong, is considered as a serious and life threatening medical emergency is it not?

BARTON

No comment.

DC QUADE

And as such it should require urgent and appropriate care?

BARTON

No comment.

DC QUADE

On the 25th of August Doctor BEASLEY was called wasn't he?

BARTON

No comment.

DC QUADE

And for out-of-hours and that was because Mr PACKMAN was passing fresh blood per rectum wasn't he?

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BARTON No comment.

DC QUADE Now (pause) Doctor BEASLEY, as a consequence what did he do? He ordered that the Clexane should be stopped didn't he?

BARTON No comment.

DC QUADE Now was the Clexane, that was to stop DVT wasn't it, deep vein thrombosis wasn't it?

BARTON No comment.

DC QUADE So it's an anti coagulum isn't it for blood?

BARTON No comment.

DC QUADE It stops the blood from clotting doesn't it?

BARTON No comment.

DC QUADE So what Doctor BEASLEY did was quit reasonable wasn't it stopping that?

BARTON No comment.

DC QUADE Now we mentioned this GI bleeding before and if we get a lower bowel GI bleeding it comes out as red doesn't it?

BARTON No comment.

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DC QUADE

Or it can do. And why is that doctor?

BARTON

No comment.

DC QUADE

That's because the blood hasn't had the time, has it, to be digested from stomach to rectum (somebody coughs) and turn it into that horrible black smelly melaena. Is that right?

BARTON

No comment.

DC QUADE

(Pause) So coupled with that and the fact that he had vomited, he was unwell, wasn't he at lunchtime? You were called to see him at lunchtime, then indigestion and he was becoming more unwell and that's why Mrs PACKMAN was called and we know that the HB was 7.7 from that day, but that came through later. We're pointing there, aren't we, that it was quite reasonable for you to have known that he had the GI bleed (pause) and you already knew that Doctor TANDY had asked for that haemoglobin to be chased up on the 13/08 because she suspected it. You knew that Doctor RAVINDRANE had request HB to be reviewed later on in the week when he looked at him on the 23rd (pause), so it's all pointing that was isn't it?

BARTON

No comment.

DC QUADE

So why didn't you investigate that further yourself?

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BARTON No comment.

DC QUADE Neither of those were properly investigated were they?
Neither the myocardial infarction nor the GI bleed.

BARTON No comment.

DC YATES (Pause) Was that done (inaudible)?

DC QUADE Sorry?

DC YATES Was that done (inaudible)?

DC QUADE No you put...

DC YATES None of that?

DC QUADE No.

DC YATES (Inaudible). There's just a couple more things I want to ask you then, it's general things really doctor. What was your duty of care towards Mr PACKMAN?

BARTON No comment.

DC YATES Was it to treat him with his medical condition to make sure everything's done to treat his illnesses and things like that?

BARTON No comment.

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- DC YATES Isn't that what the public would assume the role of a doctor to be?
- BARTON No comment.
- DC YATES To diagnose, to treat, to make better, and guidance is provided, isn't it, by things like your Job Description of what you've got to do, the extensive training you must have gone through to become a doctor in the first place, there's all sorts of other guides and policies, there's the BNF to assist you in providing that duty of care isn't there doctor?
- BARTON No comment.
- DC YATES So is it reasonable to say that a person going into hospital would think: "I'm going to hospital, a doctor will try and make me better." Is that a reasonable assumption for a member of the public?
- BARTON No comment.
- DC YATES Right well if you have a duty of care such as that, what would you consider then doctor to be a breach of that duty?
- BARTON No comment.
- DC YATES Would you consider failing to examine Mr PACKMAN a breach?
- BARTON No comment.

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DC YATES Would you consider failing to keep records a breach?

BARTON No comment.

DC YATES Well how about not following drug prescription guidelines?

BARTON No comment.

DC YATES What about the failure to follow up those blood results?

BARTON No comment.

DC YATES What about thinking he may have a GI bleed, but doing
nothing about it?

BARTON No comment.

DC YATES What about thinking he may have been having a heart
attack, but not doing anything about that?

BARTON No comment.

DC YATES What about not carrying out an ECG when the machine's
available?

BARTON No comment.

DC YATES There's a handful of things. Would you consider any one
of those to be a breach of duty of care doctor?

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BARTON No comment.

DC YATES Or all of them?

BARTON No comment.

DC YATES (Pause) I mean people at times of negligent aren't they for any number of reasons. Were you negligent?

BARTON No comment.

DC YATES Well what is negligence? Is it any of those things I mentioned before failing to examine Mr PACKMAN?

BARTON No comment.

DC YATES Failing to keep the records?

BARTON No comment.

DC YATES Need I go through them all again?

BARTON No comment.

DC YATES Can you explain why you failed to conduct any of the above, any of the things I've mentioned?

BARTON No comment.

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DC YATES You see sometimes negligence can have tragic consequences can't it doctor? Is this what happened here?

BARTON No comment.

DC YATES You see on top of all the breaches that I've mentioned about duty care and care of Mr PACKMAN, there was no referral to another hospital was there, or a doctor, or transferring Mr PACKMAN to another hospital?

BARTON No comment.

DC YATES (Pause) How many single deviations doctor would you say, or devious good practice would you say was acceptable?

BARTON No comment.

DC YATES Do you think could the failure to treat his GI bleed have contributed to his death?

BARTON No comment.

DC YATES Could failure to identify whether he was suffering from myocardial infarction or a heart attack have contributed to his death?

BARTON No comment.

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DC YATES Could the failure to seek help or assistance from more experienced doctors or a consultant have contributed to his death?

BARTON No comment.

DC YATES (Coughs) Could the rapid increase in Morphine based drugs have contributed to his death?

BARTON No comment.

DC YATES Could the combined failure of all of the ones I've just mentioned, all the things I've just mentioned, including the rapid increase in Morphine based drugs, have contributed to the death of Geoffrey PACKMAN?

BARTON No comment.

DC YATES So then what doctor, as a doctor with over thirty years' experience, what would you consider to be an act of medical negligence?

BARTON No comment.

DC YATES Let's turn that round then, how would you deal with one act of negligence that you saw in either a junior or senior doctor?

BARTON No comment.

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DC YATES How would you deal with repeated breaches of good practice in the medical treatment of one patient?

BARTON No comment.

DC YATES When would you consider a doctor to be grossly negligence in carrying out their duties doctor?

BARTON No comment.

DC YATES Geoff?

DC QUADE (Pause) I don't have anymore.

DC YATES No. Is there anything you wish to clarify doctor?

BARTON No thank you.

DC YATES Is there anything you wish to add?

BARTON All right. We'll give you a notice explaining what will happen to the tapes and the tape recording procedure. The time is 1605 hours and I am going to turn the recorder off.

THE INTERVIEW CONCLUDED - THE TAPE MACHINE WAS SWITCHED OFF.

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