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Code A

From: Hall, Tamsin [Code C]
Sent: 17 March 2008 16:37
To: [Code A]
Subject: RE: Dr Barton - statements and interviews of Dr Richard Ian Reid

Thanks, I look forward to receiving them.

Tamsin

Tamsin Hall | Solicitor
 for Field Fisher Waterhouse LLP
 dd [Code A]

Mobile [Code A]

From: [Code A]@hampshire.pnn.police.uk [mailto:[Code A]@hampshire.pnn.police.uk]
Sent: Monday, March 17, 2008 4:18 PM
To: Hall, Tamsin
Subject: RE: Dr Barton - statements and interviews of Dr Richard Ian Reid

I am afraid not will forward them tomorrow

[Code A]

From: Hall, Tamsin [Code C]
Sent: 17 March 2008 15:49
To: [Code A]
Subject: RE: Dr Barton - statements and interviews of Dr Richard Ian Reid

Can they be sent as a word attachment at all? If not then how they are below is fine. Probably best not to put anything in the body of the e-mail so that they can be disclosed without any redaction.

Thanks

Tamsin

Tamsin Hall | Solicitor
 for Field Fisher Waterhouse LLP
 dd + [Code A]

Mobile [Code A]

Consider the environment, think before you print!

18/03/2008

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From: Code A @hampshire.pnn.police.uk [mailto:Code A @hampshire.pnn.police.uk]
Sent: Monday, March 17, 2008 3:41 PM
To: Hall, Tamsin
Subject: RE: Dr Barton - statements and interviews of Dr Richard Ian Reid

Tamsin

You are right there are a further 17 interviews with Dr Reid

If it OK I will send them via E mail they will appear as below

Code A

RECORD OF INTERVIEW

Number: Y25H

Enter type: FULL TRANSCRIPT

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

Person interviewed: **REID, RICHARD IAN**

Place of interview: INTERVIEW ROOM FAREHAM
 POLICE STATION

Date of interview: 11/07/2006

Time commenced: 0912 Time concluded: 0955

Duration of interview: 43 MINUTES
 Tape reference nos. (→)

Interviewer(s): **Code A**

Other persons present: MR CHILDS - LEGAL
 REPRESENTATIVE

Police Exhibit No: Number of Pages:

18/03/2008

Signature of interviewer producing exhibit

Person speaking Text

Code A This interview is being tape recorded
I'm **Code A** and my colleague is –

Code A

Code A Thank you. We're interviewing Doctor
Richard REID, Doctor, can you give us your full
name and date of birth please?

REID Yes, Richard Ian REID, **Code A**

Code A

Code A Thank you very much and also present
is Mr. CHILDS, who is Doctor REID's Solicitor,
could you introduce yourself please?

MR CHILD Yes, it's Will CHILDS, from
(inaudible) in London.

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 now 9, 0912, and the date is the 11th of July 2006. I
hope! At the conclusion of the interview we'll give you a
notice explaining what will happen to the tapes. I must remind
you Doctor, that you're still entitled to free legal advice, Mr.
CHILDS is here as your legal adviser. Have you have enough
time to consult with Mr. CHILDS in private or ...

REID Yes.

Code A ... would you like further time? You have? 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?

REID Right.

Code A Yeah? I would also like to point out that you
have attended voluntarily here, that means you're not under
arrest and you've come here of your own free will so if at any
time you wish to leave the Police Station, you're free to do that
as well, do you understand that?

REID Yeah.

Code A I will caution you, 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.
Anything you do say may be given in evidence. Do you

understand that caution Doctor?

REID Yes.

Code A Yes. I know this is our second interview with you and I did explain the caution before, would you like me to go through a brief explanation ...

REID No.

Code A ... no.

REID Thank you.

Code A On this occasion this room is capable of being monitored and when it is being monitored the red light is on, as it now.

Code A It's not.

Code A It's not on.

Code A No.

Code A Oh, I don't know why. DI GROCOTT should be, will probably be monitoring it at some stage today, and as we pointed out before, that's to enable to us to carry out enquiries expeditiously. When the machines stop running, nobody outside this room can hear any conversations in here, okay.

Code A will be taking some notes probably during the course of the interviews. This investigation is being conducted by Hampshire Constabulary and started in September 2002. So you can see it's been running for over three years. It's an investigation into allegations of the unlawful killing of a number of patients at the Gosport War Memorial Hospital, between 1990 and 2000. No decisions have yet been made as to whether any offences have been committed but it is important to be aware that the offence, the offence range being investigated runs from potential murder right the way down to assault. Part of this ongoing enquiry is to interview witnesses who were involved in the care and treatment of patients during that period. You were a consultant with responsibilities for 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. Today the interview will be concentrating on the patient Enid SPURGIN, Enid SPURGIN was a 92 year old widow who was admitted to Dryad Ward at the Gosport War Memorial Hospital on the 26th of March 1999, she arrived there from Haslar Hospital, following an operation where her hip was surgically repaired. She remained at Gosport War Memorial Hospital, until her death on the 13th of April 1999, the cause of death was given as cerebral vascular accident. Now Doctor, I see that you've brought your notes with you, that, which we provided you with, that's correct isn't it?

REID Yes.

Code A And, and you've had those for, three or four weeks now.

REID Yes.

Code A Yeah. And you'll have seen through those I hope, that you were involved ...

REID Yes.

Code A ... in the care and treatment of Enid SPURGIN, as well as other Doctors and nursing staff.

REID Yes.

Code A Could you explain to us, ex, tell us about your involvement with that patient?

REID Well ... I think the first thing to say is that I don't remember the patient.

Code A Fine.

REID So what I say is entirely based on the records that you've provided me ...

Code A Sure.

REID ... with. So absolutely no recollection of the patient herself. I mean I'm not, I mean from, from looking at the notes what I see is that I, I saw this lady whilst she was an in-patient

Code A

Code A Sure.

REID So that, so I saw Mrs. SPURGIN in Haslar Hospital, I, I wrote a letter to the, the consultant who was involved in her care at Haslar agreeing to take over her care but expressing

Code A

Code A Feel, feel, feel free to, yes.

REID And I think she was transferred, I mean, several days later.

Code A Yeah.

REID To the War Memorial Hospital, and I think if, I think I saw her on a couple of occasions ...

Code A Well I think it's page 85 I think. ... I think it was 85.

REID ... I've put stickies everywhere. Ah, yes, she was transferred to Dryad Ward on 26th of March, and I saw her on the 7th of April and the 12th of April, and the patient died on the 13th of April.

Code A Yeah. Okay, thank, and what can you tell, what can you tell us about the treatment that you were involved in?

REID Well I mean I, I'm having to rely on the notes that I've written here...

Code A Of course, yeah.

REID I mean what I've written when I saw... first saw this lady

Code A

Code A Okay.

REID I mean, so, I'm not clear what you, do you want me to sort of go into more background than that, or continue on ...

Code A Yeah, please do, yeah, yeah. Yeah.

Code A

Code A When you, when you say the treatment chart, you mean the prescription chart?

REID Yes.

Code A Yeah, yeah, okay. And as, as you quite rightly point out you've no recollection of this patient, this is purely from what you're reading from the notes isn't it?

REID Yes.

Code A Yeah. What about before, before your entry of

the 7th of April?

REID What, what about it?

Code A You just explained to us what happens with your treatment?

REID Yes.

Code A What, where did you pick up with her, what was she doing, what was happening to her before you saw her then?

REID Well she'd have been, I mean on the 2, when she was admitted on the 26th of March, she was seen by Doctor BARTON.

Code A Yeah.

Code A

Code A Yeah.

Code A

Code A Yeah.

REID **Code A**

Code A

Code A Perhaps I can help you there, that, that's says plan sort out analgesia ...

REID Sort, oh sort out analgesia.

Code A Yah. Okay, right, thank, thanks very much for that. What we're going to do, the way the shape of this interview, is going to be in topic areas ...

REID Mmm hmm.

Code A ... that, similar to the way we did that (inaudible) one.

REID Right.

Code A And we'll try and break that down, explain to you why, where we're going with it ...

REID Yes.

Code A ... and why we're asking you, okay?

REID Yes.

Code A Following on from the last piece that you've just described, we're, we're going to talk about clerking, yeah? Now I think you'll agree with us that clerking a patient is central of ensuring that the patient's needs and treatments are identified.

REID Mmm hmm.

Code A And that suitable care plans are put in place?

REID Yes.

Code A Would you agree with that comment?

REID Yes.

Code A Yeah. We, we seek to establish what you believe is the purpose of clerking and what you expected from your staff, identifying what you saw as the role of the consultant, the clinical assistant and the nurses.

REID Mmm.

Code A Yeah. Before we go on to that, I know we covered it in your previous interview, but it'd probably be helpful wouldn't it, to say that you were the consultant ...

REID Yes.

Code A ... for Dryad Ward.

REID Yes.

Code A One, that was one of your roles, yes. And, and you had a clinical assistant underneath you, yeah, who was ...

REID Doctor BARTON.

Code A ... Doctor BARTON, and then a team of n, nursing staff?

REID Yes.

Code A Yeah. In the GMC, Good Medical Practice, we covered this in your generic statements, that good clinical care must include adequate assessment of the patient's condition.

REID Yes.

Code A Based on the history and symptoms, and if necessary, an appropriate examination.

REID Yes.

Code A It also says that in providing care, you must keep

clear, accurate, legible and contemporaneous patient records, which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment that's prescribed. Good clinical care must include taking suitable prompt action where necessary, prescribe drugs and treatments including repeat prescriptions, only when you have adequate knowledge of a patient's health and medical needs. Do you agree with, that that's, they're quoted from ...

REID Yes.

Code A ... yeah, yeah. We've got a copy of that if you want to have a look at it.

REID Yeah. No, that's fine.

Code A No, yeah. Looking at page 24 Doctor, can you tell us how a suitable and adequate assessment of Mrs. SPURGIN's care was provided?

REID Well I think, it, it's a brief assessment, but I think the salient features are, are all contained in that statement. This, I

Code A

Code A Okay, you started that comment off, by saying ... that, well I'm sorry, by saying, as I remember, can, can you just clarify what you mean by that? Do you, are you saying as I remember from looking at the records, or as I remember ...

REID What did I actually, did I actually say ...

Code A You actually said ... you, you, you just started off the explanation by saying, when you were talking about the patient.

REID Yes.

Code A And you were talking about her condition. Then you said, as I remember. And is ...

REID Oh as, as I remember, looking from the notes ...

Code A ... from the notes.

REID ... I've absolutely no recollection of this patient.

Code A Yes. It wasn't a trick it was just trying to clear something up.

REID No, no. I don't remember the patient at all.

Code A No, fine. Well, could, perhaps you could explain to us, what the purpose of the clinical assistant is, in the context of looking after patients?

REID Well it's to say, it's to write a summary of the salient problems and to put them, prepare ... no ... to state what the treatment plan should be, and then thereafter it's to provide care to the patient as appropriate. Medical care of the patient as appropriate.

Code A Okay. Would it be reasonable to expect you to have a knowledge and to understand the role of the clinical assistant? Yeah? 'Cos you're the consultant she's the person ...

REID Yes.

Code A ... yeah, yeah. Were, as I understand it, we showed you a copy of her job description ...

REID Yes.

Code A ... in the last interview.

REID Yes.

Code A And I think you said you, you hadn't seen that before?

REID No I hadn't.

Code A So you weren't aware of the job description.

REID No.

Code A And for the purposes, it's GJQ/HF/14. And we went through that with you ...

REID Yes.

Code A ... last time round.

REID Yes.

Code A Doctor BARTON was providing 24 hour medical cover wasn't she for the wards.

REID Yes, well, with her partners, yes.

Code A Yeah, yeah, but that was her responsibility.

REID But, the, the contract was hers, yes.

Code A Yeah. One of her roles in that job description, was to visit the wards on a regular basis.

REID Yes.

Code A Yeah. What, what is meant by regular basis, do you, do you know, you weren't aware of the job description so

...

REID No. I mean I would expect, in partic, the role of Doctor BARTON, would be to visit the wards, at least daily.

Code A Yeah. And was there a way of you ensuring that that was being done?

REID I mean, no, ... I mean what I was, the nursing staff were sort of key, in terms of me sort of, if you like, learning about how the clinical assistant was, was functioning.

Code A Yeah.

REID And I've never had anything other than positive feedback about Doctor BARTON's role and the support she offered to the nursing ...

Code A Sure.

REID ... staff and to patients.

Code A If, if I ask you to ... well I think you've told us that when you look, when you go to see a patient.

REID Yeah.

Code A You would, you would look at the clinical notes, the medical notes that yourself ...

REID Yes.

Code A .. and Doctor BARTON would write.

REID Yes.

Code A Is that correct?

REID That's right.

Code A Yeah. And you wouldn't necessarily look at the nursing notes.

REID No.

Code A But you ...

REID That would be very rare to do that.

Code A ... you'd rely on what the nurses told you?

REID Yes.

Code A Yeah. So, if I asked you to look at page 24 yeah

...

REID Yeah.

Code A ... and you'll see that the first entry is that one that's dated the 26th of March.

REID Yes.

Code A Yeah. And that's signed by Doctor BARTON, well it's not signed actually, is it ...

REID It's not signed but it's ...

Code A ... but do you recognise her writing?

REID ... it looks like her writing, yes.

Code A Yeah. I can tell you that it was her that wrote that, and then the next entry is the 7th of the 4th ...

REID Yes.

Code A ... yeah, so that's a, a gap of ... of over a week isn't it?

REID Yes.

Code A Between ...

REID 12, 12 days, yes.

Code A . yeah, so without seeing her writing something down in the notes, how would you be confident that she'd the, the p, the patient every day?

REID I wouldn't expect the patient, every patient to be seen every day.

Code A mmm hmm.

REID What I would expect her to do would be to go to the ward every day, to ask the nursing staff if there are any problems, if there was any patient they were concerned about and they would direct her to ... you any patient they were concerned about. I mean ...

Code A So ...

REID ... it would be an impossible role to, for her to have, she had I think it was 44 patients, to see every patient every day, it would be impossible, and I don't think it was necessary.

Code A So was it not necessary for her to see Enid SPURGIN?

REID Every day?

Code A From the 26th to the 7th then?

REID Well she, she may have seen Enid SPURGIN during

that time, but I mean, I can't, I can't say, there isn't, there isn't a record of her having seen Mrs. SPURGIN during that time.

Code A Okay. I don't think it was, I think we agreed wasn't it, it wasn't your responsibility to ensure that a clinical assistant's, or a stand in for her, was available 24 hours a day, that wasn't your responsibility was it, or was it?

REID No.

Code A No? That was, are you saying that was the Trust's responsibility?

REID Yes.

Code A Yeah. Your responsibility was to ensure that that person was ... doing ...

REID Looked after properly, yes.

Code A Yeah. What about seeing, making sure that patients were seen promptly after admission, was that your responsibility? That was one of her job description roles?

REID Yes, I mean my, my und, I, I have no recollection of there being any issues with Dr. BARTON not seeing patients promptly.

Code A Right, and you, your role as I see it, as you explained it to us, you've got overhaul, overall charge of the patients?

REID Mmm.

Code A Yeah. But you left, presumably as we see by the job description and from what you've explained to us the way it worked, Doctor BARTON would have done the initial case notes of each patient?

REID Yes.

Code A Yeah.

REID Or, or one of her partners.

Code A Or one of her partners, yeah, thank you. And you subsequently in your follow up notes ...

REID Yes.

Code A It does seem looking at that Doctor, particularly with this patient ...

REID Mmm hmm.

Code A ... that her notes were rather spasmadic, sporadic, sorry, spos, sporadic.

REID Yes, you know, what I've, I mean I would not expect Doctor BARTON to write routinely in the notes. But what I

would certainly expect and which I've said before, is I'd expect any s, certainly significant changes in the patient's condition to be recorded.

Code A Can you explain why those notes. I mean, we will go into this in a bit more detail later on.

REID Yeah.

Code A When we cover other topics, but ... just looking at that one page, 24 ...

REID Mmm hmm.

Code A .. that's Doctor BARTON's only entry on, in the medical records apart from the prescription charts.

REID Yes.

Code A Can, can you explain why the notes seem rather sporadic, in fact sparse I would have said.

REID Well, no I mean I can't explain that, other than, that Doctor BARTON didn't, didn't write anything.

Code A Who was responsible for prescribing the as required drugs, of the patients under your care?

REID Well it would be, initially it's the prescriber, but I mean, I, I carry ultimate responsibility.

Code A So that would be yourself and Doctor BARTON and any other Doctor?

REID Yes, that's right, yeah.

Code A Okay. One, another little part of the job description was identifying opportunities to, to identify to, things that would approve the service for ...

REID Sorry, things that would have?

Code A That would improve the service.

REID Right.

Code A And that is one of the roles, that, that's something you weren't aware of, and ...

REID No.

Code A ... never came to light as far as you're concerned?

REID No.

Code A No. I think you've told us before, haven't you, that Dryad Ward was continuing care wasn't it?

REID Yes.

Code A Yeah. And I think you've satisfied us that continuing care is for patients who are severely physically disabled with complex medical problems ...

REID Yes.

Code A ... that require the input of specialist geriatric services.

REID Yes.

Code A Yeah?

REID Well they may not, I mean they usually c, they may not require specialist services, but they've all got complex problems which, you know can't be resolved by medical or physiotherapy or nursing interventions.

Code A Yeah.

REID So they're people who are very dependent, usually, usually on nursing care.

Code A Yeah. And we've established that the patient came from Haslar, and again in one of your first replies today, when I asked you to, to explain what she was doing there, etcetera, etcetera.

REID Mmm.

Code A You talked about, she was at Gosport for rehabilitation, but you used the phrase, allegedly for rehabilitation

REID Yeah well I think that, sometimes it's very difficult to, I mean you can, you know, a **Code A**

~~him, you would normally expect to, to rehabilitate. If a person~~

Code A

Code A Sorry say that again?

REID For some patients who we would see ...

Code A Yeah.

REID ... we would say well, we'll take them over and have a go at trying to get them back on their feet but ...

Code A Yeah.

REID ... really feeling the chances of achieving, getting them back on their feet were remote, but we felt morally that that was the right thing to do, so I mean I can't ever remember going in, into Haslar for example and saying oh this patient is,

you know, so hopeless and so little chance, I'm not going to take them over.

Code A Yeah.

REID I, I feel ethically that we, we should take them over.

Code A Yeah.

REID So although often written for rehabilitation, or attempted rehabilitation or gentle rehabilitation, I mean, that, that would imply that we've got considerable doubts about peoples potential to rehabilitate.

Code A Well, it's quite clear though that this patient was admitted to Gosport for the purpose of rehabilitation. Would you agree or disagree with that?

REID To attempt rehabilitation, yes.

Code A Well for rehabilitation?

REID Well I would see it as being the, the same thing, to try to rehabilitate.

Code A Well page 106 of the, of the notes ... the 1, 2, 3, the fourth line down, it's a, it's a nursing note dated the 26th of the 3rd. Can you read that out for me Doctor (inaudible)?

REID Who, sorry, which, who is that.

Code A Page 106.

REID Yeah, got that.

Code A Where they've got ...

REID Admitted to Dryad Ward, for rehabilitation and gentle mobilisation.

Code A Thank you. Doctor GURNEY, was one of the Doctors involved with the patient at Haslar.

REID Mmm hmm.

Code A And, have you got the Haslar notes there Doctor?

REID In the other folder.

Code A Yeah. If you look at page 82 there ...

REID Page 82?

Code A Yeah.

REID Mmm hmm.

Code A And that's, that's a note from Doctor GURNEY.

REID Is it this one here.

Code A (inaudible) might have the page wrong, I might have misled there. I have. It's, sorry, it's page 83, and 84. And if you turn to page 84 ... have you got page 84.

REID Yes, yes, mmm.

Code A And if you just see the bottom line of the, or the bottom 4 four lines of that.

REID What of the first paragraph.

Code A Yeah. Says, Surgeon Commander SCOTT would appreciate your advice regarding her rehabilitation, and consideration for basic (inaudible).

REID Yes.

Code A Yes? And although that letter was actually addressed to Doctor LORD wasn't it?

REID Yes.

Code A That note was addressed to Doctor LORD?

REID Yes.

Code A But it was yourself that came and saw her ...

REID Yes.

Code A ... as a response to that, yes? And, and then we've got your write up of that, which ...

REID Yes.

Code A ... we cover again later on. And in your letter as a response to the, to that visit.

REID Yes.

Code A Yeah, you've actually put on the bottom of your letter, for further assessment and hopefully remobilisation.

REID Yeah.

Code A Yeah. So is it, are you in agreement or disagreement, that she came to Haslar, a hospital, Gosport, for rehabilitation and mobilisation?

REID I, I've written here, on the 23rd of March, she is still in a lot of pain which is the main barrier to mobilisation at present.

Code A Yeah.

REID So, what I've going back to, from an ethical perspective, I never refuse to take a patient to the War Memorial Hospital to try and get them back on their feet. And I would always say,

that for mobilisation or attempted mobilisation, sometimes perhaps I didn't make that, I may not have made it clear enough, that I thought the chances of successful remobilisation was small, but I would say, this lady, the chances of her successful mobilisation were very small.

Code A And yet the nursing notes don't reflect that do they?

REID Yeah, but, but nurses ...

Code A The nurses.

REID ... but I mean the nurses, this was a continuing care ward, that's what the nurses were used to dealing with, they would accept whatever, you know if, if we'd say we're going to get, bring this lady back over to the War Memorial Hospital, to try, see if we can get her back on her feet again, they would write down for remobilisation. They wouldn't make an assessment of whether they thought it was possible to mobilise her, so they would be relying on what they'd been told.

Code A So who would have, who would have imparted that information to them then?

REID Well I mean, it, it ... the, there'd obviously be that, my letter to Surgeon Commander SCOTT, would probably have been available to them, but I, I couldn't be sure of that ...

Code A Mmm.

REID ... given delays in typing letters, and, and it may just have been word of mouth because we did take patients over from Haslar, w **Code A** to try and get them back on their feet. So they must've thought well another patient coming from Haslar, to try and get them back on their feet.

Code A Mmm. Well, you've already explained to us, in your other interview, that, and you've explained again, that Dryad was a continuation ward, a continuing care ward.

REID Continuing care ward, yeah.

Code A And Daedalus was the rehabilitation ward.

REID Yes:

Code A Yeah. Do we place any significance on the fact that she didn't go to Daedalus then? Or was there a reason why she didn't go to Daedalus?

REID Well I, I mean I can't speak for what happened at the time, but I think as I explained last week, we were ... some, around that time we started having empty beds on Dryad Ward which we couldn't fill, and, so what we did, was if we didn't have continuing care patients then we took if you like the, the next most suitable patient which would be patients, you know who, probably didn't look as though they were going to, sort of get going but who we thought it would not be, you know, appropriate just to say, we're not, we're not taking this patient,

so we would, we started using Dryad Ward as a sort of back up to Daedalus, because there was invariable a waiting list for rehabilitation, on Daedalus Ward whereas we had empty beds at times on Dryad Ward.

Code A Okay, well we'll come back to this arrangement Doctor, thank you for that. We've already seen that you were the person who, if you like accepted Mrs. SPURGIN onto your department.

REID On to the waiting list, yes.

Code A Yeah, and Doctor BARTON accepted her into the hospital, Gosport, yeah, and Doctor BARTON clerked patients, yeah, is that right?

REID Yes.

Code A And we've already agreed that when a patient comes to the ward, she should be clerked.

REID Yes.

Code A Yeah. And ... we've got that through good medical practice.

REID Yes.

Code A Through your, your ethical responsibility as a Doctor, not yourself, I mean Doctors in general, yeah, and also there is an operational policy for Dryad Ward. Which we showed you last time round, which is GJQ/HF/7 and that states that a full nursing assessment should take place and that care plans should be in place within 24 hours. And, and that was dated 1995, yeah. Plus the good medical practice says that clinical care must include an adequate assessment of the patients condition, based on the history and clinical signs, including where necessary, an appropriate examination.

REID Yeah.

Code A And we say that we've established that that was Doctor BARTON responsibility and role.

REID Yes, yes.

Code A Yeah. And we see that on the 20, the 27th wasn't it, that Doctor BARTON actually wrote down, transfer to Dryad Ward, **Code A**

Code A

REID Mmm.

Code A Well, Doctor, in your, in your opinion did that entry meet your expectations of an entry that should be made by a clinical assistant on clerking a patient into the hospital?

REID It, it, I, I was very conscious that Doctor BARTON was

under, you know, was under pressure at the time, and as I said, in a previous statement, I always felt that when she, she, her entries may have been brief, but the salient and important things were usually covered. That was my impression at the time.

Code A But we've gone through her job description, we've gone through the GMC guidelines and we've gone through the ward policy, would you look at that now, look at page 24 now and do you think that that met the required standards?

REID I think it would have been, it would have been helpful if, as well as putting down, 'cos Doctor BARTON has made a brief resume of the history, she's addressed the functional status, what she hasn't referred to is any examination which she might have undertaken, in terms of you know, heart sounds, what, what we normally do is write something like heart sounds present, pul, pulse blood pressure, heart sounds, chest clear, that sort of thing, to make sure that patients well were sort of stable when they were transferred into the hospital. So in that sense it's, the, it's lacking.

Code A So what, what is the purpose of writing those down, so they have got a systems check and things like that, isn't it?

REID Yes.

Code A Well what, what is the purpose of that then?

REID To be, to, well, to, to make it clear that a patient's condition, what the condition's, what the patient's condition was like at that time.

Code A And I've heard this referred to I think, tell me if you, it's a phrase from, a baseline.

REID Yes.

Code A So a patient comes in on a baseline ...

REID Yes.

Code A ... and it's helpful to know isn't it, that ...

REID Yes.

Code A ... even if it's just yourself and Doctor BARTON are the only people solely treating her.

REID Yes.

Code A You know where you are don't you?

REID Yes.

Code A Whether you're going up or down on that baseline.

REID Yes.

Code A Yeah. So whether her condition is improving or deteriorating or being stable.

REID Yes.

Code A Yeah. And ... you've now just agreed that it would have been helpful if Doctor BARTON ...

REID Well it would have been better, it would have better if she'd ...

Code A Well, not only would it have been better, but don't you agree that, do you think it was necessary for Enid SPURGIN to have such an examination of her?

REID I would always expect, someone to, who comes into the hospital, to have a basic examination. I can't say from this, whether Doctor BARTON carried out an examination or not.

Code A That's an interesting point. Because ...

REID I mean what I can say is, that she certainly got a history, but what I can't say is whether she examined the patient or not.

Code A That, that is an interesting point, because why can't you say that?

REID Because there isn't a record in the notes.

Code A And when you saw her on the 7th of April.

REID Yes.

Code A You must have been in the same position then, surely.

REID Well what I would do, is, I'd speak to ... I mean, I don't know whether Doctor BARTON was on the ward rounds, when I saw Doc, when I saw the patient on the 7th of April, I don't know whether Doctor BARTON was there or not. If Doctor BARTON was there, I could have asked her about the patient, if she wasn't there, I would have asked the nursing staff about the patient. Because, because nursing staff make observations when patients come into hospital, so they'll record pulse, blood pressure, etcetera, and so if there'd been any, if any of these had been awry, I'm sure it would have been drawn, drawn to Doctor BARTON's attention and to my attention.

Code A Thank you. Can I ask you to turn to page 20 of those notes please? ... And you'll see that's a transfer letter isn't it?

REID Yes.

Code A Well ...

REID I presume it is.

Code A Yes. That's, it's from a, it's from a, a Naval nursing Captain ...

REID Yeah.

Code A ... called RANKIN. Yeah. And it's addressed to the sister on the ward.

REID Yeah.

Code A The, and it's presumable gone with the patient. And the second paragraph reads, **Code A**
Code A

REID Yes.

Code A And c **Code A**
Code A

REID Yep.

Code A Now, if we go back to, or forward to page 24 again, Doctor BARTON has written, **Code A**

REID Yes.

Code A And r **Code A**

REID Yes.

Code A Hasn't she?

REID Yes.

Code A But that's different to what this nursing Captain has written isn't it.

REID Mmm hmm.

Code A It's contrary to what the nursing Captain has written.

REID Yes.

Code A And, and that was written I believe on the same day, that came with the patient, the same day.

REID Yeah.

Code A So there seems to be a, a little bit of confusion about the patient for a start doesn't there?

REID Well, I mean, Doctor BARTON's assessment would be based on what she found at the time she came into the War Memorial. So she would, and you know she would probably have based it, that at least in part, on say what the nursing staff were able to tell her. So for example when the ambulance brought, brought some, brought, you know the patient in, and if the patient you know, transferred with the help of two nurses into bed, then that would have been reported to Doctor BARTON, if nurses hadn't been able to do that then they

would have recorded, you know, not weight bearing. And I think it's important to realise, an ambulance ride is, is not the most comfortable ...

Code A No.

REID ... journey in the world and therefore I think it's entirely possible that this lady could have been weight bearing ...

Code A Sure.

REID ... when she was in Haslar ...

Code A Sure.

Sound of buzzer.

REID ... and when she come over into the War Memorial ...

Code A Okay, carry on. Yeah.

REID And when she came into the War Memorial she was no longer weight, simply because of the ambulance journey.

Code A Sure, okay. Shall we just ...

REID I mean I've also recorded, you know, in, in my own notes, when I was at Haslar, t[redacted] and the other thing I'd like to say is that, we often found that when patients were being transferred from other wards, people would over egg the pudding, in terms of what people's capabilities were. To, so that, in attempts to, to persuade us to take the patient.

Code A Yeah.

REID That was a, that was a huge problem, they wrote, oh yes, so and so's mobile and then you finally saw them, they couldn't do anything at all. We were often told that people were independent, and when they came over, the reality was completely different. And I think it's important to remember that ... orthopaedic wards are used to dealing, the nurses are used to sort of, sorting out the orthopaedic problems, they were not interested ... and I, I say this in, as a generality, and not any reflection of the person who wrote that letter ...

Code A Yeah.

REID ... but often not particularly interested in getting old ladies back on their feet, and they didn't have the skills to do that. And as I say they would of, often over egg the pudding.

Code A Okay.

Code A We'll pick this up again in a minute.

Code A Yeah.

Code A But we're going to have to change those tapes Doctor.

REID Yep.

Code A Okay.

Code A Thanks, cheers. And the time by my watch is now 0955.

End of interview.

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