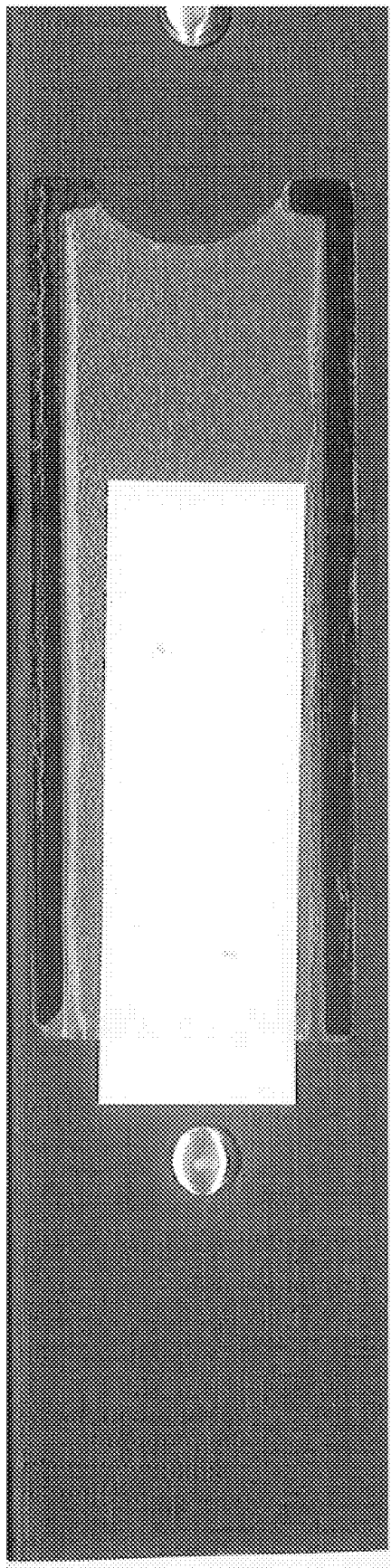
FFW/142/03

HAMPSHIRE CONSTABULARY



15

GMC AND BARTON INDEX OF FILES RECEIVED FROM HAMPSHIRE POLICE ON 18 JANUARY 2007.

1. Index of all evidence obtained
2. Generic Case File
3. Generic Case File (exhibits)
4. Generic Case File (exhibits)
5. Generic Case File (further exhibits)
6. Generic Case File further evidence re: Devine, Cunningham and Lake
7. Generic Case File further evidence - interviews with Dr Reid
8. Devine Volume 1
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14. Spurgin - further evidence
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22. Packman Volume 1
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50. Pittock Hospital Medical Records
51. Further evidence re: Wilson, Lavender & Pittock
52. GP Records for Spurgin, Pittock, Service, and packman
53. GP Records for Devine, Cunningham and Lavender
54. Copy Extracts from Patient Admission Records
55. Extracts from controlled drugs record book dated 26 June 1995 - 24 May 1996

56. Richards (Eversheds) file: 1 of 2
57. Richards (Eversheds) file: 2 of 2
58. Richards: Medical Records
59. Richards: Further Medical Records
60. Richards: Further Medical Records
61. Richards (Police) - Witness Statements file
62. Richards (Police) - Transcripts of Interviews file
63. Page (Experts' Reports and Medical Records)
64. Wilkie (Eversheds) file: Experts' Reports and Medical Records
65. Clinical Team Assessments for Page, Cunningham, Wilkie, Wilson and Richards.
66. Clinical Team Assessments for Devine, Gregory, Lavender, Packman, Spurgin, Lake and Pittock

RESTRICTED

DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20AC

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: 04/04/2006

Time commenced: 1010 Time concluded: 1051

Duration of interview: 41 MINUTES Tape reference nos.
(→)

Interviewer(s): DC Code A / DC Code A

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC	This interview is being tape recorded. I am DC Code A Code A and my colleague is …
DC Code A	DC Code A
DC	… we are interviewing Doctor Jane BARTON. Doctor can you give your full name and your date of birth please?

BARTON — Jane Ann BARTON, 19/10/48.

DC Code A — Thank you. Also present is Mr BARKER, who is Doctor BARTON's solicitor. Can you please introduce yourself with your full name please?

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

DC Code A — Thank you. This interview is being conducted in an Interview Room at Fareham Police Station in Hampshire, and the time by my watch is ten minutes past ten (1010) and the date is the 28th of March 2006...

DC Code A — No it's not.

BARTON — No it's not.

DC — What is it?

DC Code A — It's the 4th of April.

DC — It's the 4th of April (laughs) quite right. At the conclusion of the interview I will give you a notice explaining what will happen to the tapes. If it's okay with you Mr BARKER we'll do that...

BARKER — Oh certainly.

DC Code A — ...obviously there are several tapes.

BARKER Yes.

DC Code A 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 Plenty thank you.

DC Code A Okay. If at any time you wish to stop the interview and take legal advice just say so and the interview will be stopped in order that you can do that. Do you understand that?

BARTON Thank you.

DC Code A I would also like to point out that you that you have attended the police station voluntarily, you are not under arrest, you've come here of your own free will. That means that if at any time that you wish to leave you're free to do so. Do you understand that?

BARTON I do.

DC Code A I will 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 maybe given in evidence. Doctor do you understand that caution?

BARTON I do.

DC Code A For our own peace of mind and of your understanding of the caution, can you explain to me what you understand that caution to mean?

BARTON Please explain it to me.

DC Code A Okay. We'll break it down into three sections. The first part is that you have a right not to say anything when asked questions by us, so in other words you have a right to silence and we'll respect that right. The second part is that if the matter should go to court it may harm your defence if you wish to rely on something as part of your defence, having had the opportunity to mention it now, so if you bring something up in court in other words that you haven't brought up now they may draw an inference on it. So that means that the court could draw an adverse inference and wonder why you did not mention it earlier when you had the opportunity to do so. The third part, again quite simple, the interview is being recorded, should it go before a court a transcript of this interview will be available at court. Okay do you understand all that?

BARTON Thank you.

DC Code A On this occasion the room that we are using has been

equipped with a monitoring facility, whenever the red light is on indicates that somebody is listening and today that would be Detective Inspector GROCOTT. One minute there it is now.

BARTON Yeah.

DC Code A Yeah. This is to enable us to expeditiously carry out any enquiries that may come out from everything that's said in here today. No person can hear anything via this equipment when the tape machine is not running, okay. So if you wanted to have a private consultation with Mr BARKER feel free to do so in this room. DC Code A will be taking some notes I should probably imagine during the interview. This investigation is being conducted by Hampshire Constabulary and started in September 2002, so it's already been running over three years now. 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. No decisions have been made yet as to whether any offences have been committed but it is 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 be

concentrating on the patient Enid SPURGIN. She was a 92-year-old lady who was admitted to Dryad Ward on the 26th of March 1999 (26/03/1999) from Haslar Hospital where she had had an operation on her hip following a fall. She died on the 13th of April 1996 (13/04/1996). The cause of death was given as cerebrovascular accident. Groups of questions will come under particular topic headings and we'll endeavour to explain the topics at the start of each stage.

BARKER — Can I just, at this point, indicate that I have advised Doctor BARTON that she should make 'no comment' in relation to the various questions you put to her, I am confirming that that is still the position...

DC Code A — Yeah.

BARKER — ...and invite Doctor BARTON to indicate if she accepts that advice and, indeed, if she accepts it for the reasons that she's previously stated to.

BARTON — (Inaudible)

BARKER — Okay.

DC Code A — Thanks very much for that. Obviously I think you'll understand that, as I've already said, we respect your right not to answer questions but we also have a right and probably a duty to ask some question and we'll carry on doing that. The following questionnaire is a design to seek

an explanation from you as to the role you performed in the care and treatment of Enid SPURGIN. The questions follow on from the initial prepared statement that you tendered during q voluntary interview in 2005. The explanations or lack of that you give or may not give will be considered by the senior investigating officer as to whether they will ultimately be sufficient evidence to formulate criminal charges. The asking of these questions seems fundamental to the overall investigation of the case and will therefore take some time. It's important that we give you sufficient time to answer the questions something like a pause after each set of questions, okay. In addition to the four copies of Enid SPURGIN's Medical Records that you've had for seven months, we've also provided, well I think you've got a copy of your own statement haven't you?

BARTON Thank you.

DC Code A The first topic area Doctor BARTON is clerking. Clerking a patient is central to the patient's needs and the treatments are identified and that certain care plans are put in place. We are seeking to establish what you believe what is the purpose of clerking and what the main procedures were identifying what preceded the role of either the nurse or the doctor?

BARTON (Pause)

DC Code A The GMC states in Good Medical Practice and this is document that we've used before and we've given that the title of CSY/HF/2, and I quote from it. 'Good clinical care must include adequate assessment of the patient's condition based on the history and symptoms and, if necessary, an appropriate examination'. It further goes on to say - 'In providing care you must keep clear, accurate, legible and contemporaneous patient records, which report the relevant clinical findings with decisions made and information given to patients and any drugs or other treatments prescribed. Good clinical care must include taking suitable, prompt action where necessary'. It goes on to say 'Prescribe drugs and treatments including repeat prescriptions only when you have adequate knowledge of the patient's health and medical needs'. Now before we ask you questions on this, would you like to have a look at this document again doctor?

BARTON Thank you.

DC Code A Right I'll put it on the table, it's there for you to refer to at any time you want to while I ask you this group of questions and the topics. Can I ask you, did you provide a suitable and adequate assessment of Mrs SPURGIN's case?

BARTON No comment.

DC Code A What is the purpose of the Clinical Assistant in the context of looking after patients?

BARTON No comment.

DC Code A Can I refer you to another document? (Pause) This is a Job Description, which I believe was provided to you when you first took up the job of Clinical Assistant at the War Memorial Hospital. (Pause) Now we are going to give this a reference of GJQ/HF/14. I'm just going to quote to you a paragraph, which says in title Job Summary. 'This is a new post at 5 sessions a week, worked flexible to provide a twenty-four hour medical cover to the long stay patients in Gosport. The patients are slow stream, or slow stream rehabilitation where holiday relief and share cared patients are admitted. An important aspect of this role is for the post holder to be seen not only as a medical consultant but as a friendly councillor to patients, relatives and staff. All consultant positions in geriatric medicine have an (inaudible – tape faulty), but at present the beds in Gosport are under the control of Doctor WILKINS and (inaudible tape faulty)'. The next paragraph is entitled 'Duties' and goes out to lay out duties. (1) To visit the units on a regular basis and to be available on call as necessary. (2) To ensure that all new patients are seen promptly after admission. (3) To be responsible for the day-to-day medical management of patients. (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. (5) To complete upon discharge. You discharge somebody on HRM60. (6) To ensure the prompt preparation of Death Certificates and Cremation Certificates where appropriate. (7) To take part in the weekly consultant rounds. (8) To

prescribe, as required, drugs for the patients under the care of the consultant physicians in geriatric medicine. (9) To participate, wherever possibly, in the multi disciplinary case conferences and discussions related to patients in the ward. (10) To provide clinical advice and professional support to the members of a caring team. (11) To identify opportunities to improve services so that a high level of care can be provided within the resources available. (12) To be available, when required, to advise and counsel relatives, and (13) to be responsible for liaison with the general practitioners with whom the patient is registered and with other clinicians and agencies as necessary. That's entitled 'Job Description for the post of Clinical Assistant to the Geriatric Division in Gosport', and again that's on the table for you to have a look at it at any time that you wish to. Can I ask you again what you see as the purpose of the Clinical Assistant in the context of looking after patients?

BARTON No comment.

DC Code A How often would you visit the patients?

BARTON No comment.

DC Code A Can you tell me what your daily routine was?

BARTON No comment.

DC Code A And when I say that I mean your daily routine as in at your

GP surgery and at the hospital?

BARTON — No comment.

DC Code A — We've referred previously to another document called, entitled GJQ/HF/1, and these are documents that have been obtained from the PPSA at Winchester. Again if you wish to have a look at these they're on the table in front of you as well. I will invite you to delve into those at any time you wish to doctor while you're in this interview room. According to the PPSA document it sets out your routine as at 1990. Your surgery started in Forton Road at the following times:- Monday 0900 to 1100, with a finish no later than 1130. Tuesday 0900 to 1100, with a finish of 1130, then further work in the surgery from 1630 to 1815 finishing at 1830 and that, I believe, wasn't every Tuesday because that was in rotation with a partner. Wednesday 0900 to 1100, with a finish of 1130 and the same for Thursday and Friday. In addition to those surgery hours you had postnatal clinic 1330 to 1530 on Mondays, antenatal clinic from 1330 to 1600 on Thursday. On Friday between 1330 and 1500 you had an immunisation session. Do you agree with those figures, those times?

BARTON — No comment.

DC Code A — In your 'prepared statement' JB/PS/1, which is what we might term as a generic statement, you stated that 'you would arrive at the Gosport War Memorial Hospital at about 7.30am when it opened, you'd visit Daedalus and

Dryad Wards and review the patients and liaise with staff so commencing with GP surgery at 0900'. You stated that 'you returned to the Gosport War Memorial Hospital virtually every lunchtime, you would admit new patients, write up charts and see relatives, quite often returning at about 7pm (1900), i.e. returning to the Gosport War Memorial Hospital at about seven o'clock'. Do you still stand by what you said in that 'prepared statement'?

BARTON — No comment.

DC Code A — Do you wish to comment at all on your daily routine?

BARTON — No comment.

DC Code A — Do you feel that we have (pause) about right, or is there fundamentally wrong with what we've just laid out there?

BARTON — No comment.

DC Code A — Can you tell me why Mrs SPURGIN was admitted to the Gosport War Memorial Hospital?

BARTON — No comment.

DC Code A — If I was to tell you that Doctor REED accepted her as a patient for the Gosport War Memorial Hospital on the 23rd of March when he visited her at Haslar Hospital, would you agree with that?

BARTON No comment.

DC Code A Would you agree that she was transferred to the hospital on the 26th of March 1999 (26/03/1999)?

BARTON No comment.

DC Code A What is your steer, what do you say is continuing care doctor?

BARTON No comment.

DC Code A Have we got HF/3 there Chris?

(Pause)

DC Code A Another exhibit that I know you've seen before, which is CSY/HF/4 and it's documentation from the Department Of Medicine For Elderly People Essential Information for Medical Staff, and relating to continuing care it explains how Portsmouth is well provided with continuing care beds, saying that continuing care was, without doubt, one of the most contentious and potentially controversial parts of the service, and it goes on to say that continuing care is set up with patients who are very severely physically disabled with complex medical problems that require (inaudible – tape faulty) specialist geriatric services. In general most patients would have a Bartel score below 4, 4 out of 20 and then need the regular input of the consultant physician in medical evidence. Do you basically agree

with that assessment of continuing care doctor?

BARTON — No comment.

DC Code A — And again that document is there on the table for you to look at as well. Do you think that Enid SPURGIN fitted into that criteria?

BARTON — No comment.

DC Code A — To you knowledge where did Enid SPURGIN come from when she was admitted into the hospital?

BARTON — No comment.

DC Code A — What was the purpose of her stay at Gosport War Memorial Hospital?

BARTON — No comment.

DC Code A — In her patient notes, which are available to you here today under the reference BJC/45, Page 106 there's a record in there where it states that 'she was for rehabilitation and gentle mobilisation'.

BARTON — No comment.

DC Code A — Why was she admitted to Dryad Ward and not one of the wards in the hospital?

BARTON	No comment.
DC Code A	Who admitted Mrs SPURGIN to the hospital?
BARTON	No comment.
DC Code A	Did you clerk the patient?
BARTON	No comment.
DC Code A	If a patient was admitted to a ward or transferred from a ward, what process should take place?
BARTON	No comment.
DC Code A	Should the patient be clerked?
BARTON	No comment.
DC Code A	Whose duty is it to carry out that function?
BARTON	No comment.
DC Code A	Should you do it?
BARTON	No comment.
DC Code A	Should a nurse do it?
BARTON	No comment.

DC Code A — Did you write anything in the medical records on the admission of Enid SPURGIN?

BARTON — No comment.

DC Code A — When Mrs SPURGIN came into the hospital on the 26th of March, what notes were available to you at the time of admission?

BARTON — No comment.

DC Code A — Why should patients be thoroughly clerked when they come into a hospital?

BARTON — No comment.

DC Code A — What is an adequate assessment of a patient's condition?

BARTON — No comment.

DC Code A — Why is that assessment important?

BARTON — No comment.

DC Code A — Did you carry out an examination of Mrs SPURGIN?

BARTON — No comment.

DC Code A — If you did, did you make any record of it?

BARTON No comment.

DC Code A My understanding is, on that initial assessment, that you provide a baseline?

BARTON No comment.

DC Code A What baseline did you or your colleagues, well you and your colleagues going to have if Mrs SPURGIN's condition changed?

BARTON No comment.

DC Code A I think what we're saying here doctor is that how do you know whether she goes up and down from that baseline?

BARTON No comment.

DC Code A Had you formed the opinion on that day that Mrs SPURGIN was in a terminal phase of her life?

BARTON No comment.

DC Code A As I've said to you just now the nursing notes stated that 'Mrs SPURGIN was in for rehab and gentle mobilisation'. Why, why is that not reflected at all in your notes?

BARTON No comment.

DC Code A — On her Haslar notes, which are entitled JR/14, that's the reference, exhibit reference for them. Page 24 tells us it's a transfer letter signed by a Captain RANKIN, a nurse, and it states that 'she is now mobile and can walk short distances with a Zimmer frame' and that 'she is continent during the day, but sometimes incontinent during the night'. Yet in your initial assessments you've recorded 'no weight bearing, no continent'. How did you come to this assessment?

BARTON — No comment.

DC Code A — Because it seems to contradict what the captain has said in her transfer letter. Can you comment on that?

BARTON — No comment.

DC Code A — We move on to another topic, which is Initial Assessment. In this topic we're trying to identify, through questioning, what you consider to be the fundamental purpose of the initial assessment of a patient. This would include specifically what routine you follow, the reasons behind your assessment and what benefit it is to the patient at hand to medical practitioners. We quote from the Good Medical Practice again, CSY/HF/2, that 'Good clinical care must include an adequate assessment of the patient's condition based on the history and symptoms and, if necessary, an appropriate examination'. Our understanding of this is that the in initial assessment provides a contemporaneous record of a doctor's interaction with their patient for

analysis by all medical staff. So in other words it's available for everybody to see when they come to have contact with that patient, whether they be nurses or doctors. What was your standard practice when it came to initial assessments?

BARTON — No comment.

DC Code A — So why, why are patients medically assessed, initially assessed when they arrive at that ward?

BARTON — No comment.

DC Code A — Who would you expect to read any entries from that initial assessment?

BARTON — No comment.

DC Code A — I believe you've told us in a 'prepared statement' that most patients would arrive around about lunchtime. When would you see a patient for the first time?

BARTON — No comment.

DC Code A — Is it fair to say that patients are accepted by one of the consultants and there was generally a waiting period before they could get into the hospital, and is that why they normally came at a suitable time, i.e. about lunchtime?

BARTON — No comment.

DC Code A — What physical examination did you carry out on Mrs SPURGIN?

BARTON — No comment.

DC Code A — Did you record this anywhere?

BARTON — No comment.

DC Code A — Did you make an assessment or any other type of examination on Mrs SPURGIN?

BARTON — No comment.

DC Code A — Who took her temperature?

BARTON — No comment.

DC Code A — Who took her pulse?

BARTON — No comment.

DC Code A — Who took her blood pressure?

BARTON — No comment.

DC Code A — Did anybody listen to heart, her lungs etcetera?

BARTON — No comment.

DC Code A — If anybody did, where were these results recorded?

BARTON — No comment.

DC Code A — What were you treating Mrs SPURGIN for?

BARTON — No comment.

DC Code A — What medical management was in place for Mrs SPURGIN?

BARTON — No comment.

DC Code A — What was your medical care plan for Mrs SPURGIN?

BARTIN — No comment.

DC Code A — I wouldn't mind going back if I can?

DC Code A — Sure.

DC Code A — Obviously the first topic area which is 'clerking'. During that DC Code A asked you about your daily routine and he actually went through the PPSA document, CJQ/HF/1, which is sitting over there. I respect the fact that you've made 'no comments', but DC Code A then read from that documents giving your start and finish times. Can I just draw your attention to that document if I may because the document has actually been complete, if I can just reach, by

hand. Can I ask you if you wrote that?

BARTON — No comment.

DC Code A — Because that's the form that gives the times for your surgeries, postnatal clinics, antenatal clinics, immunisation clinics. Also mentioned is that you have a 'deputising service' just fifteen calls per thousand patients per month. You provide your own cover, there isn't a local (inaudible) of practices. And is that your signature on the last page of that document?

BARTON — No comment.

DC Code A — It signifies to me. It says here that 'you have a very very full working week just with your practice alone'. And the other thing I wanted to clarify was (inaudible) this quote was talking about 'continuing care'. Can you explain to me what the difference is between 'continuing care' and 'rehabilitation'?

BARTON — No comment.

DC Code A — What is rehabilitation?

BARTON — No comment.

DC Code A — What's palliative care?

BARTON — No comment.

DC Code A — What is meant by 'just gentle mobilisation'?

BARTON — No comment.

DC Code A — In the medical notes for Mrs SPURGIN, which is BJC/45, there's an entry on the 26th of March 1999 (26/03/1999). Is that your handwriting, it's pages 24/25?

BARTON — No comment.

DC Code A — Is that a note that you made?

BARTON — No comment.

DC Code A — And that says ' transfer to Dryad Ward fractured neck of femur, right, 17th of March '99 (17/03/1999). Previous medical history 'nil of significance'. Barthel and something's written here, you've put 'not weight bearing', that's in contradiction isn't it from the transferral letter that DC Code A mentioned?

BARTON — No comment.

DC Code A — Tissue paper skin, not continent, but the final line is 'plan sort out an analgesia'. What do you mean by that?

BARTON — No comment.

DC Code A — So previous medical history 'nil of significance'. What

exactly was meant by that?

BARTON — No comment.

DC Code A — Was that there wasn't much wrong with the lady?

BARTON — No comment.

DC Code A — There was another note I just wanted to draw your attention to; I think it's the nursing notes. There's a very very full note made by somebody on the 26th of March, it's on Pages 105 and 107, but I've just noticed on the back of Page 104/105 Social History – 'Lived alone in bungalow with help from a cleaner, cleaning lady and has a dog'. That sort of signifies that she was possibly quite active before her fall. Would that be right?

BARTON — No comment.

DC Code A — The fact that, regarding her previous medical history, you've written on the book, on the form 'nil of significance'. That indicates to me that you did have access to her medical history.

BARTON — No comment.

DC Code A — Would that be her recent medical history and more of an historical medical history?

BARTON — No comment.

DC Code A — Would you have had access to the previous medical notes from Haslar?

BARTON — No comment.

DC Code A — Would the notes have accompanied Mrs SPURGIN to the War Memorial Hospital?

BARTON — No comment.

DC Code A — If they hadn't, would that be something that you would try and push along and ensure that they did come to the ward as soon as possible?

BARTON — No comment.

DC Code A — Without the, if you didn't have the, the previous medical notes, then what were you making your judgements on?

BARTON — No comment.

DC Code A — Were you told this by the patient?

BARTON — No comment.

DC Code A — Or were you told about the previous medical history from relatives?

BARTON — No comment.

DC Code A — Without the information from the notes, or from the patients, or from relatives, or even a transfer letter, then you could only base an assessment on an examination. Did you examine Mrs SPURGIN?

BARTON — No comment.

DC Code A — If there were a lack of notes accompanying patients, I would be reasonably, would id not, for you to have written something in the notes to that effect?

BARTON — (Silent)

DC Code A — Well we'll move on to another section, another topic area and this is 'existing treatment and condition'. In the case of this patient, Enid SPURGIN, what specific ailments was she suffering from? We seek to ask a question to get an understanding of why you prescribed various medicines during her stay? We also seek an explanation as to what medical records would have been available to you and what you would have reviewed, so it goes on from the last set of questions. So I'll ask you, what notes would have been available to you when a patient arrived at the ward?

BARTON — No comment.

DC Code A — What process would you normally follow upon a patient's arrival at Gosport War Memorial Hospital?

BARTON No comment.

DC Code A Is it is it not right that for you to offer the correct and appropriate care you should be aware of her pre-existing medical history?

BARTON No comment.

DC Code A You should be aware of her current prescriptions and her care plans?

BARTON No comment.

DC Code A And if, as I said to you before, if you weren't, if that wasn't made available to you, they weren't made available to you, would you have written something to that effect on the notes?

BARTON No comment.

DC Code A Now I am taking the absence of any such note from her transference to Dryad, I'm taking it that her notes accompany her. Would I be right in that assumption?

BARTON No comment.

DC Code A What was Mrs SPURGIN suffering from that necessitated her being admitted to hospital in the first place, i.e. why did she go to Haslar Hospital?

BARTON No comment.

DC Code A At the time of her transfer, what medication was Mrs SPURGIN on?

BARTON No comment.

DC Code A We've got two pages in her Haslar notes, JR/14, Page 24, which is the transfer letter and Page 38 show that she was on Paracetamol on the 25th of March, that was her only medication. Would you agree with that?

BARTON No comment.

DC Code A What was the purpose of those drugs?

BARTON No comment.

DC Code A Would you agree with me that Paracetamol is prescribed, often prescribed as a mild painkiller?

BARTON No comment.

DC Code A On the 26th of March Nurse BARRETT makes a note about analgesia. I think you refer to it in your prepared statement as 'the nurse advising analgesia'. Did you review the patient again before you prescribed Oramorph?

BARTON No comment.

DC Code A — And again that's on Page 85 of the War Memorial Notes. This is from the Nursing Care Plan, so it's Page 85 and written down in 'Nursing Action' is 'Give prescribed analgesia to effect'. To me that doesn't say: "I think she needs analgesia," it's saying: "Give prescribed analgesia," so on the 26th of March you've prescribed the Oramorph. Can you give me the correct course of events, how you came to prescribing Oramorph?

BARTON — No comment.

DC Code A — Were regular blood tests or monitoring considered?

BARTON — No comment.

DC Code A — Were they carried out?

BARTON — No comment.

DC Code A — Why was Oramorph prescribed?

BARTON — No comment.

DC Code A — Okay my understanding is that Oramorph is prescribed as a painkiller. Is that why you prescribed Oramorph?

BARTON — No comment.

DC Code A — Where is it recorded that Oramorph is prescribed for?

BARTON No comment.

DC Code A Is that not one of your roles to actually write into the patient's records why you are prescribing a certain drug?

BARTON No comment.

DC Code A Why isn't it recorded in there?

BARTON No comment.

DC Code A As we've mentioned, I think I said Page 24 but I think it's Page 20 in the Haslar notes, Mrs SPURGIN's analgesia was 'Paracetamol as required'. Why was Paracetamol not prescribed?

BARTON No comment.

DC Code A Why did you go straight to Oramorph?

BARTON No comment.

DC Code A Any questions you want to ask?

DC Code A One or two. (Pause) How many entries did you make for Mrs SPURGIN's medical notes?

BARTON No comment.

DC Code A I can see an entry in your writing on the 26th of March 1999

(26/03/1999), which was when she was admitted. Did you make any further entries?

BARTON — No comment.

DC Code A — Did you actually examine Mrs SPURGIN at all during her stay?

BARTON — No comment.

DC Code A — If you did see her on her admittance, did you examine her at all at any stage afterwards?

BARTON — No comment.

DC Code A — How can you then prescribe Oramorph if you hadn't made some sort of examination?

BARTON — No comment.

DC Code A — And would I be right in thinking that that is one heck of a jump on the analgesic ladder from Paracetamol to Oramorph?

BARTON — No comment.

DC Code A — Why didn't you consider some sorts of analgesia lower down the scale?

BARTON — No comment.

DC Code A — Was any thought given to the prescribing and administering of a lower form of analgesia and then monitoring the patient?

BARTON — No comment.

DC Code A — Thank you.

DC — Like the tapes is, that's just about coming to an end now, so I think this is going to be a good place to stop this tape. Do you want to add to anything or clarify anything in this set of the interview doctor?

BARTON — No thank you.

DC Code A — Mr BARKER?

BARKER — No thank you.

DC Code A — Okay the time by my watch is now 1051 and I am turning the machine off.

INTERVIEW CONCLUDED – TAPE MACHINE SWITCHED OFF.

RESTRICTED

DOCUMENT RECORD PRINT

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20AD

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: 04/04/2006

Time commenced: 1056 Time concluded: 1139

Duration of interview: 43 MINUTES Tape reference nos.

(→)

Interviewer(s): DC Code A / DC Code A

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC Code A	This is a continuation of the interview with Doctor Jane BARTON. Doctor can you just confirm that the same people are in the room?
BARTON	I can confirm.

DC Code A — Thank you. And that there hasn't been any conversation for the matters for which you appear today?

BARTON — No conversation.

DC Code A — The time is 1056. We now go on to the purpose of the stay and the aims of that stay for Enid SPURGIN. We are going to see explanations of how you are directly involved in the process of establishing Care Plans. What is the purpose of a Care Plan doctor?

BARTON — No comment.

DC Code A — Are they not put into place to allow nurses and medical practitioners to follow a particular course of action?

BARTON — No comment.

DC Code A — This is partly to do so that the progress of the patient can be monitored....

BARTON — No comment.

DC Code A — ...and for results to be reviewed and the care altered accordingly,...

BARTON — No comment.

DC Code A ...so this could be an improvement in condition...

BARTON No comment.

DC Code A ...or a deterioration in condition?

BARTON No comment.

DC Code A What input do you have in that Care Plan?

BARTON No comment.

DC Code A May I remind you about the Job Description document – was number 14 wasn't it? It's on the there if you want to have a look at it. One of those roles of yours, it states that 'you're responsible for her day-to-day medical management'. Is that correct?

BARTON No comment.

DC Code A What Care Plan was put into place in respect of Mrs SPURGIN?

BARTON No comment.

DC Code A On your entry dated 26th of March it simple says: "Sort out analgesia." Do you think that is a suitable Care Plan?

BARTON — No comment.

DC Code A — Did the Care Plan ever change?

BARTON — No comment.

DC Code A — If it did why?

BARTON — No comment.

DC Code A — Can you tell us who was the main nurse for Mrs SPURGIN?

BARTON — No comment.

DC Code A — The records show that it was Nurse Lyn BARRETT. What was her role?

BARTON — No comment.

DC Code A — What is the role of the main nurse?

BARTON — No comment.

DC Code A — As I understand it a main nurse, you have a sister who is in charge of the ward and she's got overall responsibility for the patients on the ward up to your level. Under the sister she has a team of nurses and nurses have responsibility for up to three or four particular patients. Is that correct?

BARTON	No comment.
DC Code A	And is it correct that they have a continuity role so that they know what's going on with a patient most times?
BARTON	No comment.
DC Code A	What relationship did you have with main nurses?
BARTON	No comment.
DC Code A	Did you discuss Enid SPURGIN with Nurse BARRETT?
BARTON	No comment.
DC Code A	Nurse BARRETT, at least on paper in the role, would have more contact with that patient than any other member of the nursing staff or the medical staff. So I'll ask you again, did you discuss her condition with Nurse BARRETT?
BARTON	No comment.
DC Code A	What have you recorded as the Care Plans?
BARTON	No comment.

DC Code A — Who decided on the Care and Treatment Plan for Mrs SPURGIN?

BARTON — No comment.

DC Code A — How would the Care Plans be drawn up?

BARTON — No comment.

DC Code A — What have you recorded as the Care Plan?

BARTON — No comment.

DC Code A — Who decided on the Care and Treatment Plan for Mrs SPURGIN?

BARTON — No comment.

DC Code A — How would the Care Plans be drawn up?

BARTON — No comment.

DC Code A — Should you, in your assessment of a patient, state your Care Plan for the nurses to then refer onto their nursing (inaudible)?

BARTON — No comment.

DC Code A — Who was responsible for the treatment of Mrs SPURGIN on a day-to-day basis?

BARTON — No comment.

DC Code A — Presumable the first line of care would be with the nurses wouldn't it on a day-to-day basis because they're in the ward all the time? Is that correct?

BARTON — No comment.

DC Code A — That includes the sister.

BARTON — No comment.

DC Code A — And then your role, as we've previously said, is Medical Management on a day-to-day basis. So do you have a responsibility for her treatment on a day-to-day basis?

BARTON — No comment.

DC Code A — Who was in overall charge of the care of Mrs SPURGIN?

BARTON — No comment.

DC Code A — As we've already mentioned Mrs SPURGIN was in to remobilise, gentle rehab and mobilisation after her hip operation. Was any physio planned for her?

BARTON — No comment.

DC Code A — If any physio was planned, what was it?

BARTON — No comment (Somebody coughs).

DC Code A — Okay. As I understand it the physio is from one of the multi disciplinary teams in the hospital.

BARTON — No comment.

DC Code A — Would you have access to the physios?

BARTON — No comment.

DC Code A — If you had felt it proper for Mrs SPURGIN to receive physiotherapy, did you have a physiotherapist who you could call on?

BARTON — No comment.

DC Code A — Is it right that the physiotherapy department is actually at the War Memorial Hospital...

BARTON — No comment.

DC Code A — ...within easy access?

BARTON — No comment.

DC Code A

To move on to Medical Records. The GMC state that 'a doctor must keep clear, accurate, legible and contemporaneous records with report of relevant clinical findings, the decision's made, the information given to patients and any drugs or other treatment prescribed'. That's from the Good Medical Practice. In addition, there is a GMC booklet entitled Withholding and Withdrawing Life Prolonging Treatments.

DC Code A

We've got that somewhere I think.

DC

That's the green book Chris – thanks. That's a book from the General Medical Council entitled Withholding and Withdrawing Life Prolonging Treatments, Good Practice at Decision Making. Am I right in saying that you get sent a revised copy of this every year doctor...

BARTON

No comment.

DC Code A

...along with several other booklets of the same sort thing?

BARTON

No comment.

DC Code A

On Page 30, sorry we'll give that a reference number of...

DC Code A

GJQ/HF/15.

DC Code A — Thanks. Page 30 specifically states that 'the decision making process should be recorded'. Now with those documents in mind we're going to ask explanations, or simple explanations of how you completed the Medical Records, and in particular of those of Mrs SPURGIN. What would you record in the Medical Records of a patient, and what importance did you place on the completion of the records?

BARTON — No comment.

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

BARTON — No comment.

DC Code A — And I include the nursing and medical notes in that respect?

BARTON — No comment.

DC Code A — Would you normally read those notes when you visit a patient?

BARTON — No comment.

DC Code A — Did you rely on anybody else to inform you what was written on the notes?

BARTON — No comment.

DC Code A — If you did neither, how could you expect to note the patient's condition accurately?

BARTON — No comment.

DC Code A — Did you normally complete records to that standard?

BARTON — No comment.

DC Code A — (Pause) Scattered throughout your prepared statement, references to Mrs SPURGIN's pain, where have you recorded on the notes that 'Mrs SPURGIN was in pain'?

BARTON — No comment.

DC Code A — If we show you Exhibit CSY/HF/6 and these are copies of blank medical documents that have been provided by the War Memorial Hospital – thanks Chris – they have a section on the Analgesic ladder. Now again I'll leave that in front of you. I wouldn't expect you to have to refer to that because from your role I should think you had a good working knowledge of the Analgesic Ladder. Am I right in saying that?

BARTON — No comment.

DC Code A — You are a doctor of (somebody coughs) several years experience and I would expect you to know that. Can you tell me what the Analgesic Ladder is?

BARTON — No comment.

DC Code A — There is also a booklet, (Inaudible) Care booklet, and this is the original book, we've got a copy of it that we've exhibited before which is...

DC Code A — CSY/HF/3.

DC — Okay, thank you. And within that booklet is a similar page on the Analgesic Ladder and they refer to it, well it's commonly referred to as the Wessex Protocol. Are you familiar with that term?

BARTON — No comment.

DC Code A — Can we go through the Analgesic Ladder with you then Doctor, and you tell us whether we have got anything significantly wrong, we're not medical experts, we have not medical training, as I've said 'you've got several years of expertise'. The bottom of the ladder, we'll give it a title of 'Low Pain', which is how it appears on the Gosport Medical documents there, and these include the non-opioids such a Paracetamol, Diclofenac, Naprosyn, Ibuferon, and as we understand it if a patient is suffering from

mild pain that's where you'd start off on the Analgesic Ladder, is that right?

BARTON — No comment.

DC Code A — As the pain increases in regard to moderate pain, you would prescribe, or you could prescribe weak or moderate opioids such as Codeine, Dihydrocodeine, Co-coda mol, Co-dydramol etcetera, and I think that also includes Co-proxamol and Tramadol. Is that right doctor?

BARTON — No comment.

DC Code A — And then we get to severe pain and for this the stronger pills could be prescribed such as Morphine, Diamorphine, Oramorph and MST etcetera. Is that right doctor?

BARTON — No comment.

DC Code A — I think most of what I've said there comes straight off of that sheet anyway, and I don't believe that the Analgesic Ladder has changed significantly in the past few years. Is that right?

BARTON — No comment.

DC Code A — Bearing all that in mind, what previous painkillers had Mrs SPURGIN been prescribed before you saw her for the first time?

BARTON — No comment.

DC Code A — There doesn't seem to be any documentation within the records relating why Morphine or other strong analgesics were prescribed.

BARTON — No comment.

DC Code A — Can you tell me why there is no documentation there?

BARTON — No comment.

DC Code A — I think we've already established that you had a duty to record such prescriptions and record why you prescribe drugs.

BARTON — No comment.

DC Code A — Why was Oramorph prescribed with no alternative?

BARTON — No comment.

DC Code A — You prescribed Diamorphine to Mrs SPURGIN, why is there no entry explaining why you prescribed the Diamorphine?

BARTON — No comment.

DC Code A — Do you accept that you should have recorded that in the medical notes?

BARTON — No comment.

DC Code A — We've already mentioned that on the transfer letter it states that 'Mrs SPURGIN was no drugs were included because she was only on Paracetamol'. That was on Page 20 of her Haslar notes and that is the transfer letter, and it's mentioned on another page on the Haslar notes. Were you aware that she was only on Paracetamol?

BARTON — No comment.

DC Code A — You were certainly aware, weren't you that she was; she had no previous significant medical history?

BARTON — No comment.

DC Code A — So you knew something about that from before she walked through the gates at Dryad Ward?

BARTON — No comment.

DC Code A — What caused you to prescribe to her Oramorph instead of, so in other words you've missed out two steps of the Analgesic Ladder.

BARTON — No comment.

DC Code A — Are we getting that wrong somewhere?

BARTON — No comment.

DC Code A — You see her, you get a letter sent to you one day from a Captain Nurse saying that 'she's only on Paracetamol' and the same day you jump two steps of the ladder then go straight to Stage 3 and start prescribing strong opioids.

BARTON — No comment.

DC Code A — Why is that not properly recorded?

BARTON — No comment.

DC Code A — You see that is now open to interpretation as well isn't it as to why there is no record of the reason for your prescribing a strong opioid?

BARTON — No comment.

DC Code A — Is there an underlying reason why you did not record why you gave her that strong opioid?

BARTON — No comment.

DC Code A — Is there a sinister reason why you didn't write it down?

BARTON — No comment.

DC Code A — Was it because you didn't have time to write it down?

BARTON — No comment.

DC Code A — It's a significant change in her treatment I would suggest, jumping from the bottom of the Analgesic Ladder to almost to the top.

BARTON — No comment.

DC Code A — Would that not be significant?

BARTON — No comment.

DC Code A — Surely it didn't take long to write down why you've now prescribed her Oramorph?

BARTON — No comment.

DC Code A — And if it wasn't that you didn't have time, was it laziness?

DC Code A — Why was Mrs SPURGIN given drugs by way of a syringe driver?

BARTON — No comment.

DC Code A — Well my understanding is, is that for patients who can no longer take oral medicine a syringe driver can be used in those circumstances. Is that correct?

BARTON — No comment.

DC Code A — It appears that at the time of the commencement of the syringe driver, Mrs SPURGIN was still able to take oral medicine. Was her medicine being administered orally up until the time of the syringe driver doctor?

BARTON — No comment.

DC Code A — That being the case, why was she started on the syringe driver?

BARTON — No comment.

DC Code A — Why wasn't she given pills or Oramorph solution instead of the subcutaneous syringe drive.

BARTON — No comment.

DC Code A — Again we go back to the keeping of records and we discussed earlier that you made this leap from Paracetamol to Oramorph, something that I would argue is a significant, a significant part of her treatment and yet it wasn't recorded. Would you not say that causing somebody (pause), telling the nurses to set up a syringe driver was a significant change in the treatment of the patient?

BARTON — No comment.

DC Code A — That being the case, why did you not record that?

BARTON — No comment.

DC Code A — Why did you prescribe the Diamorphine to be administered via the syringe driver?

BARTON — No comment.

DC Code A — Well how deemed it necessary then?

BARTON — No comment.

DC Code A — Did Staff Nurse BARRETT prescribe drugs at all?

BARTON — No comment.

DC Code A — Any questions on that Chris?

DC Code A — (Silent)

DC Code A — Now we are now going to seek clarifications and further explanations as to the specific reasons behind certain drugs that were prescribed to Mrs SPURGIN. Now Oramorph, why was Oramorph (someone coughs) prescribed?

BARTON — No comment.

DC Code A — Why and when was this drug administered?

BARTON — No comment.

DC Code A — The drug was first administered at 1515 on the 26/03. Who authorised the drug?

BARTON — No comment.

DC Code A — Well it appears to be you doesn't it because we've already looked at the prescription sheets?

BARTON — No comment.

DC Code A — What time did you see Mrs SPURGIN that day?

BARTON — No comment.

DC Code A — What is the purpose of Oramorph?

BARTON — No comment.

DC Code A What did you prescribe it for?

BARTON No comment.

DC Code A Did you consider any other alternative to such a strong opioid?

BARTON No comment.

DC Code A Were you aware that she was only on Paracetamol at Haslar Hospital?

BARTON No comment.

DC Code A If you were aware of that, did you choose to ignore that?

BARTON No comment.

DC Code A Midazolam...

DC Code A Before we...

DC Code A Sorry?

DC Code A If I may, what is Oramorph doctor?

BARTON No comment.

DC Code A And where does it sit on the Analgesic Ladder?

BARTON	No comment.
DC Code A	When should Oramorph be used?
BARTON	No comment.
DC Code A	And what is it used for?
BARTON	No comment.
DC Code A	Similarly what is Midazolam?
BARTON	No comment.
DC Code A	Why was Midazolam used in the treatment of Mrs SPURGIN?
BARTON	No comment.
DC Code A	We understand that it's a sedative. Now are there any other kinds of sedative that can be used?
BARTON	No comment.
DC Code A	This drug it appears to be commonly used in patients at the terminal end of an illness. Is that why you prescribed it on this occasion?
BARTON	No comment.

DC Code A — How do you know how much Midazolam to prescribe to a patient?

BARTON — No comment.

DC Code A — Given the second to last question I asked you, was it your opinion that Mrs SPURGIN was now in the terminal phase of her life?

BARTON — No comment.

DC Code A — How was she diagnosed as being in need of Midazolam?

BARTON — No comment.

DC Code A — Again this was prescribed in a range, in this case 20 to 80 milligrams. What's the purpose in prescribing it in such a wide parameter?

BARTON — No comment.

DC Code A — Why did you prescribe such a range to Mrs SPURGIN?

BARTON — No comment.

DC Code A — You haven't recorded in notes why you've prescribed Midazolam. How would the nurses know where to start within that range?

BARTON — No comment.

DC Code A — Did you specifically discuss with the nurses that you were going to prescribe (somebody coughs) Midazolam and the reasons for it?

BARTON — No comment.

DC Code A — Did you discuss specifically with the nurses where to start within the range?

BARTON — No comment.

DC Code A — Did you say: "Start here, go to there, go to there," etcetera?

BARTON — No comment.

DC Code A — Did you leave it completely to them then?

BARTON — No comment.

DC Code A — I say it doesn't look as if there is any record in the notes from yourself as to why it was prescribed. If you came to a patient and saw that the patient was on Midazolam, would you expect to see a record as to why it was prescribed?

BARTON — No comment.

DC Code A — Were there any safeguards in place to prevent Mrs SPURGIN from receiving an excessive dose of Midazolam?

BARTON No comment.

DC Code A Did the Wessex Protocols play any part in that prescription?

BARTON No comment.

DC Code A I think that the guidelines (pause), there are guidelines telling you where to start at the range for Midazolam. Are there such guidelines?

BARTON No comment.

DC Code A Do they say that 'you should start at 5 milligrams a day'?

BARTON No comment.

DC Code A But you've started at 20...

BARTON No comment.

DC Code A ...and seemingly nothing to stop the nurses prescribing up to 80.

BARTON No comment.

DC Code A Christopher?

DC No.

DC Code A — Doctor Diamorphine, what is Diamorphine?

BARTON — No comment.

DC Code A — Is it the same as Morphine but it's just the way it reacts within the body?

BARTON — No comment.

DC Code A — But why is it used?

BARTON — No comment.

DC Code A — Before prescribing Diamorphine to somebody, are there any other kinds of analgesics normally used up to that point?

BARTON — No comment.

DC Code A — Well where does Diamorphine fit within the Analgesic Ladder?

BARTON — No comment.

DC Code A — It's practically at the top isn't it?

BARTON — No comment.

DC Code A — Why didn't you record the purpose of prescribing the Diamorphine?

BARTON — No comment.

DC Code A — And again this was in a range written up to 200 milligrams, why was that?

BARTON — No comment.

DC Code A — The first dose was 80 milligrams (somebody coughs), why did it start so high?

BARTON — No comment.

DC Code A — Did you allow a nurse to administer that much without you reviewing the patient?

BARTON — No comment.

DC Code A — Would you have allowed that to happen?

BARTON — No comment.

DC Code A — We've already had an explanation from you as to, some sort of explanation as to why you proactively prescribed, but why is there a need to proactively prescribe in this way to Enid SPURGIN when you're seeing her every day?

BARTON — No comment.

DC Code A

In your 'prepared statement' on Page 4, the first bit of your statement, you say: "I was also concerned to make myself available even outside those hours when I wasn't in attendance at the hospital. The nursing staff would therefore ring me either at home or at my GP's surgery to discuss developments or problems with particular patients. In the event that medication was to be increased even within a range of medication I would have prescribed something. It would be usual for the nursing staff to either inform me of that fact that they considered it necessary to make such a change, or they'd inform me shortly thereafter of the fact that the increase had been made." Could you not have prescribed, if you had to prescribe it in a range, a lower range and monitor the effects that that had on the patient doctor?

BARTON

No comment.

DC Code A

You've just said there that 'the nurses could contact you whenever'.

BARTON

No comment.

DC Code A

'You made yourself available' and you've just said that in your statement, so why is there such a need to up to 200 milligrams in the Diamorphine range?

BARTON

No comment.

DC Code A — And is it recorded anywhere how much the nurses can increase the dosage from?

BARTON — No comment.

DC Code A — Well were there any checks or valve safes put in place to stop them, to prevent overdosing of a patient?

BARTON — No comment.

DC Code A — Why was Diamorphine prescribed in this case?

BARTON — No comment.

DC Code A — Is it normal to prescribe Diamorphine as an as required drug?

BARTON — No comment.

DC Code A — Well at this stage did you consider that Mrs SPURGIN was in her terminal phase?

BARTON — No comment.

DC Code A — How was she diagnosed as being in need of Diamorphine?

BARTON — No comment.

DC Code A — What physical examination did you do on Mrs SPURGIN to come to this conclusion?

BARTON — No comment.

DC Code A — How did you know how much to prescribe to her?

BARTON — No comment.

DC Code A — What was the purpose of prescribing a range for the drugs, say 20 to 80 milligrams?

BARTON — No comment.

DC Code A — Why did you prescribe such a range to Mrs SPURGIN?

BARTON — No comment.

DC Code A — How did you know, how did the nurses know where to start with in that range?

BARTON — No comment.

DC Code A — There seems to be no record in the medical notes regarding instructions to the nurses as to when, why and by how much the dose can be altered within this range, or by whom. Do you accept that?

BARTON — No comment.

DC Code A — Would you have expected to see a justifying entry in the notes for that drug to be administered?

BARTON — No comment.

DC Code A — What would you consider to be an excessive dose of Diamorphine for Mrs SPURGIN?

BARTON — No comment.

DC Code A — What (inaudible – background noise) would you consider in that?

BARTON — No comment.

DC Code A — Again we're going on to the charts, there don't seem to be any charts available. Do weight and build of a patient come into play where you're prescribing in such a case?

BARTON — No comment.

DC Code A — What part did the Wessex Protocol play in the prescription of Diamorphine?

BARTON — No comment.

DC Code A — Do you think you followed the guidelines for prescribing in this case?

BARTON — No comment.

DC Code A — Do you think you could have started at says 10 milligrams a day?

BARTON — No comment.

DC Code A — Did you ever seek advice from anybody regarding your prescribing regime in respect of Mrs SPURGIN?

BARTON — No comment.

DC Code A — If you didn't, why didn't you?

BARTON — No comment.

DC Code A — How do you know that your prescribing regime didn't lead to a worsening of Mrs SPURGIN's condition?

BARTON — No comment.

DC Code A — Hyoscine was also prescribed in a range from 200 to 800. Why was that never administered do you know?

BARTON — No comment.

DC Code A — Again you've got Diamorphine and Midazolam being mixed in the syringe driver and there is not justification documented in the medical notes for this. Why is that?

BARTON — No comment.

DC Code A — As well as there being no justification, there is neither any further record (somebody coughs) of the ongoing assessment of Mrs SPURGIN relating to required increases of her dose of Diamorphine. Why is that?

BARTON — No comment.

DC Code A — When did you consider that Mrs SPURGIN had entered the terminal phase of her life?

BARTON — No comment.

DC Code A — Why didn't you consider that if you did?

BARTON — No comment.

DC Code A — What change had taken place in the patient in the patient for you to reach that conclusion?

BARTON — No comment.

DC Code A — And did you record that anywhere?

BARTON — No comment.

DC Code A — Are you qualified to make that diagnosis?

BARTON — No comment.

DC Code A — Were you qualified to diagnose and provide palliative care to Mrs SPURGIN?

BARTON — No comment.

DC Code A — Were you providing palliative care to Mrs SPURGIN?

BARTON — No comment.

DC Code A — Did you instruct nurses that that's what care is being offered to her?

BARTON — No comment.

DC Code A — Would that have been your responsibility?

BARTON — No comment.

DC Code A — Did you refer those decisions to a consultant at all?

BARTON — No comment.

DC Code A — Right that tape is coming up to 39 and I think that's a suitable time isn't it?

DC Code A — Yeah.

DC Code A — Right the time by my watch is now 1227. Is there anything you want to add doctor that you've told us?

BARTON No thank you.

DC Code A No. Mr BARKER have you got anything you want to say?

BARKER No thank you, no.

DC Code A Right I'm turning the machine off.

INTERVIEW CONCLUDED – TAPE MACHINE SWITCHED OFF.

RESTRICTED

DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20AF

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: 04/04/2006

Time commenced: 1339 Time concluded: 1417

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

Interviewer(s): DC Code A / DC Code A

Other persons present: MR BARKER - SOLICITOR

Police Exhibit No: Number of Pages:

Signature of interviewer producing exhibit

Person speaking	Text
DC Code A	This interview is being tape recorded, I am DC Code A Code A and my colleague is?
DC Code A	DC Code A
DC Code A	We are interviewing Doctor Jane BARTON. Doctor can you give us your full name and date of birth please?
BARTON	Jane Ann BARTON 19/10/48.

DC Code A — Thank you very much. And also present is Mr BARKER who is Doctor BARTON's solicitor. Could you introduce yourself Mr BARKER please?

BARKER — Yes certainly. It's Ian BARKER and I am Doctor BARTON's solicitor.

DC Code A — Thanks very much. This interview is being conducted in the Interview Room at Fareham Police Station in Hampshire. The time is 1329, 39 and the date is the 4th of April 2006 (04/04/2006). 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 are 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 have thank you.

DC Code A — If at any time you wish to stop the interview and take legal advice just say so and we will stop the interview for that purpose, do you understand that?

BARTON — Thank you.

DC Code A — I would also like to point out that you are still here at the police station on a voluntary basis, you have not been arrested you are here of your own free will. This means

that if at any time you wish to leave you are free to do so. Do you understand that?

BARTON — Thank you.

DC Code A — I will 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. Now I know you've been cautioned before, do you want me to go over the breakthrough of what the caution means to you?

BARTON — No thank you.

DC Code A — Okay. This room is being monitored, when that red light is on it is being monitored and in this case by Detective Inspector GROCOTT, and this is just so that we can carry out any enquiries expeditiously from anything that comes out of the interview here today. No person can hear anything in this room while that equipment and the tape machine is not running. DC Code A will be taking some notes throughout the interview. As you know the interview is being conducted by Hampshire Constabulary and started in September, this investigation rather is being conducted by Hampshire Constabulary and it started in September 2002 and it has already been running over just three years. There's a continuation of interviews we carried out this morning doctor, I did tell you then that this is relationship to the unlawful killing of a number of patients at Gosport War Memorial Hospital between 1990 and 2000. Part of

the enquiry is to interview witnesses who were involved in the care and treatment of the patients during that period. You, as the clinical assistant at the time, may have knowledge of the workings of the hospital, the care and treatment of the patients, which would be central to our enquiry. We will continue to concentrate on the patient Enid SPURGIN who was a 92-year-old lady admitted to Dryad Ward on the 26th of March 1999 (26/03/1999) from Haslar Hospital and died on the 13th of April 1999 (13/04/1999). The cause of death was given as 'cerebrovascular accident' and we will continue as before when I was asking questions under 'topic headings'. Before we broke, can you just confirm that we'd broken just for lunch and that we haven't discussed these matters with you in that time?

BARTON Yes.

DC Code A Thank you. I am just going to go back to a topic that we were covering before lunch and that was the prescription sheets that are held within BJC/45, which are Enid SPURGIN's Gosport War Memorial Hospital notes. We covered the fact that you had prescribed Oramorph. Page 123 of the records, and I know you have a copy but I'm showing you at the same time, Page 123 of the records shows that you prescribed Oramorph on the 26th and that was in the 'As Required' prescription table. And on Page 125 you see that there are a further three prescriptions for Oramorph and these are under 'Regular Prescription'. One's dated the 26/03/1999 (somebody coughs), the second

one again is dated the 26/03/1999, and there are two more entries for the 27/03/1999. Can you explain doctor why there are so many entries for the prescription of Oramorph?

BARTON — No comment.

DC Code A — The first one on Page 123 is, I think it's 2.5 and 5 ml solution and it's four hourly. It was administered on the 31/03 for the first time, and if you could go to the other prescriptions again 26, this is on Page 125, 26/03 and that was 2.5 four hourly again. The next one down, 26/03, 5 milligrams at night, and then for the 27/03 5 milligrams four hourly, and then for the 27/03 10 milligrams at night. Can you give us an explanation as to why there are so many different prescriptions for the Oramorph?

BARTON — No comment.

DC Code A — There's five different prescriptions in total isn't there?

BARTON — No comment.

DC Code A — If we assume that the 'As Required' prescription on Page 123 (pause), by definition the 'As Required' is when the pain is unbearable and the patient needs it. It was given on the 31st but it wasn't given again until the 11th of April. So it was given on the 31st of March, but not again until the 11th of April, so there's quite a big gap in between isn't there? What does that say to you doctor?

BARTON No comment.

DC Code A Does it indicate that she wasn't getting the breakthrough pain that necessitated her having the Oramorph?

BARTON No comment.

DC Code A Why did you prescribe it in such, why did you prescribe it in such a way?

BARTON No comment.

DC Code A Anything on that Code A?

DC Code A Yeah. Correct me if I'm wrong doctor, as DC Code A said 'the prescription made on the 26 of March 1999 (26/03/1999) on the first page – the Oramorph, that wasn't given until the 31st of March but was prescribed on the 26th of March, that would appear to be for breakthrough pain'. The other two entries the 26th of March was 2½ milligrams four hourly and 5 milligrams at night. That would suggest to me that 2½ milligrams of Oramorph was given four hourly, that's at six o'clock, ten o'clock, two o'clock in the afternoon and six o'clock in the evening, and a higher dose given at ten o'clock to help the patient sleep so that the patient doesn't have her sleep interrupted. Now if the pain breaks through there should be a sign that 2½ four hourly only as required would have been administered. Is that right?

BARTON — No comment.

DC Code A — Well it hasn't been administered. That would suggest to me there was not breakthrough pain. Now we know that Mrs SPURGIN had only received Paracetamol for analgesia before being admitted to the War Memorial Hospital, which seemed to be sufficient. Certainly the 2½ milligrams four hourly and 5 milligrams at night seem to be sufficient because the 'As Required' hasn't been used. But on the 27th of March, the next day, you double the dose of Oramorph again yet there's no sign of breakthrough pain certainly not documented within the notes, there's no sign of breakthrough pain on this prescription sheet. Why did you double the dose on the 27th of March?

BARTON — No comment.

DC — Where's the Death Certificate?

DC Code A — Hang on I'm just trying to find it. Go on you go.

DC — One of the things we would like to speak to you about now doctor is about 'Death Certificates'. There are no, the completion of Death Certificates is a formal legal requirement and it can only be undertaken by a medical practitioner such as yourself, but there are specific guidelines that need to be followed and what I would like to do is try and get an explanation from you as to your understanding as to what was required of you in the

completion of this process. Who completed the Death Certificate with regards to Enid SPURGIN?

BARTON — No comment.

DC — I have a copy of the Death Certificate here. We'd better give that a reference Geoff hadn't we?

DC — Yes.

DC — Code A

DC — And that will be CSY/HF/19 (pause).

DC — Okay.

DC — So the documents here, if you wish to have a look, who completed this form?

BARTON — No comment.

DC Code A — The cause of death was given as a 'cerebrovascular accident' certified by J.A. BARTON BM. What procedure did you follow when certifying and recording the death of this patient?

BARTON — No comment.

DC Code A — Who informed the registrar or the coroner?

BARTON — No comment.

DC Code A — Now I've got a copy of the Medical Certificate of cause of death, which I'll give an identification reference of CSY/HF/20, which has been completed in your handwriting and signed by you, and the cause of death was given, again as I said as a 'cerebrovascular accident', but the box to the right, which is 'approximate interval between onset and death' you put 48 hours. So by that I read it that you say that 'Mrs SPURGIN had a cerebrovascular incident or accident 48 hours prior to her death and this was a disease or condition that directly led to her death'. Is that correct?

BARTON — No comment.

DC Code A — Who decided the cause of death?

BARTON — No comment.

DC Code A — Why was the death recorded as a cerebrovascular accident?

BARTON — No comment.

DC Code A — You see on this occasion as well I noticed that the death was registered with the coroner, or the coroner was informed. Is that correct?

BARTON — No comment.

DC Code A — And no post-mortem was held, and the Coroner's Certificate states that 'the circumstances connected with the

death of the above person had been reported to me and I do not consider it necessary to hold an inquest', James Royce and Conroy, the Portsmouth Coroner. Why did you report this death to the coroner?

BARTON — No comment.

DC Code A — Because there are certain times, aren't there, when you have to report a death to the coroner, and in a nutshell when the cause of death is unknown, or the deceased was not seen by the certified doctor either after death or within the 14 days before death, or the death was violent, or unnatural, or suspicious, or death may be due to an accident whenever it occurred. Would you consider a fall to be an accident doctor?

BARTON — No comment.

DC Code A — Death may be due to self-neglect or neglect by others. Death may be due to an industrial disease or related to the deceased's employment, or death may be due to an abortion, or death occurred during an operation or before recovery from the effects of anaesthetic. Mrs SPURGIN had her operation many weeks before. Death may be a suicide, or death occurred during or shortly after detention in police or prison custody. So which of those reasons did you use, or feel it necessary to report this death to the coroner?

BARTON — No comment.

DC Code A (Pause) Right the documents with the identification reference of JAS/2, which are relevant pages from the certification of death, or a Medical Certificate of cause of death. Now Page 1 paragraph 2.2 says that 'this process should be carried out by consultants or a senior clinician. Why were you completing the certificates?

BARTON No comment.

DC Code A (Pause) That's it.

DC Okay. Okay doctor we'll move on to the topic area of 'supervision'. These questions hopefully give you an opportunity to explain how the (inaudible) at the hospital and whether you feel that the supervision that you were provided with was sufficient. What supervision were you given, or provided with in respect of the care of Enid SPURGIN?

BARTON No comment.

DC Code A Were you happy with the level of supervision/training that you had been provided with in order for you to properly care for the patients while you were a clinical assistant at Gosport War Memorial Hospital.

BARTON No comment.

DC Code A — If there were any deficiencies in this respect, what were they and how did you try to address them?

BARTON — No comment.

DC Code A — Did you try to address them?

BARTON — No comment.

DC Code A — At the time of Mrs SPURGIN's admission, the 26th of March 1999 (26/03/1999), did you have any concerns regarding your personal workload?

BARTON — No comment.

DC Code A — How would you, or how could you report whether you had any concerns regarding staff or workload issues?

BARTON — (Somebody coughs) No comment.

DC Code A — Did you have any concerns about Gosport War Memorial Hospital in 1998?

BARTON — No comment.

DC Code A — Did you raise any issues regarding training, medical or pharmaceutical in 1998?

BARTON — No comment.

DC Code A

There's a letter to you from Pauline BANKS dated the 18/04/88, I showed you that earlier on today and it's part of exhibit GJQ/HF/... Is it 14 Chris Job Description?

DC

Job Description yeah.

DC

Yeah. That letter I believe accompanied the Job Description. It confirmed your appointment as a clinical assistant and clearly states, and I quote from it: "Should you have a grievance relating to your employment, you are entitled to discuss the matter in the first instance with the consultant to whom you are responsible." Did you raise any such matters with the consultant of whom you were responsible?

BARTON

No comment.

DC Code A

I understand that at that time, was it Doctor REID and (pause), either Doctor LORD or Doctor TANDY I can't remember. Did you raise any questions with those consultants doctor?

BARTON

No comment.

DC Code A

It goes on to say this letter (somebody coughs) that "you may also speak or write to the personnel officer'. Did you ever do that regarding any issues?

BARTON

No comment.

DC Okay. Do you want to ask any questions relating to that?

DC Code A No thanks.

DC Okay. The next topic area, the next set of questions will revolve around your 'prepared statement', and we hope to specifically clarify and address points raised by your prepared statement in order that we can fully understand your position. You make the point that 'due to demands on your time that you were left with the choice of attending to the patients and making notes as best I could, or making more detailed notes about those I did see but potentially neglecting other patients', and this has been taken from JB/PS/... I'm not sure of the number. We accept that time pressures may necessitate making perhaps briefer entries than is desirable, but note keeping is an essential part of good medical practice and that is defined by the GMC. The note keeping in this case also seems to extend to days when demands on your time should have been less as far as we can see, for example when reviewing Mrs SPURGIN on a Saturday morning when on call, Saturday the 27th of March, and that's Point 16 from your statement I believe. Doctor why didn't you write a fuller note on that Saturday morning?

BARTON No comment.

DC Code A What were the pressures of work on a weekend for you?

BARTON No comment.