

Other Document Form

Number

D1799

Title LETTER RADCLIFFES LE BRASSEUR WITH DR TANNYS STATEMENT
(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No _____

Document registered / indexed as indicated _____

No(s) of actions raised _____

Statement readers instructions _____

Indexed as indicated _____

No(s) of actions raised _____

Examined - further action to be taken _____

Further actions no(s) _____

Receiver	
Code A	
O/M	SIO
Indexer	

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

5 Great College Street
Westminster
London SW1P 3SJ
www.rlb-law.com
Direct Dial +44 (0)20 7227 7260

Tel +44 (0)20 7222 7040
Fax +44 (0)20 7222 6208
LDE 113 London Chancery Lane
info@rlb-law.com
marianne.frall@rlb-law.com

RadcliffesLeBasseur

Code A

Operation Rochester
Fareham Police Station
MIR Quay Street
Fareham
Hampshire
PO16 0NA

28 November 2006

Our Ref: MXF/axl900500.2958

Your Ref:

W 3164428 v1

Dear **Code A**

Re: Dr Jane Tandy

I write in relation to the above matter and wonder if you could update me on the status of your investigation.

Whilst writing, I enclose Dr Tandy's signed statement.

I await hearing from you further, and particularly as to whether you wish to meet with Dr Tandy again.

Yours sincerely **Code A**

Code A

Marianne Frall

Code A

Roy,

1 replied by phone 14/12/06.

Code A



WITNESS STATEMENT OF DR JANE TANDY**RE: ISSUES RAISED BY DR JANE BARTON**

- 1 I have been asked to comment on three issues raised by Dr Jane Barton. Firstly, on how often ward rounds were conducted, how they were conducted and whether Dr Barton accompanied the doctors on ward rounds and if not, why not?
- 2 At my request, my secretary obtained details of my timetable from 1994 onwards. This shows that from 1 June 1994 to 10 July 1996, I carried out a ward round on Dryad Ward at Gosport War Memorial Hospital ("GWMH") on alternate Wednesday afternoons.

3

Code A

- 4 My absence during the above times was covered by various locum doctors as follows:-

15.07.96 – 19.07.96	Dr S A Al-Ashbal
22.07.96 – 25.07.96	Dr L Qureshi
30.07.96 – 02.08.96	Dr L Qureshi
30.09.96 – 11.10.96	Dr Shashi Sinha
21.10.96 – 08.11.96	Dr Qureshi
03.03.97 – 30.03.97	Dr Qureshi
01.04.97 – 24.04.97	Dr P. Harrison
28.04.97 – 29.08.97	Dr S A Al-Ashbal

5. I returned to work on 2 September 1997 and my timetable from this date until 3 April 1998 did not include any ward rounds at GWMH.
6. During the period referred to at paragraph 5 above, I took annual leave of one week from 3 November 1997 until 10 November and was on sick leave from 10 November 1997 to 11 December 1997.

7. From 3 April 1998 to 26 April 1998, my timetable did not include any ward rounds at GWMH. I took annual leave from 27 April 1998 until 29 May 1998. Thereafter, I was on maternity leave from 1 June 1998 until 1 February 1999. Dr Althea Lord covered the Gosport Ward single-handedly from 4 May 1998 to 7 February 1999.
8. From 8 February 1999 until 3 November 2000, I was scheduled, on a Monday afternoon, to carry out ward visits at GWMH or elsewhere, as and when required. Ward visits are different to ward rounds in that the former meant I had no ongoing responsibility for the patients on the ward. I performed ward visits on a Monday afternoon when asked to do so in order to give my opinion. Dr Ian Reid began working on Dryad Ward at GWMH on 15 February 1999.
9. As of 3 November 2000, my schedule changed so that I did "admin" on a Monday afternoon. I would also perform the occasional ward visit if asked to do so. However, the ward visits were less frequent than when they were scheduled into my timetable as referred to in paragraph 8 above.
10. As can be seen from the above, I was not working for a considerable period of time. When at work, I carried out ward rounds at GWMH once every 2 weeks. This occurred from 1 June 1994 until 10 July 1996 and from 12 August 1996 until 16 September 1996. There are currently 20 beds on Dryad Ward although I cannot recall how many there were at the time in question. I do recall that the ward rounds tended to last the whole afternoon. During each ward round I performed, I was accompanied by Dr Barton, as far as I can recall, unless she was on annual leave, had other commitments or was unwell. A member of the nursing team also accompanied us. We walked around the ward in order to see each of the patients. When we arrived at each patient, we discussed their diagnoses and progress, reviewed results of investigations where appropriate, and amended management plans and reviewed drug charts as necessary.
11. I have also been asked to comment on a statement by Dr Barton that prescriptions by her were inevitably reviewed on a regular basis by consultants when carrying out their ward rounds and at no time was she ever informed that her practice in this regard was inappropriate.
12. It is certainly part of a doctor's role to regularly review drug charts on a ward round. This is something that I would have done on my ward rounds although I would not

review all drug charts on every ward round. I am unable to speak for the other doctors employed on a locum basis. If I felt, on review of a drug chart, that morphine or any other drug was being used inappropriately or at an inappropriate dose, it would be within my remit to discuss with Dr Barton and I would have done so.

13. I have also been asked to comment on the support given to clinical assistants and what I considered my role to be in this regard.

14. Aside from carrying out the ward rounds with Dr Barton, during which I would discuss each patient with her, I was also available between ward rounds to discuss any issues arising and to advise, if required, both by telephone and in person. I do not remember Dr Barton contacting me very often. This does not surprise me as Dr Barton had been a GP for a considerable period of time. I understood at the time that Dr Barton had a significant amount of experience in both palliative and continuing care.

15. I would expect Dr Barton to operate within her own clinical competence and comfort zone and to refer to me or a colleague anything that was outside her range of clinical competence. This might include, for example, a situation where a patient became increasingly unwell and she was uncertain what to do. Alternatively, it could include a situation where a diagnosis and/or the best form of management were uncertain.

Signed..... **Code A**

Dated..... 23/11/06