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RECORD OF INTERVIEW

Number: Y25

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

Person interviewed: **REID, RICHARD IAN**

Place of interview: **FAREHAM POLICE STATION**

Date of interview: **04/07/2006**

Time commenced: **0921** Time concluded: **1000**

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

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

Other persons present: **Mr CHILDS - Solicitor**

Police Exhibit No: Number of Pages: **22**

Signature of interviewer producing exhibit

Person speaking **Text**

Code A

This interview is being tape recorded, I am Detective Constable Code A and my colleague is?

Code A

Code A

Code A

Right. We are interviewing Doctor Ian REID. Doctor REID would you give me your full name and date of birth please?

REID

It's Richard Ian REID, and my date-of-birth is 12/05/1951.

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Code A

Thank you very much. And also present is Mr CHILDS who is Mr REID's solicitor. Can you please introduce yourself Mr CHILDS?

CHILDS

Oh yes it's Will CHILDS for Radcliffes Le Brasseur Solicitors in Westminster.

Code A

Thank you very much. This interview is being conducted in an interview room at Fareham Police Station in Hampshire. The time by my watch is 0921, and the date is the 4th of July 2006 (04/07/2006). At the conclusion of the interview we will give you a notice explaining what will happen to all the tapes. Okay?

REID

Yeah.

Code A

I will remind you Doctor REID that you are still entitled to free legal advice, Mr CHILDS is here as your legal advisor. Can you confirm, or not, that you have had enough time to consult with Mr CHILDS in private, or would you like further time before we start the interview?

REID

I mean, I mean I've had enough time, but obviously I don't know what's...

Code A

Sure, yeah.

REID

What you've got.

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Code A

Yeah fine. So the next bit is, I'll explain that if, at any time, you wish to stop the interview and take further legal advice from Mr CHILDS just let us know that and we will do that. Okay?

REID

Okay.

Code A

Yeah?

REID

Yeah.

Code A

Now it's already been pointed out to you twice already this morning that you've attended voluntarily,...

REID

Yeah.

Code A

...you're not under arrest, you've come here of your own free will. If at any time you wish to leave the police station, leave the interview room and leave the police station you're entitled to do that, we can't stop you and we won't stop you.

REID

Right.

Code A

Okay?

REID

(Silent)

DC QUADE

Now I have to caution you,...

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REID

Right.

Code A

...and the caution says you do not have to say anything but it may harm your defence if you fail to 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?

REID

Yes.

Code A

Would it help you if I sort of did a sort of layman's...

REID

Yes.

Code A

Yeah, okay. It can be broken down into three bits. The first part is that you've got a right not to say anything and we respect that and so anything we ask you you don't have to answer. Okay?

REID

(Silent.)

Code A

The second part is a little bit more confusing, but if this matter should go to court if you should be charged, or reported for offences and you go to court it might harm your defence if you wish to rely on something as part of your evidence that you haven't told us, but you've had the opportunity to tell us.

REID

Right.

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DOCUMENT RECORD PRINT

Code A

Yeah. So if we ask you questions today and you choose not to tell us an answer to those questions, but then come out with answers in court it may harm your defence.

REID

Code A

Right.

Right, okay. And so in other words a court might draw what they call an 'adverse inference'...

REID

Code A

Right.

...wondering why you didn't mention it during the entire process.

REID

Code A

Yeah.

And the third part is that it is being recorded and if it goes to court the transcript of this interview may be available to the court. Okay?

REID

Code A

(Silence)

On this occasion the room that we are using is equipped with a monitoring facility and there's a red light that's on which tells us that someone is monitoring at the moment and that will be DI GROCOTT the chap you met just now.

...

REID

Right.

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DOCUMENT RECORD PRINT

Code A

...The reason he's doing that is that it enables us to carry out any enquiries that may come about as a result of anything you say to us today expeditiously. No person can hear anything via the equipment when the machine isn't running, so if this tape recorder isn't running that microphone doesn't work. Okay?

REID

Right. So what you're saying is that, is it D?

Code A

DI GROCOTT.

REID

DI GROCOTT is listening into this....

Code A

Yes. I will do most of the talking today, but DC YATES will almost certainly be taking notes as we go along...

REID

Right.

Code A

...and he will be asking you some questions as well at some stage I should think.

REID

Right.

Code A

Operation Rochester is an investigation being conducted by Hampshire Constabulary and it started in September of 2002, so it's already been running for the best part of four 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. Now no decision has yet been made as to whether any offence, or

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offences have been committed, but it's important to be aware that the offence range that we're investigating run from potential murder right the way down to assault. Okay?

REID

(Silence)

Code A

Part of the ongoing enquiry is to interview witnesses who were involved in the care and treatment of the patients during that period. Now you were the Consultant Geriatrician for the Gosport War Memorial Hospital during part of the time that these deaths occurred, 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 what we term as a 'generic interview' in that we wish to talk about yourself, your qualifications, your training as well as the policies and procedures pertinent to the Gosport War Memorial Hospital during this time period. Now the groups of questions will come under particular topic headings and we will endeavour to try and explain the topics at the start of each stage. Okay?

REID

(Silence)

Code A

And do you think you are quite comfortable with,

REID

Yeah.

As comfortable as can be

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DOCUMENT RECORD PRINT

Code A

(Pause) So the interview, as I just said will be generic and it's not patient specific. Okay?

REID

(Silence)

Code A

During the interview we will ask you questions about several topics such as your qualifications and the role of the consultant, that sort of thing.

REID

Uh-huh.

Code A

When we start on your topic area we will tell you what it is and the reasons why we want to ask those questions about that particular subject. Now the first topic area to cover is about your qualifications. ...

REID

Right.

Code A

...The reason we want to speak about these now is that it's not only, it's a good point to start off with but we need to establish exactly what your qualifications are as a doctor and how experienced you are etcetera. Okay?

REID

Yeah.

Code A

Can you tell us when you qualified as a doctor?

REID

1974.

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Code A

Thank you. And where was that?

REID

Glasgow.

Code A

And where did you do your pre-registration training?

REID

Code A

Code A

Yeah. And that's Junior House Officer as well then yeah?

REID

These are both what are called the 'Pre-registration House Officer'. Yeah.

Code A

Yeah. And where did you train as a Senior House Officer?

REID

Um I did, um, there were several posts, um, the first one was, can I just look back to...

Code A

Yeah sure.

REID

Code A

to January 1970, and then following that, um, as a Senior House Officer in Geriatric medicine at the

Code A

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Code A**Code A**

Uh-huh. And where were you the Registrar, where did you train as a Registrar?

REID

Code A**Code A**

Thank you. And then Senior Registrar?

REID

Yeah, um, I became a Senior, well it's, one was appointed to what was called a Wessex Rotation, um, which involves spending different periods of time in different hospitals...

Code A

Yeah, yeah.

REID

...and for me it was

Code A**Code A**

Yes.

REID

...and that was from August '

Code A**Code A**

And then the next stage of your career was to become a Consultant?

REID

Code A**RESTRICTED**

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Code A

And from '98 to present?

REID

Yeah from, in April 1998 I was appointed as Consultant in Geriatric Medicine and along with that I was the Medical Director of, well at that time was

Code A

Code A**Code A**

Uh-huh. And so that's covered all your hospital appointments really hasn't it...

REID

Yes.

Code A

...from when your career starts?

REID

Yeah.

Code A

Why did you want to become a Consultant then?

REID

(Pause) Um, (laughs)...

Code A

(Laughs) It's forty-five minutes the tape.

REID

Um, well I mean the choice one's faced with is either, either becoming a, in general terms becoming a G.P. or become a Consultant. I mean in fact I had been going to, um, become a G.P.,...

Code A

Oh right.

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REID

...
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be
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I
I
G

Code A

Code A

Yeah.

REID

...um, **Code A** d so that was when I applied to, um, become a sort of Senior Registrar in

Code A

Code A

Yeah.

REID

(Pause) And in kind of some ways General Practice and Geriatrics is sort of quite similar; they're very sort of broad based.

Code A

Okay. And how did you get the, you answered a role; there was an advert in the papers, or in the magazines, or something like that?

REID

Yes I mean the medical journal carries advertisements.

Code A

As the Consultant what was your first position that you were initially employed in?

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DOCUMENT RECORD PRINT

REID

Code A

Code A

Code A

REID

Yes.

Code A

Okay and then when did you come over to the Queen Alexandra then?

REID

That was in April 1998.

Code A

That's nicely covered your career background. Doctor REID what is the organisational set up of the hospital, the Queen Alexandra?

REID

You mean which organisation does it belong to?

Code A

Yeah go on, because we know that it changes over the years...

REID

(Laughs)

Code A

...doesn't it?

REID

When I came to Portsmouth in 1998, um, the non primary care / community care was covered, in Portsmouth was covered by two organisations the Portsmouth Hospital's, um, NHS Trust as it was called and Portsmouth Health Care Trust. Now Portsmouth Hospital Trust ran most of the, um, beds, if not all of the beds at St. Mary's Hospital

RESTRICTED

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DOCUMENT RECORD PRINT

and most of the beds in Queen Alexandra Hospital other than the beds which are used for the Department of Elderly Medicine. The Department of Elderly Medicine, um, was part of Portsmouth Health Care Trust, which, um, was responsible for running St. James's Hospital, mental health services, um, community paediatrics, um, district nursing, health visiting, school nursing, um, so it was almost everything that was sort of not acute hospital and not strictly G.P.

Code A

Yeah, okay. So when did all that, and when did all that change then? Because what they called, what does it come under, what does it come under now?

REID

It's East, it's East Hampshire Primary Care Trust,...

Code A

Yeah.

REID

...um, now run, um, elderly, the elderly medicine beds at Queen Alexandra Hospital. I mean I should also have said that, um, Portsmouth Health Care Trust ran all the community hospitals so that was Havant War Memorial, Petersfield, Gosport War Memorial, um, I'm sorry I can't remember your last question you asked me.

Code A

We were just trying to find out when it all changed over ...

REID

When it changed?

Code A

...to its current positioning.

RESTRICTED

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DOCUMENT RECORD PRINT

REID

Uh I can't remember when the last reorganisation was whether it was 2002 maybe. So I went to Portsmouth, Portsmouth Health Care Trust was dissolved and basically split into three organisations Portsmouth City Primary Care Trust, Fareham and Gosport Primary Care Trust and East Hampshire Primary Care Trust.

Code A

Yeah so that's covered that, so it's covered, that's how it's changed since 1998 basically then?

REID

Yes.

Code A

Yeah okay. And what about your department.

REID

Elderly Medicine?

Code A

Yeah.

REID

Well the Elderly Medicine Department had beds, um, in Petersfield Hospital, at that time St. Christopher's Hospital in Fareham, which is no longer there and Gosport War Memorial Hospital as well as St. Mary's Hospital and Queen Alexandra Hospital. Um we also had, you know, day hospitals at Petersfield Hospital, at Gosport and both at Queen Alexandra Hospital and St. Mary's Hospital.

Code A

Okay, yeah. And you say 'St. Christopher's isn't there anymore' is it?

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DOCUMENT RECORD PRINT

REID

That's right.

Code A

Is Petersfield still running?

REID

Yes.

Code A

Yeah. And you've still got the beds at St. Mary's.

REID

Yes.

Code A

Yeah okay.

REID

I mean the configurations changed but...

Code A

Yeah. And did these care trust changes affect your department much or?

REID

One, well (pause) no and, and this is before I, I came to Portsmouth and the decision had been made that elderly medicine would be part of Portsmouth Health Care Trust, so in some ways it was very useful having all the departments, you know, all the beds in Queen Alexandra and St. Mary's plus Gosport all, all being managed by one organisation,...

Code A

Yeah.

REID

...I mean that created some tensions with Portsmouth hospitals because they would like to have run the beds in,...

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DOCUMENT RECORD PRINT

Code A

Yeah, yeah.

REID

...there are beds in Queen Alexandra Hospital.

Code A

Fine thanks for that. How many doctors were working in your department from 1998?

Code A

Let's say in 1998. Consultants?

REID

I mean, I mean I can't, it, it's changed so often but I mean there'd be I think nine or ten consultants, not often were full time...

Code A

Right, yeah.

REID

... I don't know they might have had, um, (pause) I think they might have had four Registrars or Specialist Registrars (pause), um, I am, you know, I'm guessing, well I'm not it's an inspired guess eight, eight Senior House Officers, two Pre-registration House Officers and we had, um, G.P.'s working for us as Clinical Assistants like Doctor BARTON...

Code A

Yeah.

REID

...at the War Memorial and we had a doctor doing a similar role in Petersfield and we had a practice covering St. Christopher's Hospital.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

Code A

So they didn't have their own Clinical Assistant, they had a practice that covered the same role?

REID

Yes and two of them took a lead role if you like.

Code A

Yeah, okay, thanks for that. What's your current role within the department?

REID

Now I'm a straightforward Consultant if you like...

Code A

Okay.

REID

...as of the 1st of June.

Code A

From the 1st of June?

REID

Yeah.

Code A

Is that a job change or?

REID

Yes.

Code A

Oh have you just dropped a title, were you Medical Director?

REID

I was Medical Director ...

Code A

Oh right.

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DOCUMENT RECORD PRINT

REID

...um, of, um, what are called Secondary Care Services within East Hampshire Primary Care Trust and Fareham and Gosport Primary Care Trust. Well I'd actually did it for Portsmouth City Primary Care Trust for a year, or a couple of years, this is when Portsmouth Heath Care Trust was dissolved...

Code A

Uh-huh.

REID

...and then Portsmouth, I think after a couple of years Portsmouth City P.C.T. appointed their own Medical Director and I was left as Medical Director for what we call 'secondary care', in other words I had no, my role didn't cover general practice but, um, it covered the sort of community hospitals which were Fareham and Gosport P.C.T. and East Hampshire P.C.T.

Code A

You decided to cease that role or?

REID

Yeah, yeah, well I was asked to cease it (laughs)...

Code A

Oh right (laughs).

REID

...because there's another re-organisation, um, well it's happening, we're in the midst of that happening now because Fareham and Gosport P.C.T's will no longer exist from the end of, um, September I think it is...

Code A

Another change?

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REID

...I was going to be a Hampshire wide P.C.T. excluding Portsmouth City and Southampton City.

Code A

So there will be just the three Health Care Trusts in the future Hampshire, Portsmouth and Southampton?

REID

Um not quite, um,...

Code A

No. I didn't think it would be that simple.

REID

...as of the 1st of October there will be Portsmouth Hospital Trust,...

Code A

Yeah.

REID

...there will be the Hampshire P.C.T., there will be Portsmouth City P.C.T., but what I didn't also say was that, um, Mental Health Services, um, are now run by Hampshire, what's called Hampshire Partnership Trust and that was established when Portsmouth Health Care Trust was dissolved, so around about 2002 / 2003. It used to be called West Hampshire NHS Trust, but it's changed its name to Hampshire Partnership and over the past year there's been sort of, um, fits of service from both Fareham and Gosport and East Hampshire PCT which have gone to Hampshire Partnership Trust or, I don't think anything's going to Portsmouth Hospital Trust yet, but we are about to be taken over by Portsmouth Hospital Trust the elderly medicine service.

RESTRICTED

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DOCUMENT RECORD PRINT

Code A

But within the department when you were a Consultant, were you the head of the department?

REID

No I wasn't head of the department. The head of the department in 1998 was Doctor David JARRETT (pause) and he was head of the department until about a year ago.

Code A

Okay. Would that have been his title as well?

REID

He was, um, Lead Consultant,...

Code A

Lead Consultant.

REID

...Lead Consultant for Elderly Medicines was his title. Now I was the Medical Director for the Trust, which covered elderly medicines, psychiatry, the whole works and he was the Lead Consultant for the department.

Code A

With that title a layman just assumes that you were the headman.

REID

No. So I was not the Medical Director of Gosport War Memorial Hospital,...

Code A

No.

REID

...I was like any other consultant at Gosport Memorial Hospital.

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DOCUMENT RECORD PRINT

Code A

Can you explain what your role was as Medical Director then?

REID

Yes. I was a member of the board, the Trust Board, and so my role was to provide, if you like, medical advice and guidance, um, to the Trust Board. Um, I was also, if you like, I was also a, um, the Senior Medical Professional in the Trust so that if, um, there were disciplinary issues, um, which haven't been resolved within a department, um, I would deal with these (pause), and there are always policies and procedures, create a medical flavour for the whole, um, Portsmouth Health Care Trust, my role was not policies within the Department of Elderly Medicine although the policies could have applied to...

Code A

Yeah.

REID

...Elderly Medicine.

Code A

It looks quite a broad, a broad role...

REID

Yeah.

Code A

...compared to your role as the Consultant in Elderly Medicine.

REID

Oh yeah, yeah, yeah, it's huge. I mean that took up most of my time.

Code A

Did it?

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DOCUMENT RECORD PRINT

REID

Yeah.

Code A

We might go back to that and ask some more questions later on.

REID

Yeah.

Code A

So since you qualified as a Consultant, have you had any further professional qualifications since then?

REID

No.

Code A

No?

REID

No no further qualifications. I mean one obtained additional qualifications to become a Consultant.

Code A

Yes. Go through those then doctor if you would?

REID

Um, well, um, what, well the training requirement is what's called Membership Of The Royal College Of Physicians...

Code A

Yeah.

REID

...and that's what called, um, an entry qualification, it's an entry qualification to what's called Higher Specialist Training so, um, before you, as things were it's changed since, before you could become a Senior Registrar, um, you had to have possession of Membership Of The Royal

RESTRICTED

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DOCUMENT RECORD PRINT

College Of Physicians, um, so having got that I then decided to pursue Geriatric Medicine and the higher specialist training programme is the Senior Registrar post and then on successful completion of, it's nominally a four year training period and then you, um, could apply for Consultant jobs at that time, it's changed since then.

Code A

It would have done.

REID

(Laughs)

Code A

So for instance a Member Of The Royal College Of Physicians, I read the statement that you gave a while ago and you said that that was in 1978,...

REID

Yes.

Code A

...is that when you applied, or is that when you've completed?

REID

That's, no it's an exam.

Code A

This is sitting an exam.

REID

It's an exam.

Code A

Yeah.

REID

Um well it's a mixture of written and seeing, you know we exam seeing patients...

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DOCUMENT RECORD PRINT

Code A

REID

Yeah.

...and making diagnoses and treatment plans, so that's, it was an exam, you pass an exam.

Code A

REID

If you pass the exam that gives you the membership?

Yes.

Code A

REID

And then you'd have to continue to train...

Yes.

DC YATES

Right.

REID

And you have to compete for posts, it's not a, it's not a guarantee of...

Code A

REID

Yes.

...getting a specialist training job, it's an entry qualification to...

Code A

REID

To be able to apply?

To be able to apply yeah.

Code A

I'm with you, yeah. Am I right in thinking that you're a member of some other (pause), a Fellow Of The Royal College of Physicians,...

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DOCUMENT RECORD PRINT

REID

Oh yeah, um, that...

Code A

Code A

REID

Yes that's, um, that's, um, (pause) that's, that's different, um, it's arc and it's arcane, um, but you have to be proposed to become a Fellow Of The Royal College Of Physicians, um, I think almost everyone is and you usually have to have been, had your MRCP for, but usually people have been in the consultancy for three or four years and then their colleagues will nominate them to become a fellow, but it's not, um, it's not a training qualification as such it's a sort of, I suppose a mark of seniority...

Code A

Experience of...

REID

...but that, that doesn't really mean anything.

Code A

So have you, you haven't got any more qualifications then since those we just talked about,...

REID

Yeah.

Code A

...but have you undertaken any other training in the field of medicine since working at Q.A.?

REID

No.

Code A

Apart from obviously the general.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

REID

Not in medicine I haven't, no.

Code A

No. But you've done something else in something else?

REID

Well I've been, I mean I was sent away on a three-week management course.

Code A

Oh right when?

REID

A long time ago.

Code A

Yeah. And your GMC registration number?

REID

Code A

Code A

Okay. And under that registration what do you understand as being your responsibility under that registration?

REID

Um to, um, well the GMC...

Code A

Yeah.

REID

...produces guidance, you know, of the duties expected of a doctor. I mean for a long time that was, you know, remained unchanged, but it's been, in the past, um, few years that's been sort of fairly regularly, um, updated.

Code A

Any major changes in that then?

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

REID

Oh um I think making it very clear that ones sort of first responsibility is to patients.

Code A

Yeah. Has anything in particular brought that change or?

REID

Um well I think probably lots of, um, um, unhappy, um, events that have, you know, hit the national press...

Code A

Yeah, uh-huh.

REID

...over the years where, um, it was perhaps felt that doctors were, um, you know, not, um, doing as much as they should for patients.

Code A

Okay. Now as the Consultant, in the Consultant's role obviously has it changed since you've taken, since you've ceased doing Medical Directors, or are you doing the same job as a Consultant as you were when you first joined?

REID

More or, more or less the same.

Code A

Yeah, okay. So what are you contracted to do as a Consultant then?

REID

I mean I'd have to go back to...

Code A

Sessions.

REID

Oh yeah right okay, right. Um, um, it's, um, well it's changed again since I made this first statement. ...

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

Code A

REID

Yeah.

...I'm contracted at the moment to, um, what I call 11PA's, and now PA is a programmed activity. Now a programmed activity is a session, a normal session of four hours work.

Code A

REID

One session is four hours?

Yes.

Code A

REID

Or one PA is four hours?

Yes. Um I should perhaps also, um, just for completeness sake that, um, from the 1st of June I've also agreed to do some additional work although not as a sort of PA for Portsmouth City Teaching Primary Care Trust.

Code A

REID

And do you still have on call responsibilities?

Yes, yes. And, and, and they're, they're recognised within that 11PA's.

Code A

REID

That's all part of that?

Yes.

Code A

Oh right. And so if you had a, if you're on call tonight for instance...

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

REID

Yeah.

Code A

...is that one PA one session?

REID

Oh no if only (laughs).

Code A

No?

REID

No. Um it, it's to search the time you spend working. So if I, when I go in on a Saturday and a Sunday morning as part of a ROTA, um, that's totted up over a year and then, you know, the number of hours on average per week that is,...

Code A

Uh-huh.

REID

...it becomes, I mean it's .75 of a PA's is equivalent to actually going into hospital and working at weekends. We get a separate payment, um, for, um, on call which I think is about, and it depends how onerous your on call is but I think it's about, something between 1 and 3% of your salary. So if I'm on call tonight I get a, for doing that a 1 in sort of 8 or 10 places, I get it back next year at 2% or something like that, it's something like that, I mean I couldn't tell you exactly.

Code A

And you do weekend responsibility as well you're saying?

REID

Oh yes.

DC QUADE

How many is that?

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

REID

Um it's approximately, um, I think it was, it's 1 in 6, um, going on to the wards at Queen Alexandra and being on call for the rest of the week. Sorry 1 in 12 I should say.

Code A

1 in 12?

REID

Approximately, somewhere between 1 in 10, or 1 in 12 it fluctuates a bit depending, because with some consultants leaving and what have you.

Code A

Right yes.

REID

Um so 1 in 12 I do that and I am on call for the weekend and on call 1 in 10 of 12 week days, but I also go in another 1 in 12 to work on the Medical Assessment Unit and that's seeing patients who have come in as an emergency, um, on a Saturday and a Sunday morning and that's takes sort of four or five, um, hours to do, but once that's over there's no on call commitment. So if you like I'm in at weekends roughly 1 in 5 or 1 in 6.

Code A

Sure. Now so is yours a full time National Health Service contract then?

REID

Yes.

Code A

Yeah. And that's a typical contract is it for a Consultant?

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

REID

Yes. The minimum is, well the normal is 10, but a lot of people are doing more than that.

Code A

Yeah. So the programmed activity or session has that changed then recently?

REID

Um it changed with the new consultant contract, which was introduced in 2003 I think.

Code A

And was it 3½ before that?

REID

It was yeah, it was what were called 'sessions' and a session lasted 3½ hours.

Code A

Yeah. And was a session, would that have been the same for, a G.P. session would have been 3 ½ hours as well would it,...

REID

Um.

Code A

...or was that a common figure or not?

REID

Sort of, well nominally.

Code A

Yeah.

REID

I mean what, what often happened was that G.P.'s, if you like the currency was sessions in terms of paying people, so you might pay a Clinical Assistance or pay a G.P. four sessions worth of pay to provide twenty-four hour

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responsibility because you're recognising that there weren't working all these hours. Does that make sense?

Code A DE

Yeah, yeah. So do you have any other responsibilities within the hospital in addition to your consultancy now?

REID

Well I mean I've, as I've said just taken on an advisory role

Code A

Code A

(Inaudible) is it you say?

REID

No, no, it's, um, they call it a Teaching Primary Care Trust because,...

Code A

Oh.

REID

...because the Code A

Code A

Yes.

REID

...it doesn't, it's nothing to do with, no it's not teaching.

Code A

Oh right, okay. And do you have any other responsibilities outside of the Q.A.?

REID

At the moment?

Code A

Yeah.

REID

Well I'm working down in Gosport again.

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Code A

Oh are you?

REID

Yes.

Code A

Right. What, as a?

REID

On Dryad Ward.

Code A

Oh right, okay. When did you start that again then?

REID

Uh (pause), um, (pause) it's either September or October last year.

Code A

Oh right. And what's your commitment to that?

REID

Um one ward round, or one session a week, one PA a week.

Code A

Now that covers the present time. So back in '98 what were your responsibilities outside of the hospital then, outside of Q.A. then?

REID

In 1998?

Code A

Yeah '98 / '99 that time.

REID

Our Consultant time-tables changed, um, not on a, perhaps every nine months or so, so I could probably, one of our secretaries is very diligent and keeps them all so I might be

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able to find exactly what I did back in 1998, but as I remember my contract was basically half time as Medical Director and half time clinical. Um I was certainly looking after Ann Ward in Queen Alexandra Hospital and I was also, um, I had an outpatient clinic I think in Queen Alexandra Hospital and I had I think a session in Dolphin Day Hospital at Gosport when I first came in 1998, but not working on the, directly on the wards.

Code A

REID

Yeah. When did you start working on the wards then?

Well it was in 1999, I mean somewhere in the Spring of 1999...

Code A

REID

Yeah.

...but I can't...

Code A

REID

I think it was February wasn't it?

I admit it was either February or April I can't, I can't remember.

Code A

REID

Yeah that's fine. I mean we say February I think because we've actually taken it out of the statement you supplied to the police,...

Yeah, yeah.

Code A

...we haven't got it from anywhere else.

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REID

No.

Code A

So you had responsibility to Dryad Ward?

REID

Yes.

Code A

Yeah for about a year?

REID

Yes.

Code A

Yeah. And did you also cover for Doctor LORD on Daedalus?

REID

Yes. Um I mean it was really only covering if there was a major problem.

Code A

Yeah. Such as they weren't available for something?

REID

Well yeah if there was some sort of crisis really.

Code A

And what about if Doctor LORD wasn't available to do her weekly ward rounds...

REID

It wasn't done.

Code A

It wasn't done.

Code A

We'll probably cover that more in a minute.

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Code A

Yeah we'll do that again in a minute. Can you explain, I think you've probably already given the answer in a way but can you explain how you became responsible for a ward at the Gosport War Memorial Hospital?

REID

Um well as I say every so often, um, Doctor JARRETT and one of the, um, um, we've got a, she's not a secretary like a sort of administrative person who looks at all the sort of the, who deals with all the medical staffing issues in the department. They would sort of sit down and re-jig the time tables.

Code A

Uh-huh. So we've established that you were on Dryad Ward, and what type of ward was Dryad Ward (TAPE MACHINE BUZZES)... That little buzzer indicates that the tape is coming to an end. What we'll do, is everybody happy to continue?

REID

Yeah.

Code A

Yeah just carry on.

Code A

Shall we stop there Chris and turn them over?

Code A

Yeah turn them over.

Code A

The time is 1000 and I'm turning the machine off.

INTERVIEW CONCLUDES - TAPE MACHINE IS SWITCHED OFF.

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Printed on: 13 February, 2007 08:51 Page 38 of 38

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