GENERAL MEDICAL COUNCIL

FITNESS TO PRACTISE PANEL (SERIOUS PROFESSIONAL MISCONDUCT)

Friday 12 June 2009

Regent's Place, 350 Euston Road, London NW1 3JN

Chairman: Mr Andrew Reid, LLB JP

Panel Members: Ms Joy Julien
Mrs Pamela Mansell
Mr William Payne
Dr Roger Smith

Legal Assessor: Mr Francis Chamberlain

CASE OF:

BARTON, Jane Ann

(DAY FIVE)

MR TOM KARK of counsel and MR BEN FITZGERALD of counsel, instructed by Field Fisher Waterhouse, Solicitors, appeared on behalf of the General Medical Council.

MR TIMOTHY LANGDALE QC and MR ALAN JENKINS of counsel, instructed by the Medical Defence Union, appeared on behalf of Dr Barton, who was present.

(Transcript of the shorthand notes of T A Reed & Co Ltd.
Tel No: 01992 465900)

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Code A

THE CHAIRMAN: Good morning everybody. While we are waiting perhaps I could deal with exhibit numbers. Mr Kark, we received from you yesterday the Patient K bundle but we did not assign it an exhibit number.

MR KARK: I would ask that you call it C12. (Bundle marked C12)

THE CHAIRMAN: We have also received today, Mr Kark, a number of replacement pages for the Patient K bundle, and those have been placed in the Patient K bundle, C12.

Code A Affirmed

Examined by MR KARK

(Following introductions by the Chairman)

MR KARK: Good morning. Good afternoon to you. I think it is probably about quarter to five there, is it?

A That is right.

Q Thank you very much for joining us. It is Code A is that right?

A That is correct.

Q If at any stage you cannot hear me or you need me to repeat a question, would you just say so?

A I will.

Q I want to ask you, please, about your mother Elsie Devine. I want to ask you a little about her life and what happened to her once she got ill. She was born, I think, on Code A Code A Is that right?

A That is correct.

Q She was one of five children.

A That is right.

Q Your father was Code A Is that right?

A That is correct.

Q Did Mum and Dad live for a while in the Gosport area?

A They did.

Q Tell us a bit about your Mum's work. What did she do during her life?

A She left school at 14 and she went into service. She cleaned the house and helped in the kitchen and it soon became apparent that she had a talent for cooking and most of her life then she pursued that. She worked for Captains in the Navy, caring for them, looking after their entertaining, and she also worked for an Admiral. Much later on in her life, she then took up working for the experimental works at Haslar. She cleaned, I think, ten offices there, just in the morning, looking after the various scientists individually and their team.

Q There is something I should have asked you right at the beginning. Is there anybody else in the room with you, first of all?

A Code A

Q Is there anybody else in the room?
A No.

Q Okay. It is very important while you are giving evidence that you do not speak to your husband.
A No. You can see me.

B Q It is just that we cannot see Code A
A I know. I understand that. He is here with me. Is that okay, or would you prefer it if he went outside?

Q I am content with that. I do not know if there is any objection. Make sure, obviously, that you do not speak to him while you are giving evidence. Also, do you have any notes in front of you at the moment?
C A No, nothing.

Q It is just that you are looking down at the table, and because we cannot see the whole table ---
A Maybe I should put this piece of paper aside.

Q All right. I think your Mum retired from work when she was 60. Is that right?
D A That is correct.

Q Her husband (your father) died, I think, in 1979.
A Yes.

Q Was that of cancer?
A That is right.

E Q Where did your Mum continue to live after your Dad's death?
A She continued to live in the house that they were renting. About six months later – Code A I came home for my father's ill health for six weeks, and then I We came home again December time and we persuaded my mother to come and live with us. She was living in the Gosport area and we were living in Alverstoke, and we persuaded her to sell up, cut down and come and live with us.

F Q That was in the UK.
A In the UK.

Q Code A
A No, I did not. We came home for a long leave for five months, five months' leave. Code A used to get five months' leave every three years. It just coincided at that time.

G Q Were you working at this time?
A Code A

Q Your occupation?
A I was working for myself. I was freelancing.

H

Q I want to ask you a little bit about your mother's health and, if we can, deal with the 1990s. First of all, did she suffer from hypothyroidism?
A I think much later on she did, yes.

Q I think she dealt with that by taking thyroxin, is that right?
A That is right, yes.

Q What was her sight like?
A She wore glasses for a number of years, but we saw her sight was deteriorating and much later she kept tripping – tripping up over silly little things. I happened to be over on leave again and Code A had mentioned this to me also and we decided to get her eyes rechecked out. She did not seem to bother too much with it herself, in the fact that, you know, "Oh, I've got my glasses," and I said, "I don't think you can see very well, Mummy," so she went and she had cataracts. One of them we wanted done pretty quickly – because there was a great length of time under the NHS – so we paid for her to have them done privately, and then the other one she had done about six months later under the NHS.

Q After that, what was her sight like?
A Her sight was perfect. In fact, I remember that when they took the patch off of her after the first operation she was, you know, quite shocked – it was like, "Ooh!" – it was so bright.

Q I am sorry, I am going to cut you short, because we have a limited time and I want to concentrate on what is important. What about her hearing. How was her hearing?
A Her hearing was very bad. She had bad hearing for a number of years.

Q I want to turn, please, to the late 1990s, particularly February 1999, when I think you received a call. Where were you living at that time?
A I was living in Code A

Q Where was your Mum living?
A We had moved house from Alverstoke and we were living in Fareham. She was living with us there in the family home.

Q You have referred to "we" on a number of occasions. Is your Code A
A Yes.

Q
A

Code A

Q
A

Code A

Code A

Q Can you tell us about the call you received?
A Code A to the hospital because of her fluid retention and she was having various blood tests. She phoned to say that my mother had been diagnosed with multiple myeloma. At that time I did not know what it was, but she said that she did not know either because the doctor had not been particularly helpful. She checked it out on the Internet and it was a form of bone cancer.

Q As a result of that telephone call, did you make arrangements to come back to the United Kingdom?
A I did, because we had been thinking about it for quite a long time. We actually planned to Code A I said to her, "I am definitely coming home if Code A is that sick".

Q It took you a little while to make the arrangements, but did you return?
A Yes, I was working for somebody then, and of course I had to give my notice in.

Q Did you make arrangements and did you return to the United Kingdom in April of that year, 1999?
A Yes, I did and all our furnishings came with us, everything.

Q I am trying to get you to stop adding on. I will ask you everything I hope that is relevant, but I am going to try and cut you down a little bit. If there is something you are burning to say, I will not stop you saying it. Code A came under the care of a lady called Dr Cranfield. Is that right?
A That is right, yes.

Q Did you go with your Mum to see Dr Cranfield?
A I did.

Q After a number of tests, you had what you took to be fairly good news, and that was that after blood tests and also a skeletal survey, and for the purpose of the Panel it is page 75, which is a letter from Dr Cranfield where she said in relation to your Mum that she had something called nephrotic syndrome which is a loss of protein in the urine, but she said,

> "There has been no other evidence to suggest multiple myeloma and the skeletal survey showed generalised osteoporosis which, although present in some cases of myeloma, is most likely due to her age".

At that stage, was your understanding that your Mum did not have or there was insufficient evidence to show that she had myeloma?
A That is correct.

Q That was a very long question. Was that how you ended up after those various tests and visits to Dr Cranfield?
A That is right.

MR KARK: For the Panel's reference, at page 65 there is a further letter dated 2 June. (To the witness): She again said:

"There is insufficient evidence for a diagnosis of myeloma or lymphoma".

Code A had problems with her kidneys. Is that right?
A That is right.

Q She was referred to a renal clinic at St Mary's. Is that right?
A Yes.

Q Code A went along to that clinic from May through to July. I want to turn to your own personal circumstances, very briefly, because it affected what happened later in relation to Code A Again, I am going to try to avoid upsetting you, and I understand that discussion of these topics can sometimes be upsetting. In June 1999, was Code A diagnosed as suffering from something called myeloid leukaemia?
A That is right.

Q That is a cancer which affects the lining of the blood cells. Is that right?
A That is right.

Q That must have been an extremely turbulent time in your life.
A That is correct.

Q Can you tell us how Code A was at this; time how was she with you?
A She was fantastic. She was my rock I suppose really because we used to sit and talk all day every day and I was just a complete mess. Code A would say, "You have to pull yourself together" and I said, "I am trying". I would keep my dressing gown on; I could not be bothered to get dressed, and my whole world fell apart. Code A was there for me

Code A

Q Code A was fairly mentally strong about it; is that fair?
A He was, and I think it shows in his medical file.

Q Code A at this time was mentally strong.
A Very mentally strong. She would say, "Come on, what are we having for lunch, let me do the potatoes" or "Let me do the carrots."

Q One of the reasons I ask you that is in June 1999, did Code A have all her marbles, if you will forgive the expression?
A Most definitely.

Q I want to turn to slightly later in the year to Friday 8 October. The next day, which was a Saturday, you were meant to be going down to London for a bit of a family trip.
A That is right.

Q Do you remember that?
A Yes I do, very much so.

Q Can you tell us about what happened with Code A around this time?
A I had spoken to Code A because of the trauma within the family Code A I did not want Code A left alone. Although Code A and we were Code A perhaps he could have Mum for the Saturday because we would be back early on Sunday morning and he said, "I think it would be a problem". It transpired it was a problem. Code A Code A used to come on a Friday evening, but this particular Friday evening he was not coming because he was collecting Mum on the Saturday, but Code A was not herself so I called him up was because I was concerned. He came up on his own Code A for the first time and went in and had a chat with Mum. He said, "I do not see anything wrong with her". I said, "She is not herself, Code A there is something wrong". He said, "No, no".

About 10 o'clock that night I called him again. I said, "I do not think I will be going tomorrow, Code A you will have to come up again because I really want your help". He came

Code A

Q I am sorry to cut you off, but the long and short of it was that there was a Code A Code A and you decided to stay where you were and not go down to London the next day. Is that right?
A Yes, that is right.

Q The next morning when you came down to breakfast, what did you find?
A Code A was not up and normally I would hear her moving around. When I opened the kitchen door, there were biscuits all over the floor and there were three or four cups of tea poured. I was shocked. I rushed upstairs and Code A was in bed asleep and I left her there. I went in and told Code A and they said, "Oh God". I went down and cleared it up I said, "I do not know what has gone on, it must have been Gran in the night." A little bit later I went upstairs to Code A bedroom again, took her a cup of tea and woke her up. It was at that point when I said to her, "Have you had a bit of a tea party in the night, the kitchen is in a bad mess?" and she said, "Yes, I have" and she made a comment about Code A

Q Did you realise things were not quite right?
A They were not quite right. Obviously it was something that had been brewing the day before.

Q As a result of that, you called the doctor.
A Yes, I did.

Q The doctor came out to see your Mum; that was Dr Smith.
A That is right.

Q Was your Mum admitted to the Queen Alexandra Hospital the same day?
A Yes, she was.

Q You went to see her on the 11th, so that would be the Monday. Is that right?
A No, Code A was admitted on the Saturday morning into the QA and I followed her about an hour later because I was not even dressed that morning and I followed down to the hospital and I was there every day until I went to Hammersmith.

Q Your Mum remained at the Queen Alexandra for a while and eventually there were discussions about where she was going to be transferred to.
A That is right.

Q Whilst she was at the QA, did she remain in a confused state or did she have periods when she was lucid? Can you tell us what her state was?
A She knew who I was. She was clearly not herself. She was in bed basically chatting, but I could not put my finger on it. She was not schizo-like; she was just not herself.

Q We have looked at her medical records obviously in some detail. We have seen reference in the notes to your mother both at Queen Alexandra and later at the Gosport War Memorial being on occasion confused, but also aggressive.
A Yes.

Q Did you ever see her in an aggressive state?
A I never saw her in an aggressive state.

Q Is it fair to say you did see her in a confused state?
A Confused yes, but not that she did not know who I was.

Q Did she know where she was necessarily?
A She knew she was in the Queen Alexandra Hospital.

Q As we have discussed, this was a very turbulent time for you because your Mum was taken into the Queen Alexandra in October and on 19 October your husband, David, was admitted to the Hammersmith Hospital.
A Yes.

Q What was the purpose of his admission?
A For a bone marrow transplant.

Q I want to turn to Thursday 21 October - this was two days after your husband had been admitted to the Hammersmith - was your Mum transferred to the Gosport War Memorial Hospital?
A Yes.

Q There had been discussions about her going elsewhere; was there some discussion about her going to St Christopher's?
A That is correct, yes.

Q I am going to give you a bit of reign, you can tell us.

A Code A never liked St Christopher's Hospital because Code A was there and there was an incident many years ago. I was about 13 and I remember Code A signing her out from that hospital.

Q So she had had a bad experience of St Christopher's, and you did not really want her to go there either.

A My thought was it was convenient even for my brother because it was on his way home from work. He works in Portsmouth, he travelled by car all the way round. I said that I will leave it up to my mother to make the decision, but I clearly do not think she will be happy, but I do not want you to force her to go into a hospital or for respite care because my brother had not decided to have her now and look after her, so I understood that she was going to go somewhere for the six-week period and they were going to look for a residential nursing home.

Q What did you understand she was going to Gosport for?

A The Gosport War Memorial Hospital?

Q Yes, when she went into the Gosport War Memorial on the 21st, what was your understanding?

A She was just going there to be looked after for the six weeks, because otherwise why would she be discharged from the QA.

Q Was it ever your intention that Code A should be able to return home to live with you?

A Code A was always returning home and Code A knew that.

Q When you say she was always returning home, do you mean it was always your intention that she should?

A Absolutely yes, definitely.

Q Because of what was happening with Code A were you able to go and see your mother as often as you wanted?

A No. I went once a week, I travelled down from Code A One would stay with their Code A and the other one would come with me.

Q Code A quite good about going into see your Mum?

A Yes, they did. They were the first ones to go when she was first admitted, the two of them went together. They adored her.

Q They were very close to Code A

A They were very, very close.

Q I want to explain something to you about the evidence that we are allowed to receive. I appreciate that you would have spoken, I expect, on an almost daily basis with her children about how Mum was and they would give you reports of how she was doing in hospital. Is that a fair summary?

Code A

Q They went on occasions to see your Mum when you could not go.
A Only one occasion.

Q What I want you to stick you is what you yourself saw and heard when you went to see your Mum, rather than what they might have told you. You were able to go and see your Mum on 28 October. Is that right?
A That is right, I went with Code A

Q Can you tell us how your Mum was when you got there?
A We got there about two, half past two, something around that time, because visiting hours were between two and five. We arrived in the lounge area. Code A was sitting there and she had her friend, Eileen, who lived almost next door to the War Memorial visiting her and also Code A They were both sitting there chatting and then Code A and I walked in.

Q And how was Mum?
A She was sitting there chatting to them but when she saw me and Code A she got quite tearful and we sat holding hands and it upset me as well because I knew that she did not want to be in the War Memorial and there was nothing I could do.

Q Were you able to hold a conversation with her?
A Definitely. There was a gentleman next door it transpired lived quite close to Code A Code A they owned a public house and we got into conversation with them.

Q Was your Mum part of that conversation?
A Yes; they were talking about the old times.

Q So far as you were concerned, certainly on this day, was your Mum making good sense?
A Yes, absolutely.

Q I think there came a time when visiting time was up; a bell rang or something like that, did it?
A That is right. Yes, a bell rang and I did not know what it was for, then she told me it was for tea.

Q I am going to lead you on this, if I may. I think you were a bit upset because you were going through this hectic time in your own life and you had travelled from London to see her and did you think that it was rather too short a visit?
A I did, yes.

Q I think on that occasion you did not make a fuss about it?
A No.

Q And did you leave?
A Yes, we did.

Q What sort of state was your Mum in when you left?
A She was wiping her eyes and holding me and saying, "Don't worry about me,

I shall be fine; you get off on back and Code A Just don't worry about me, Code A I shall be fine."

Q I think the following Thursday, 4 November, Code A
A Yes.

Q I think it was a Thursday.
A That is right.

Q The following week, the Thursday you were able to go back down?
A That is correct, yes; I went down with my daughter.

Q During this intervening period had you been effectively living at the Hammersmith Hospital while Code A was treated?
A The whole time, yes.

Q Tell us, please, about 11 November when you arrived; did you get there at about the some time as before, just shortly after two?
A That is right.

Q Tell us about that.
A We went into the four-bed ward where Code A was and she was not there. We bypassed the lounge area, which was empty and I went into the four-bed ward with Code A and Code A bed, she was not there, but very neatly in the centre of her bed were her clothes all folded. I said, "Perhaps Mum has been moved." So a nurse came in and I said to her, "Where is Mrs Devine?" and she said, "She won't be long." I said, "Her clothes are all folded up on the bed," and she said, "Oh, she often does that, love." I said, "Oh, does she? Perhaps she thinks she is coming home today because I'm visiting," and she just did not answer me – she just left. Code A and I looked at each other and thought it was rather odd.

Q Did you find that a bit upsetting that your Mum was packing to come home when you knew she was not coming home?
A I did, yes.

Q Tell us about how your Mum was when she saw you?
A I went to find out where she was and they said that she was having a bath, and ten minutes later I went in and I said, "How much longer is she going to be?" and she said, "She shouldn't be too much longer, love." I went back in and waited and
I started walking outside of the room and I saw my Mum coming along the corridor. Her hair was sopping wet; she had a towel around her neck; she had no shoes on her feet but she was dressed – she had a skirt and jumper on. She saw me and raised her hand. There was a carer walking some distance behind her and she did not acknowledge me, the carer. I saw Mum and we hugged each other and she came and sat down and I took the towel off from around her and put on a dry towel around her neck. Code A then got up and rubbed her hair dry and then the carer came to put some rollers in her hair.

Q Again I am going to cut you short because we really have to concentrate on other things. I know that you were not happy about the rollers – you thought they were dirty. Was there a discussion about that?

A I did not comment on that time; that feedback only come much later when I met up with the Trust and they said did I have any other complaints or feedback, and that is how that came up.

Q Can I ask you really on this visit about what state your Mum was in; again mentally was she able to have a conversation?

A Mentally Code A was fine, absolutely fine. They brought the menu into her and she read through it and Code A was reading through it with her and calling out and saying, "Look, you can have cottage pie here, Code A or you could have treacle pudding," just generally as one does when choosing a menu if you were sitting in a restaurant.

Q It is a good time to talk about food. What was your Mum's appetite like at this time?

A She ordered cottage pie and she had ice-cream ordered for the next day's lunch. I did not notice anything. She had plenty of treats that we had taken into her; she had a cupboard full of chocolates and biscuits and all sorts of things the family were taking in.

Q So no problems about her eating at this stage?

A No.

Q Can we move on, please, because I think when you left her did you have some discussion with your Mum about how long she was going to remain where she was?

A She said she wanted to come home and I said, "It won't be long now, Mum; Code A should be out in a couple of weeks." I said, "You'll certainly be home before Christmas."

Q So was it your intention, if all went well, that you would have your Mum home to live with Code A

A Absolutely.

Q Again I am going to lead on this and I will be shouted at if I lead you too far, but I think your next planned visit was for Sunday 21; that is when you intended to go back and see your Mum.

A That is right, which the whole family knew about because they knew the logistics about why I could not go down on that Thursday, which is the day I normally went.

Q There was a whole thing about collecting a car from Code A which I am not going to get to.

A That is what I said; it was a logistical problem and that is why my children dealt with that.

Q But prior to your intended visit on the Sunday do you remember getting a call on Friday from Code A

A Yes, absolutely.

Q Code A has not entered into this very much so far. Is your Code A

A That is right.

Q Did Code A have a good relationship with your Mum?

A He did.

Q Was he also visiting your Mum at this time?

A Every day; every single day.

Q I think Code A in fact lived in the Gosport area, did he?
A That is right, he did.

Q But you, I think, got a call on Friday 19 November. I do not want to ask you about the content of that call but that was a call from Code A
B A Code A

Q And as a result of that did you drive straight to the Gosport War Memorial Hospital?
A Yes, I did.

Q Tell us, first of all, what time approximately did you arrive, do you remember?
A It was about 2.45, 3 o'clock.
C
Q Who were you with?
A Code A

Q Tell us what happened when you arrived.
A We arrived at the Dryad Ward – we had to press a bell to get entry. A nurse came and escorted us in, which I believe was Freda Shaw now, and I was slightly upset and said, "Oh
D no, what has happened to my Mum?" and she said, "She won't know you, love; she has been sedated to be comfortable," words to that effect.
I rushed straight into the ward where she was – she was in a single ward then – and I rushed to the side of the bed and took her hand and started calling out, "Mum, Mum," and she said, Code A won't know you, love." And she turned – because she was drawing the curtains open slightly and she turned and looked at me and looked at the hand and I said, Code A does know me, she has just squeezed my hand," and she said, "Yes, I know; she
E does know you, love."

Q Apart from squeezing your hand did your Mum give you any other reaction?
A No, absolutely none.

Q Were her eyes open or closed?
F A Her eyes were closed.

Q Did she open them at any stage during this visit?
A Never.

Q Did she speak to you?
A Never.

G Q Since these events you have had access to all of the notes and I suspect you have spent hours looking at the notes and various reports and things like that.
A I did not get the full medical file for two years.

Q I understand. You have given evidence in other proceedings and I am not going to ask you about that, but I want to try and take you back to this point about your state of knowledge. You now know, I think, that your Mum had been given a patch the day before, a
H fentanyl patch?

A That is right.
Q And also she had received an injection. Whatever Code A may have been told did you at that time know that?
A We were not told, Code A or I. Code A told me and also he has put it in a diary.

Q I am going to stop you. All I can concentrate on is what actually you were told. But you did not know that your mother had ---
A No, I did not know.

Q Did you meet Dr Barton that day?
A I did.

Q Can you remember approximately what time that was that she came in?
A I think it was around 5 o'clock.

Q Can you tell us, please, how that meeting went? You were there with James and Bridget as well.
A Yes.

Q Tell us how that meeting went; where did it take place and who was there?
A Freda Shaw came into the room and said a doctor was here to see us and I said, "Okay." Code A said, "You and Code A go, Mum, and I'll stay with Code A." So we walked out thinking that we were going to be directed somewhere by the nurse, but standing right in front of the door was Dr Barton – who I now know was Dr Barton; she did not introduce herself. She was standing there, bolt upright, looking at us, briefcase in front of her, and Code A was the first to enter out, Freda Shaw was standing to the left of the door, and Code A looked at her and she just looked at us and she said, "Oh ..." She just turned on her tail to walk down the corridor and Code A said, "Good evening," and she did not respond; she said, "Follow me." So he said to her, "Have you come in specially?" and she said, "Yes, I have come in specially," in quite an abrupt manner which took us aback because we were there on a very sad occasion and it shook us, actually. We were taken down a corridor to a small room on the right , very cluttered and there were three chairs inside in a row and Dr Barton sat at the end and then I sat and then Code A and then Freda Shaw stood by the closed door.

Q Tell us about the conversation that you can remember with Dr Barton.
A Dr Barton said to me, "You know about Code A don't you, and her problems?" and I said, "Yes." She said, "You know that she has multiple myeloma," and I said, "My mother has not got multiple myeloma." I said I had a very good rapport with Dr Cranfield and, no, she did not have multiple myeloma. She said, "Yes, yes, I know you had a good rapport with Dr Cranfield because I have also spoken to her." Then I asked her when Code A Code A had her last blood test, and she told me I think it was 15 or – she got the result on 15 and she did not want to bother me because Code A To be honest, I was in total shock and I just looked at her.

Q Just to interrupt you for a moment, she said to you – do you remember the words that she used as close as possible?
A The words she used as close as possible in reference to the whole conversation?

Q Just in relation to this part about not worrying you?

Code A

Q What did she say about your Mum?
A She said that Code A had multiple myeloma; that is all, and I said she did not.

B Q How did the conversation continue after the comment about Code A position?
A It did not really. I just looked and I was in shock, and I said to Code A "I think we'll leave it there. Okay, thank you very much."

Q Did she indicate at any stage what was wrong with your mother?
A No.

C Q How did that conversation finish?
A I just looked at my son and I said, "That's it." And I said, "Thank you very much, I'll go back to my mother."

Q Did she say anything to you about your mother's prognosis?
A No, she did not.

D Q Did you during that conversation – and it may follow from what you said that I ought to ask you, did she at any stage have any discussion with you about either what had happened the day before with a Dr Taylor or a syringe driver or fentanyl ---
A Never.

Q Or anything like that?
A Never.

E Q Did you know whether at that time your Mum was on a syringe driver?
A No, I didn't

Q After that meeting with Dr Barton where did you go?
A I went back to my mother and I sat with her and held her hand.

F Q Did her state change at all while you were there that night?
A Her breathing was slow but it became much worse the following day.

Q I think you remained until quite late that night.
A Yes, 11.30.

Q Then you returned the following morning at 9 o'clock or thereabouts.
G A That is right.

Q Tell us about the next stage, when you went in to see your Mum. First of all, did you see Dr Barton again, or not?
A No. I never saw her again; and she did not come into the room at all.

Q Did you sit with your Mum through the next day?
H A Yes, all day.

Q Again, did your Mum's state change at all during that day, the Saturday?
A Yes, her breathing was very laboured and it was very uncomfortable to watch her, and very upsetting. She did stop breathing for long periods of time and then suddenly she would give this huge deep breath.

Q Did you remain with her for much of that day?
A I stayed all day and never left her.

Q Did you see a pastor – Pastor Mary – at some stage that day?
A Other members of the family were in and out all day and then Pastor Mary came.

Q Again, did you return on a Sunday, the morning of 21?
A I did.

Q Throughout any of this period did your Mum regain consciousness?
A No, she did not.

Q Did you see Dr Barton again?
A No.

Q At what stage, if at all, did you become aware of the syringe driver?
A It was on the Saturday.

Q Tell us how that came about.
A My son lifted my mother up and propped her pillows. Because of her breathing we wanted to lift her up to make her more comfortable; he pushed up the pillows and lifted them up on to them more and that is when my son found the syringe driver under the pillow. Actually, I did not know what it was because although my husband was on a syringe driver it was very different to that.

Q I think you were not able to stay for the whole of that Sunday. You stayed for part of the morning and then you had to head back to London.
A Yes. About 11 o'clock/11.30ish, we had to go on back to Hammersmith.

Q Was your husband still in hospital at this time?
A Yes, he was.

Q I think you got a call later that evening form the hospital itself to tell you that your Mum had passed away.
A Yes.

Q On the death certificate, which is behind the last tab at the back of the bundle, your Mum's cause of death was shown as chronic renal failure.
A Yes.

Q We know that you only had one meeting with Dr Barton, but can you remember if there was any discussion at that meeting about renal failure.
A Yes, I think she said that she was putting renal failure on my mother's death certificate. She did say that.

Q During the conversation that you had in this funny room that you have spoken about, she told you what exactly? Can you remember her words?
A Yes. Initially, she started off, "Yes, I'll be putting renal failure on the death certificate."

Q Did you say anything in response to that?
A I do not think I did.

Q During the period when your Mum was at Gosport War Memorial Hospital, when you went to see her up until that last Friday, you say that you were able to hold a conversation with her.
A Absolutely.

Q There clearly had been a period, which is why she was admitted to the Queen Alexandra in the first place, when she had been confused.
A That is correct.

Q You never saw her aggressive, but you appreciate that the hospital notes reveal that at times she was.
A Yes. And when I spoke to a doctor I was told that a urinary tract infection can cause confusion.

Q Whilst she was at the Gosport War Memorial Hospital, I think she sent you and your family a number of cards.
A That is right.

Q We are not going to produce them here, but I think you have produced them previously, really just to demonstrate that your mother was able to think and write out in clear sentences.
A Yes.

MR KARK: That is all that I ask you for the moment. Would you wait there, please. Thank you very much.

THE CHAIRMAN: Mrs Reeves, you have been giving evidence for about an hour now. Would you like to take a break before you answer questions from counsel for the doctor?
A I am fine. Whatever is convenient.

MR JENKINS: If it helps, sir, I have one question.

THE CHAIRMAN: There we have it. On that basis, if you are happy, we will carry straight on.

<u>Cross-examined by MR JENKINS</u>

MR LANGDALE: I am going to stay seated, Mrs Reeves, if that is all right. I am sure you can see me. You will remember what I look like because you were at the inquest for quite a lot of the time, I think.
A That is right.

Q Just the one thing, on the day that you saw Dr Barton, can I suggest it was seven o'clock in the evening. It would not have been five because she was seeing ---
A No, I am sorry, I disagree with that. It was not seven o'clock in the evening.

Q At five o'clock she would have been seeing her patients at her general practice. She had come in at about seven.
A I am sorry, I disagree. I am sorry, I disagree.

MR JENKINS: There we are. Thank you very much.

Questioned by THE PANEL

THE CHAIRMAN: Mrs Reeves, it is now that time when members of the Panel have an opportunity to ask questions of you and I am going to check to see if any of them do have questions.

First, Mrs Pamela Mansell, who is a lay member of the Panel.

MRS MANSELL: I am a little confused about the meeting that you had with Dr Barton and what transpired at that meeting. You asked for that meeting, did you, with Dr Barton?
A No, I did not.

Q But Dr Barton was prepared to see you on that day, so you went with her to that room where the three of you were sat together.
A No, I was visiting my mother, and while I was at the hospital the nurse Freda Shaw came in and said, "The doctor is here to see you," and we were shocked. We had not asked to speak to a doctor, but we just assumed that she had come to notify us of what was going on.

Q I do not really have the picture as to what you were told by the doctor at that meeting.
A She told me that my mother was in kidney failure. She told me that my mother had multiple myeloma.

Q That is the one to which you objected.
A I am sorry?

Q That is the one where you disagreed – that your mother did not have that.
A Yes, I disagreed with that.

Q Okay. It was at that meeting that you were told about your Mum having the kidney failure.
A Multiple myeloma – which I knew she did not have. And that is when I questioned Dr Barton.

Q But also about the renal failure.
A I did not question her about the renal failure. She said she was putting renal failure on the death certificate.

MRS MANSELL: Thank you. I am clear now.

THE CHAIRMAN: Mr William Payne is a lay member of the Panel.

MR PAYNE: Good day to you. I would like to pursue what my colleague has just asked you about because I am still a little confused with regards to this particular meeting. Was the only time that Dr Barton mentioned renal failure when she said to you, "I will be putting renal failure on the death certificate."

A To me?

Q Yes.

A Or to the family.

Q To you.

A To me, yes.

Q And that is the first time you knew about that particular condition that your mother had.

A No, because my brother had told me when he called up that Mum was in renal failure.

MR PAYNE: Right. That clears up the confusion that I have. Thank you very much indeed.

THE CHAIRMAN: Dr Roger Smith is a medical member of the Panel.

DR SMITH: I am sorry; I am going to come back to that as well, because I am trying to get a feel of that very distressing moment for you. You went into the room with Dr Barton, you sat down in the room.

A With my son.

Q With your son. Can you, again, tell us exactly what you remember being said, if you can remember the nearest words.

A She said, "Well, you know about your mother's illness, don't you?" I looked at her and I said, "Yes," and she said, "She's got multiple myeloma." I said, "My mother did not have multiple myeloma." I said I had a very good rapport with Dr Cranfield, and she said, "Yes, I know. I've also spoken to Dr Cranfield." I said, "Oh." She said, "I'll be putting renal failure on the death certificate."

Q She did not say to you, "Your mother is dying." You did not say, "Is my mother dying?"

A No, I did not.

Q Did you then say: "So my mother's dying"?

A No, I did not. I did not even think about those words. My mother was comatosed.

Q Yes. I am sorry if this is a distressing ----

A I am sorry, my brother had already told me on the telephone that Dr Barton had told him that she had 36 hours to live.

Q No.

A Is that what you are ----

Q No, we are not allowed to know what your brother told you.

A No, but that is how I knew. That is why I rushed there.

Q My next question was going to be – and forgive me for putting it like this and I do not mean to upset you – why, faced with that situation, did you not say, "So my mother's dying?"
A I do not know. Because I assumed she was. I assumed she was, having been told by my brother. And when I got there and the nurse has already told me, "She won't know you, love," that was obvious to me that my mother was dying.

Q And that was the end of the ----
A I did not look up to the doctor and say, "So my mother's dying." It was obvious to me my mother was dying.

Q And that is the sum total of your conversation with Dr Barton.
A It is.

Q I do not want you to say any more than yes or no to this: Did your son ask her any questions?
A No.

DR SMITH: Thank you very much. I am sorry for taking you through that again.

THE CHAIRMAN: Mr Jenkins, do you have any questions arising out of those from the Panel?

MR JENKINS: No, thank you.

THE CHAIRMAN: Mr Kark?

MR KARK: No, thank you.

THE CHAIRMAN: Mrs Reeves, I am pleased to be able to tell you that that brings your ordeal today to an end. The Panel are very conscious of the difficulties and the stresses that witnesses in your place face when asked to give evidence to the Panel, and we are extremely grateful to you for your testimony. It has been most helpful. We understand also that there has been a certain amount of messing around, moving you from one venue to another in order to find facilities that would link with our own. We are most grateful to you for sticking with us through those times. Thank you very much indeed.
A It was important for me too.

Q Thank you.
A It was important for me too. Thank you very much.

THE CHAIRMAN: Thank you. You are free to go now.

(The witness withdrew)

MR KARK: For the rest of today we will be reading statements. Just to make sure that we have everything in order, could I ask for a longer break now. I want to be sure that when we read the statements to you, we read them with all the right references provided.

THE CHAIRMAN: In so far as the statements that refer to this patient are concerned, do you need time to prepare those?

MR KARK: We have spotted one or two pages that you do not have.

THE CHAIRMAN: It is your intention also to be reading to us statements ---

B MR KARK: I see where you are going. We are moving on to Patient G.

THE CHAIRMAN: It is really a matter of whether we first finish the reading of the statements in relation to Patient K, and then break, taking an extended period so that the Panel is able to read everything in relation to Patient G, and then hear from you.

C MR KARK: You are absolutely right. If we have the normal break now, we can read the two statements in relation to the patient from whom you have just heard, and then we can move on to Patient G. In terms of managing what is going on and to help your understanding of the case, it is probably easier not to start reading into another patient before you hear back about Patient K.

THE CHAIRMAN: Very well. We will break now for 15 minutes.

D MR JENKINS: Sir, before you do, in other cases I have certainly taken the witness to the relevant documents. I did not do it with Mrs Reeves because obviously she is a long way away and she does not have the medical records in front of her. So that the Panel know, the entry by Dr Barton for 19 November 1999 is on page 157. I am sure you have flagged it up. The corresponding entry in the nursing records starts at page 223. At the top of page 224, you will see the reference to the son being seen by Dr Barton and there is an entry on page 224 timed at 2000 hours: "Daughter has visited – seen by Dr Barton."

E THE CHAIRMAN: Very well. Thank you.

We will return at just before five past 11, please.

(The Panel adjourned for a short time)

F MR KARK: Sir, in a moment I am going to ask Mr Fitzgerald to deal with the two statements of Doctors Taylor and Cranfield, but before I do, perhaps I could tell you that I have been having a rethink about Patient G. Having re-read again the two statements of Shirley Sellwood and Pamela Gell – they are both very short, I do not think either or them will take longer than two or three minutes to read – it seems to me much more sensible that we hear form Charles Farthing first.

G When I created this list, I was worried about losing too much time today, but if the reality is that you are going to be reading Patient G's notes – and those, I can tell you, are pretty substantial and I think will take you a good part of today to read through – I would much prefer to delay the reading of those two witnesses until you have read Arthur Cunningham's notes and then we have heard from Charles Farthing, and then we can read them in the normal order.

H Unless the Panel are very keen that I should read those two statements today, that is what

I would prefer to do.

THE CHAIRMAN: That certainly makes sense. We at the moment appear not to be in any great difficulties with time. In fact, it looks as if we are likely to finish somewhat earlier in the main.

MR KARK: I would not take this week necessarily as being a prognosis for that.

THE CHAIRMAN: Very well. Would it be appropriate for us to read the notes today, Friday, and then not look at it until Monday when we hear, or should we read them on the Monday?

MR KARK: I think Monday is going to be a very full day. We have Charles Farthing, who has quite a bit to say, and Ian Wilson, and then Gillian Kimbley when we are moving on to Robert Wilson. That is quite a full evidence day.

Of course it is a matter for the Panel, but I think it would probably help you if you were to read Mr Cunningham's notes at least once through and make your own highlighting and flags. Certainly my own experience is that when I have come back to things they are much easier second time round than they are on first reading. I would suggest that you spend a bit of time, if you are able to, reading on Patient G today and then perhaps refresh your memory on Monday.

THE CHAIRMAN: I have no difficulty with the first part. In terms of refreshing our memories on the Monday, are you suggesting that the Panel start at 9.30 and the parties arrive at ten o'clock so that that re-reading can have happened.

MR KARK: Certainly I would like to start as close to ten o'clock as possible, sir.

THE CHAIRMAN: Unless there are any objections, that is how we will do it. When we finish formally today the Panel will stay to read, and then we will come back at the normal time on the Monday and have half an hour refreshing our memories before the parties join us at ten o'clock.

MR FITZGERALD: Sir, I am about to read two statements, a statement from Dr Joanna Taylor and Dr Tanya Cranfield. Before I do that, could I ask for the Panel to receive a few pages of additional notes from the patient records which I have here?

THE CHAIRMAN: Are they additional documents or are some of them replacement documents?

MR FITZGERALD: They are all additional.

THE CHAIRMAN: Thank you very much. (Documents distributed and placed in bundles)

MR FITZGERALD: Perhaps I could make a very minor amendment at the same time to the chronology. At the front of the file of Patient K, on the third page of the chronology, the second entry relates to 14 October 1995 and in the third and fourth columns there is a reference to patient assessment running from page 395. In fact that runs from page 393 and those are most of the pages you have just been handed.

THE CHAIRMAN: We will make that amendment.

MR FITZGERALD: Thank you. Firstly dealing with Dr Joanna Taylor, Dr Taylor made a brief witness statement for the purposes of the GMC proceedings, saying this,

> "I make this statement in relation to the General Medical Council investigation into Dr Barton. I previously gave a statement to Hampshire Police. Exhibited to this statement and marked 'JT1' is a copy of my statement dated 14 July 2004."

I will read that in a moment.

She then says:

> "I have had the opportunity to re-read my statement of 14 July 2004 and would like to make the following amendments..."

She then lists a number of amendments which I will simply amend as I read out the statement rather than going through them now. She said that she had no other amendments to make. She said that she understood that the statement may be used in evidence for the purposes of a hearing before the GMC's Fitness to Practise Panel and for the purposes of any appeal. She confirms that the facts stated in the witness statement are true.

Moving on to the witness statement, it is a statement of Joanna Taylor dated 14 July stating her occupational as a staff grade psychiatrist. She says this:

> "I am presently employed by East Hants Primary Care Trust as a Staff Grade Psychiatrist working at St Christopher's' Hospital Fareham. I have two roles for the East Hants Trust at the moment, one is within the day hospital at St Christopher's that I have been doing since November 1999 and one in the community i.e. home visits which I have been doing since November 2003.
>
> I obtained a Bmed Sci degree (Basic Medical Science) in 1984 studying at Nottingham University. I also obtained a BMBS (Batchelor of Medicine and Bachelor of Surgery) in 1986, also in Nottingham. I also have a certificate of General Practice Vocational Training in 1994 that allows me to practise as a General Practitioner and was overseen by the Royal College of General Practitioners. I also have a diploma in Occupation Medicine. My GMC No is 313796. I have recently, April 2004, obtained 'Section 2 Approval' I obtained this via a training course and you also have to have been recommended by two people to have a certain amount of experience in mental health, health care. This allows you to 'section' people, i.e. admit people to hospital under the Mental Health Act.
>
> After I qualified in 1986 I worked as a junior doctor from August 1986 to July 1987 at the Derby City Hospital and at the Royal County Hospital, Ryde.
>
> From August 1987 to January 1991, I was a senior house doctor at Derby City Hospital and Derbyshire Royal Infirmary. From February 1991 to January 1994, I completed my GP Vocational Training at St Richards Hospital, Chichester and at two GP practices.

From January 1994 I worked at General Practice as a locum in Fareham and Gosport and Brisbane, Australia until November 1999. Whilst working as a locum in the Fareham and Gosport area, I was also employed as a Clinical Assistant in the Elderly Mental Health at the Gosport War Memorial Hospital, from February 1996 to November 1999.

Also from April 1998 to November 2003, I was an Occupational health Physician, at Tyco Health UK, Gosport, a private company.

Whilst employed at the Gosport War Memorial Hospital, I worked four, four hour ward sessions each week on Mulberry Ward, which was a ward which catered for elderly patients with mental health problems. I was working as Clinical Assistant looking after the medical needs of the patients and also looking after the patients' psychiatric needs. I reported back to a consultant, the consultants had the overall responsibility of the patients and the consultants at that time were Dr Lusznat, Dr Mears and Dr Banks.

At that time I was also doing one session a week of community work for Dr Lusznat and St Christopher's Hospital. My work at the Gosport War Memorial Hospital involved the general patient medical care, i.e., admissions, asking for blood tests and treating and caring for medical complaints, i.e. pains, falls.

... I have been asked to detail my role in the care and treatment of Elsie Devine. I have not personal memory of Elsie Devine but from referral to entries in her medical notes."

Dr Taylor then refers to the notes that we have and says that she can say various things. Referring to the note that the Panel has in the bundle at page 164, she says:

"I can say that [this note] refers to my visiting patient, in this case Elsie Devine on a ward at the consultant's request. On this occasion I visited Elsie Devine on F3 Ward at the QA Hospital on 14.10.99 and I recorded in her medical notes..."

Then Dr Taylor transcribes the notes for us and it may be helpful if I read that given that the note is in handwriting. It says this:

"14.10 Elderly Mental Health.

Thank you. This lady has settled a little in her behaviour. She has been deteriorating at home and unable to cook etc since Jan 99. It's likely that she has dementia and had an acute episode 2° to UTI. Her daughter is no longer able to cope because of her husband's illness and I would suggest that she is referred to social services for placement. She will need residential care with experience in dealing with confused patients. If her behaviour does not deteriorate again, we will need to transfer her for further assessment. MMSE 9/30 serve dementia".

Dr Taylor goes on in the statement to say:

"I then signed the entry. She has settled in her behaviour means what it says. She has been deteriorating at home and unable to cook etc since Jan 99. This would have

been deteriorating in her mental health and being able to look after herself. Dementia is an overall term in mental functioning usually caused by an underlying illness, it is memory loss and global functioning, i.e. putting on one's clothes, washing, writing, cooking, understanding and sequencing tasks. An acute episode is when you deteriorate quite suddenly. I believe that this was secondary to a urine infection (UTI Urinary Tract Infection). By 'placement' I mean putting into a residential home. I have finished the paragraph by saying that if she deteriorates further, she would have to be transferred to Mulberry Ward for further assessment.

MMSE means Mini Mental State Examination which is basically a test that is administered to test for dementia. Her score was 9 out of 30 which is very low and she would have come under the severe category."

MR JENKINS: May I assist; it is page 401 in the documents.

MR FITZGERALD: Dr Taylor then refers to the notes that she made relating to this initial assessment which are the notes that run from pages 393 to 404 within which the page that you have just been referred to appears. These notes now starting from page 393, Dr Taylor says

"[They] relate to my initial assessment of Mrs Devine regarding her mental health that I carried out on 14.10.1999 at the QA Hospital. I signed the assessment as its conclusion".

In the statement Dr Taylor transcribes those notes, but then provides an explanation of the most salient points. I will give the Panel a moment or two to familiarise themselves with the notes.

(After a pause)

As I said, Dr Taylor goes on in the statement to explain some of the more salient points from it, starting at page 394, Dr Taylor says,

"[Page 394] shows that the referral was made to the consultant by Dr Cooper. I went on the consultant's, Dr Luznat's, behalf. The reason for the referral was acute chronic confusion, i.e., she had been confused but had deteriorated suddenly, also her daughter was finding it difficult to cope".

Then the next page, page 395,

"[Page 395] relates to what the patient, Mrs Devine, said to me. I would have asked about her current situation and have recorded what she told me. It would not have been verbatim but the sense of what she said. On two occasions I have written notes and these entries relate to notes that I took from Mrs Devine's medical notes. This would have been a précis of what I read and I included these to assist in writing a letter of reply to the referrer and to get a sense of what was happening as people's mental conditions can change. 'From informant' [the centre of the page on the left] relates to information taken from the ward staff. The last entry reads 'taking medication" and the rest are self-explanatory. I have also spoken to the daughter

regarding Mrs Devine's condition. I do not know whether this was a personal visit or telephone call, the entry again is self-explanatory."

This is on the right hand side of the page in the middle.

"An arrow down means a deterioration i.e., a deterioration since January and in her cooking ability and memory, the daughter stated that she was going to London whilst her husband was in hospital there".

Moving on to pages 397, in relation to page 397, Dr Taylor says:

"I have recorded her past medical history. I have recorded multiple myeloma (cancer) and hypothyroid (a low thyroxine level). This history may have been taken from the patient's notes or from the patient herself. Past medical history means that these are medical conditions that the patient has or is suffering from. But the term by 'past' is used as these were conditions that had been diagnosed previously and I would not be treating that condition, but it is recorded as it may have a bearing on the condition I was concerned with, i.e. her mental health.

Past psychiatric history. I have recorded as 'Nil' again due to the reason that Mrs Devine had, as far was aware, never had a previous psychiatric problem."

Moving on to the next page, page 398:

"Her current medication, as far as I was aware, was Thyroxine 100 mg for treating hypothyroid. Frusemide 80 mgms and Amiloride 5gms for treating heart failure and Cefaclor 37.5mgs, an antibiotic. BD is twice daily, OD is once daily. I recorded these from Mrs Devine's prescription chart and were not prescribed by me."

Over the page to page 399:

"[Page 399] relates to her personal care, in this case it is most likely that I was able to complete the assessment by asking members of staff, and or I may have used the information from the daughter but I cannot be sure. Carer needs relates to Mrs Devine's carer, i.e. her daughter and I have recorded that her husband has leukaemia and is having a bone marrow transplant in London. I have recorded six weeks. I unable to say whether that means in six weeks' time or for six weeks.

Physical examination for her sight I have recorded that she suffers from cataracts, again this may have come from her notes or from the patient. I have also recorded that her hearing was poor, that would have been my own observation.

MSE is Mental State Examination, for speech I have recorded ñ which is shorthand for normal. My assessment of her mood is my observation of how she was; she was cheerful, friendly, cooperative, thinks that her daughter is on holiday and she has no idea where she is. Hallucinations, I have recorded now settled, meaning at that time she was not suffering from hallucinations. Hallucinations can be caused by dementia, illness, medication side effects, psychiatric illness. Insight, I have recorded no problems with memory. That would be the patient saying that she had no problems with her memory.

Cognition 9/30 is her test score."

Moving on to page 401:

"401 is the MMSE test marks given in response to questions asked. The questions are designed to measure the patient's mental state. I have recorded at the top of the form 'V.deaf', i.e. very deaf, and the low score could have been as Mrs Devine did not hear me properly."

Moving on to page 403:

"403 is a risk assessment of what I think the patient may be at risk from. This is completed for what I had gathered from the patient, staff, daughter, notes and my own observation. I assessed her risks as medical myeloma, hypothyroid and urine tract infection, her psychiatric risks as confused and wandering and further observation I made was that the patient would need residential care."

Lastly, page 404:

"404 relates to a summary of the overall assessment and a plan of care. I have made a list of the psychiatric problems as dementia and I have queried whether the cause of the dementia is SDAT, senile dementia, Alzheimer's type. Alzheimer's disease is an organic deterioration of the brain's function.

I made this diagnosis on the patient's history and the mental health assessment. The main physical problems listed as myeloma, chronic renal failure. I have recorded chronic renal failure as it was on the initial referral. From her initial management I asked that the patient be referred to social services for residential care and that if her condition deteriorates to transfer her to Mulberry Ward at GWMH."

Moving on from these notes Dr Taylor says:

"From my assessment I wrote two letters, one to social services ..."

And this appears at page 411 of the records. I will ask the Panel to read that quickly. (The Panel read)

Dr Taylor says:

"I dictated this on 15 October 1999 and it is my referral to them regarding Mrs Devine, including a copy of my assessment on 14 October 1999."

The second letter is the letter to the referrer, Dr Cooper, and this appears in the bundle at pages 29 to 30. It is a more detailed summary of the examination we have just been through and maybe I could allow the Panel a moment or two to read that. (The Panel read)

THE CHAIRMAN: This is one that we have read before, albeit that we have a larger font copy now.

MR FITZGERALD: I am very grateful. In which case I will go on. Dr Taylor says:

"It is signed by me; it says what it means, although the phrase 'put her away' would have come from the patient herself."

The reference for that is in the middle of page 30; the paragraph next to the top hole punch ends with the words "and feels that her daughter has put her away".

The letter makes use of an acronym EMI and Dr Taylor says:

"EMI means Elderly Mentally Infirm and it is a title that social services use to identify a home that is capable of dealing with someone who is very confused or difficult to manage because of mental health problems."

EMI appears in the last paragraph of the letter. Dr Taylor moves on:

"On 18 October 1999 I received a phone call from Mrs Reeves, Mrs Devine's daughter. I made a note in her mental health records."

And this appears at page 407. It is transcribed by Dr Taylor and she says this:

"It reads: phone call from Mrs Reeves, daughter, F3 are transferring Mrs Devine to St. Christopher's. Worried as Mrs Devine's mother there 30 years ago, bad experience, feels Mum will deteriorate. Has looked at Merry Hall as know owner ? able to cope ? confused pt."

MR JENKINS: *(Sotto voco)* With.

MR FITZGERALD: It is pointed out that that may more sensibly read as "able to cope with confused patient" and Dr Taylor has transcribed it as a question mark; but there it is. And it says:

"Review patient at SCH."

Dr Taylor explains:

"Merry Hall is a local residential home. As she knew the owner ? means a query as I was querying whether Merry Hall could cope with a confused patient. I made a note to review the patient when she got to St. Christopher's Hospital."

Then dealing with the other note that appears on the same page, 407, Dr Taylor says:

"On 18 November 1999 ..."

So a month later:

"... I made another note in this review mental health note that reads:

'Mrs Devine now at Dryad GWMH. Transferred 21.10.99. Aggressive, wandering, moving other people's clothes, refusing medication, poor appetite.

Review in ward, happy, no complaints, waiting for her daughter, not obviously paranoid; says tablets made her mouth sore.

Plan – transfer to Mulberry C when bed available.'"

Dr Taylor explains:

B

"Aggressive, wandering, moving other people's clothes, refusing medication and poor appetite would have been what I was told by other people or from the patient's notes. Reviewed on ward relates to my observations of the patient and what she said and is in general terms. I got the impression that she was happy, had no complaints, waiting for her daughter, not obviously paranoid. Paranoid is having an abnormal thought thinking people are doing things to you when they are not, i.e. stealing your property. She told me that the tablets made her mouth sore. I have recorded as my plan for her

C

to be transferred to Mulberry C Ward when a bed is available. This was following a visit to Dryad Ward."

Dr Taylor then refers to a note at page 157 of the bundle. It is the first entry in the clinical notes on page 157 and this note, she says:

"... relates to the same visit and is basically an entry into her medical notes to inform

D

them of what I found and what the plan was. It reads:

'18.11.99 Elderly Mental Health.

Thank you, this lady has deteriorated and has become more restless and aggressive again. She is refusing medication and not eating well.

E

She does not seem to be depressed and her physical condition is stable. I will arrange for her to go on the waiting list for Mulberry Ward.'"

And it is signed by Dr Taylor.

"By deteriorated I mean in her mental health, she was now more aggressive, more restless, refusing medication and not eating."

F

Dr Taylor goes on to give general assistance with what dementia is.

"Dementia is a syndrome due to disease of the brain usually of a chronic or progressive nature, in which there is disturbance of higher multiply higher co-dilate functions, including memory, thinking or coordination, comprehension, calculation, learning capability, language and judgment. Consciousness is not clouded.

G

Alzheimer's is a primary degenerative cerebral (brain) disease of unknown cause."

And that is the statement of Dr Joanna Taylor.

Sir, I will now go on to deal with the statement of Dr Tanya Cranfield. She made a very brief statement for the GMC, signed by her on 3 March 2008 where she said this:

H

"I am a Consultant Haematologist at the Queen Alexandra Hospital and have held this post since March 1994.

Exhibited to this statement and marked TC/1 is a copy of my witness statement dated 20 October 2004.

I can confirm that I have been given the opportunity to add to or amend this statement but do not wish to do so."

And she confirms that she understands that the statement may be used in evidence in these proceedings.

She says:

"I believe that the facts stated in the witness statement are true."

Moving on to the statement dated 20 October 2004. The name of Tanya Georgina Cranfield; occupation Consultant Haematologist; and she said this:

"I am Dr Tanya Georgina Cranfield. I am the Senior Clinician of the Haematology Department, Queen Alexandra Hospital, Portsmouth.

I am a Consultant Haematologist and I have been in post at the Queen Alexandra Hospital since March 1994.

In my post I have clinical responsibilities which include investigation, diagnosis, management and treatment of patients with haematological disorders (blood diseases) in outpatient, day unit and inpatient settings.

My laboratory duties include laboratory management, bone marrow sampling and data interpretation of the various tests carried out by the laboratory and communicating the results to the requesting clinicians.

I also provide advice in relation to the treatment of blood and bone marrow disorders. This would normally result in the patient being brought under the care of the haematology clinical team.

The clinical team comprises of four other consultants, two registrars, two ward based senior house officers and specialised nursing staff covering the haematology ward and day units.

I have been asked to detail my involvement in the care and treatment of Mrs Elsie Devine. I have no personal memory of this patient. However, by referring to Mrs Devine's medical notes including letters written by myself and other doctors involved in her treatment I am able to provide the following information.

Elsie Devine, date of birth Code A was referred to me by Dr Logan, Consultant Geriatrician in Elderly Medicine at the Queen Alexandra Hospital, Portsmouth.

Referral was made following a clinic held by Dr Logan on 15 April 1999 at

St. Mary's Hospital, Portsmouth, attended by Mrs Devine.

The referral was made in the form of a letter typed on 19 April 1999. I have been shown a copy of this letter ..."

Sir, that appears in our bundle at page 89. Would you like a moment to read the letter?

B THE CHAIRMAN: Again, this one we have had before and we have read it.

MR FITZGERALD: Dr Cranfield says that the first page has been marked in manuscript, "Thurs" – Thursday – "13/5. 9.15. New patient soon." She says:

"Certain parts of the letter have been underlined.

C The underlining and note of 'new patient soon' are markings made by me.

The note of 'Thursday 13/5, 9.15' is a note made by one of the secretaries in the office and is the date of an appointment sent to Mrs Devine to attend the haematology clinic at the Queen Alexandra Hospital.

D Dr Logan's letter, in short, details his findings so far, as a result of tests carried out, to date, on Mrs Devine.

At the end of the letter on page 89, Dr Logan states:

"Therefore this lady has nephrotic syndrome and a paraproteinaemia. I'm not sure whether she has myeloma, or perhaps she has some other haematological or lymphoreticular disease as a primary problem."

E

Dr Cranfield explains:

"Nephrotic syndrome is the leaking of protein from the kidneys. This leads to low levels of protein in the blood.

The protein leaked from the kidneys would have been passed out of the body in the F urine thereby causing a high level of protein in the urine.

The depletion of the body of protein would cause various problems to the whole functioning of the body, including swelling of the legs.

Paraproteinaemia is caused by the white blood cells within the body producing an excessive amount of a part of a protein antibody called immunoglobulin.

G

Dr Logan's letter identifies that Mrs Devine is suffering from the above conditions and refers to Mrs Devine to me to try and identify the cause of these conditions, suggesting myeloma or other blood disease as possible causes.

Myeloma is a form of cancer of the white blood cells. Its presence would create a number of problems for the body, including bone breakdown, toxic levels of

H

calcium, kidney failure. It can also be the cause of nephrotic syndrome and paraproteinaemia.

Dr Logan referred Elsie Devine to me to consider if it would be appropriate for me to carry out bone marrow tests in order to establish if Mrs Devine had myeloma.

A bone marrow test would give a good indication of whether or not Mrs Devine had myeloma.

As a result of Dr Logan's referral Mrs Devine was sent an appointment at the haematology clinic for 09.15 am on Thursday 13 May 1999.

...

On Thursday 13 May 1999 Mrs Devine attended the haematology clinic at Queen Alexandra Hospital together with her daughter.

At the time I had a tendency to make my record of a visit of a patient in the form of a letter which I dictated at the time. This would then form part of the patient's medical record. This creates a more legible and fuller record.

On 13 May 1999 I have made a note on the medical record of Elsie Devine."

This is a note that appears at page 144. it is the note which occupies essentially the bottom half of that page. Dr Cranfield transcribes the note.

"This note reads as follows:

> '13 May 1999 haematology clinic. Renal ultrasound shows both kidneys small. No other abnormalities seen in renal tract. Chest x-ray showed small right pleural effusion. Skeletal survey – osteoporosis. No lytic lesions. Dr Lancaster. Oedema legs to lower back/sacrum. Blood pressure 140/80. Nil else. Only problem complaining of poor mobility due to legs swelling. Frusemide not making much difference.'

From the above notes I dictated a letter to Dr Logan which was typed the same day."

This is a letter that appears at page 75. You can see that it is a letter to Dr Logan from Dr Cranfield with a clinic date of 13.5.99 at the top. Dr Cranfield confirms that this is a copy of the letter "prepared from my notes of my examination of Mrs Devine" on that day.

"My examination of Mrs Devine on 13 May 1999 was in part to satisfy myself that the obtaining of a bone marrow sample from Elsie Devine was justified. Mrs Devine was 87 years old at the time. The obtaining of a bone marrow sample involves drilling into the bone, usually in the pelvis in order to extract the bone marrow.

This is done under local anaesthetic but it is uncomfortable and can also cause complications.

Having carried out my examination of Elsie Devine on 13 May 1999, I was satisfied that a bone marrow test was justified in her circumstances. I therefore obtained a bone marrow sample from her that day. Arrangements were made for Mrs Devine to attend the haematology clinic in two weeks time to review the results of the bone marrow tests.

During my examination of Mrs Devine I would have had the results of the investigations carried out by Dr Logan or at his instigation. This would form part of my note and explains my markings [the letter at page 89 – the one with the underlinings]. My letter [at page 75] is compiled from Dr Logan's findings and my examination to justify the bone marrow test.

I have been asked to explain in laymen's terms the meaning of my notes of 13 May 1999 and my letter of the same date.

On 13 May I saw Mrs Devine at the haematology clinic at the Queen Alexandra Hospital.

The previous ultrasound examination of Mrs Devine's kidneys showed them both to be small in size and no other abnormalities seen in her urinary tract.

A chest x-ray showed a small amount of fluid on the right side. A survey of Mrs Devine's skeleton showed generalised thinning of her bones BUT NO HOLES which would have been an indication of myeloma. The generalised osteoporosis (thinning of the bones) was in my opinion more likely to have been as a result of Mrs Devine's age (87 years) as opposed to myeloma which can also cause thinning of the bones. Dr Lancaster is a note of the name of the doctor who carried out the skeletal survey.

On examination of Mrs Devine I found that she had oedema (which is swelling caused by fluid retention). This swelling was apparent in both legs and extended to her lower back and waist area.

I my letter I describe her oedema as 'pitting'. This means that when pushing a thumb into Mrs Devine's swelling a hole or pit remained for a period of time.

Mrs Devine's blood pressure was taken and found to be 140/80 which is normal.

'Nil else' is a note I have made to indicate that Mrs Devine had no other apparent problems.

I have made a further note which summarises Mrs Devine's response to my direct question regarding any complaints of her condition.

'Only problem complaining of poor mobility due to legs swelling.' I have expanded on this note in my letter at page 75 to say:

> 'Her only complaint is of bilateral leg oedema (swelling due to fluid retention in both legs). Extending to her sacrum (lower back/waist). The swelling has been present for one year, causes her legs to ache and impedes her mobility. Frusemide (frusemide is a drug used in the treatment of water retention) has

made little impact on her leg swelling which is best controlled by elevation (putting her feet up). She had no other complaints on direct enquiry.'

Dr Cranfield goes on:

"An appointment was made for Mrs Devine to return to the haematology clinic in two weeks time on 27 May 1999 .

I have been shown a document .... This document is the result of a skeletal survey of Elsie Devine conducted on 29 April 1999."

This is in the bundle at page 383.

Dr Cranfield said:

"It is to this result that my note of 13 May 199 refers."

She refers to the note and the results of the skeletal survey.

"The content in layman's terms of this result I have already explained. This result was available to me on 13 May 1999 when I examined Mrs Devine..."

Dr Cranfield says,

"A note has been made dated 27/5/99... This note I recognise as mine ..."

It appears at page 15. It is the note at the top half of the page of clinical notes. Dr Cranfield transcribes it.

"... it reads as follows:

'7 May 1999 phone call from daughter Mrs Reeves ... [There is a phone number.] Unable to attend clinic (car broke down on motorway).

Told:

'No evidence of multiple myeloma to date. May evolve at a later date. Needs monitoring but no treatment.

Will probably require steroids for nephritic syndrome.

Will discuss with Dr Logan and possibly Dr Stevens. Then will arrange follow up.'

I have then listed the results of the tests carried out on Mrs Devine to date which I will deal with later in this statement.

To explain the first part of the note: on 27 May 1999 Elsie Devine was due to attend the haematology clinic to discuss the result of her bone marrow test.

I received a phone call form Mrs Devine's daughter Mrs Reeves ... explaining that her mother had been unable to attend her appointment as their car had broken down en route to the motorway. I then told Mrs Reeves that there was NO EVIDENCE, at that time, of her mother having multiple myeloma (cancer of the blood), however that it may evolve at a later date and, therefore, there was a need to monitor her condition but at that time she did not require any treatment. I believe that during the conversation I implied that further results were still awaited.

I also told Mrs Reeves that I would be discussing her mother's results with Dr Logan (the consultant referring Mrs Devine to me) and also Dr Judith Stevens regarding her mother's future treatment.

I told Mrs Reeves that a follow-up appointment would be arranged.

Dr Judith Stevenson is a consultant renal physician at the Wessex Renal and Transplant Unit. It is often the case that patients and relatives, on receiving he news that they or someone close to them is not suffering from a form of cancer, are so relieved that they have not got an illness that they perceive as being fatal, they forget that they are still potentially very ill.

The remainder of my note [page 151, the bottom half of the page] are rough notes which are a summary of relevant results obtained to date. I have numbered these notes for ease of reference when giving my explanation of them."

She works down them, giving each line a number.

"1. IGA Lambda paraprotein with immune paresis: this is a note that the abnormal protein was present in the blood associated with suppression of normal antibody protein levels.

2. No Bence Jones Protein: this is a note that there was no myeloma protein present in the urine.

3. Sterile pyuria: this note is that there are white cells in the urine but no evidence of infection.

4. Urine protein 4.5g per 24 hours: this note is an observation that the quantity of protein in the urine is indicative of nephritic syndrome.

5. No coagulopathy: this is a note that there had been no loss of the clotting ability of the blood.

6. Autoimmune profile – negative: this is a note that there was no evidence of any disease or condition leading to the auto destruction of the kidneys by the immune system."

She explains the acronyms that follow on that line as: rheumatoid factor; antinuclear antigen; compliment; and antinuclear cytoplasmic antigen, and explains that these are all tests carried out in relation to the autoimmune profile.

"7. Deteriorating renal function and albumen: this is a note that the kidneys were losing albumen which is a further indication of nephritic syndrome. The kidney function was worsening and the condition was continuing."

Dr Cranfield then goes on to the document that is at page 73. She says,

"This document is a letter prepared by me to Dr David Poller dated 2 June 1999. The letter is a request to Dr Poller to carry out a further test on the bone marrow sample obtained from Mrs Elsie Devine on 13 May 1999. In my letter I ask Dr Poller to arrange for the bone marrow sample to be stained Congo Red and then for him to review the same for evidence of amyloid.

Amyloid is a plasma cell disorder which is self cloning and is a disease associated with abnormal proteins.

This which in turn may be a cause of nephritic syndrome which may be caused by the abnormal protein accumulating in an organ in the body (in this case the kidneys) causing the organ to malfunction.

In my letter I detail the results of the examinations so far including the earlier bone marrow tests."

Sir, given that, in a sense, one has already dealt with the important points, I will seek to summarise as far as I can the remainder of this statement. Obviously if there is a matter of detail that the defence would like me to mention, then of course I will.

Dr Cranfield then refers to the document at page 69 of our bundle explaining that this is the letter from her to Dr Judith Stevens, the consultant renal physician, dated 2 June 1999. She explains that it details the diagnosis of nephrotic syndrome and the lambdaparaprotein.

She refers to a discussion on the phone that she did not feel there were sufficient criteria to treat myeloma, although she would be willing to offer chemotherapy if Dr Stevens felt the paraprotein was directly related to her renal damage. She clarifies in her statement that the tests carried out so far on Mrs Devine's bone marrow showed insufficient evidence for the diagnosis of myeloma or lymphoma.

"Dr Stevens is a kidney expert, therefore as Mrs Devine's problems appeared to be caused by a problem with her kidneys I was referring Mrs Devine for her 'expert' opinion as to the cause of her illness".

There is a reference very close to the beginning of the letter to a cretainin level 160 MicroML. She says that the use of chemotherapy and steroids are both regarded as aggressive forms of treatment of a condition and are therefore not forms of treatment embarked on lightly, particularly in a patient of 87 years of age.

Dr Cranfield then refers to the letter that appears at page 71 of the bundle and confirms that this was a letter dictated by her on 2 June 1999 addressed to Dr Logan at the Queen Alexandra Hospital. It also contains the results of all the tests carried out to date, including the bone marrow test. The third paragraph of the letter ends with the sentence,

"There is insufficient evidence for the diagnosis of myeloma or lymphoma".

Then:

"The fifth paragraph of this letter further states my reluctance to offer aggressive treatment such as chemotherapy and/or steroids to an elderly lady with a deteriorating kidney function when it was not clear what the cause of this was ...
The final two lines of the letter are self-explanatory,

'I have arranged to see her again in two months with blood tests prior to monitor her paraprotein. I am happy to see her earlier if need be.'"

I am not sure if her small lambdaparaprotein is responsible for her nephrotic syndrome or is an incidental finding. The fact that both kidneys are small on abdominal ultrasound is against the diagnosis of amylordosis and there is no other clinical evidence to point to this diagnosis".

Dr Cranfield then refers to the letter at page 67 of the bundle which is self-explanatory. She says in the statement,

"The purpose of this was to monitor Mrs Devine's paraprotein as detailed in my letter to Dr Logan".

Dr Cranfield mentions the letter at page 61 of the bundle next, a letter to Dr Cranfield from Dr Stevens, the consultant renal physician relating to a clinic health on 8 June 1999. She says,

"In the final paragraph of this letter Dr Stevens as a 'renal consultant' expresses her opinion that Mrs Devine's small kidneys are likely to be a result of a longstanding problem rather than a new one. It then states, 'Therefore, I think steroids would be unlikely to help. In addition, she is a rather frail old lady to give the sort of high doses of steroids to that are normally required in renal disease. My preference, therefore, would be to treat her 'conservatively' for the present'.

The letter then continues regarding advice given to Mrs Devine about her diet and suggesting an increase in Mrs Devine's diuretics. Diuretics were the type of drugs being used in the treatment of Mrs Devine's oedema of the legs".

... Diuretics are commonly referred to as water tablets. Mrs Devine's oedema was caused by her deterioration kidney function. At this time, Mrs Devine's only personal complaint was regarding her increasingly swollen legs which were impairing her mobility and causing her some pain and discomfort. Dr Stevens's opinion as a renal consultant was at this stage to treat Mrs Devine conservatively which is in this case meant treating Mrs Devine's symptoms of her illness (her swelling legs) rather than the cause of her symptoms (her deteriorating kidney function and its cause)".

Dr Cranfield simply pointed out in the statement that that approach coincided with her own view of not suggesting chemotherapy. Dr Cranfield refers to a letter at page 53 of our bundle. She says refers to the letter from Dr Lennon, Senior House Officer, to Dr Stevens,

the consultant renal physician. It is addressed to Dr Smith and a copy of the letter was sent to Dr Cranfield.

> "I note that the last 4 lines of the letter read as follows:
>
> > 'I have discussed her [Mrs Devine] with Dr Stevens today and there is no therapeutic intervention which we may undertake at this point. Renal biopsy will probably not be helpful in this lady as she has very small kidneys and she should be given symptomatic treatment only at this stage. We will see her again in 6 weeks' time.'
>
> Summarising this letter it says that Mrs Devine's kidney function was slowly worsening but that her clinical (physical) condition was stable. As a result of a change in Mrs Devine's diuretic (water tablets) prescription her oedema had stabilised".

I am asked to read from the third line of the letter. It reads,

> "Her blood tests show that her creatinine is fairly worsening and was 192 on the test sample taken".

Dr Cranfield then refers to the letter at page 51, a letter from her to Dr Smith, typed on 29 July 1999 following a clinic held at the haematology clinic of the Queen Alexandra Hospital on 28 July 1999.

> "Mrs Devine attended this clinic and was seen by me."

One can see that it had also been copied to Dr Stevens which is why there is a reference to 'Judith' at the outset.

> "My letter notes that Mrs Devine attended the clinic with her daughter and that she appeared to be looking much better, I note the increase of her dosage of diuretics seems to be controlling her legs swelling. I also note that this has not had any significant effect on her kidney function. When asked Mrs Devine said that she had some tenderness and discomfort in the area of the base of her spine. I have noted that the blood tests showed no significant change from previous tests and therefore nothing to cause any immediate concern. The result of the 'Congo Red' staining test of Mrs Devine's bone marrow was now available to me.
>
> This test had shown that a small amount of amyloid cells were present in her bone marrow. This was a cause for concern but did not necessarily mean that this was the cause of Mrs Devine's kidney problems. Amyloid like myeloma can be treated with chemotherapy, however despite these findings I was still very reluctant to start this type of 'aggressive' treatment in part due to Mrs Devine's age and in part that I was not satisfied that the 'amyloid' was the cause of Mrs Devine's kidney problem. In addition, I was of the opinion that chemotherapy in Mrs Devine's case may cause more risks to her health than provided benefit".

She noted that the use of steroids could be kept in reserve as a form of treatment if there was a significant change in her kidney function for the worse.

"Finally, I note that as a result of Mrs Devine's complaints of pains in her lower back that I had arranged for her to have an x-ray of her sacrum (lower back/waist area). On 19 August 1999, Mrs Devine submitted to an x-ray examination of her lumbar spine and sacrum. I have been shown a paper copy of the result of this examination. The examination date shows to be 19 August 1999".

Sir, this is a page to be added. It has just been copied whilst we have been going through the statement. May I hand out a copy of that page, please.

THE CHAIRMAN: That is marked page 373 and we will place it in the bundle in that position.

MR FITZGERALD: Thank you. Dr Cranfield states,

"This result in layman's terms showed that there had been thinning of the bones which is likely to be attributed to Mrs Devine's age. It showed a slightly twisted spine. However, it showed no definite lytic lesion which would have been an indication of myeloma. Mrs Devine's slightly twisted spine and thinning bones on that area are likely to be the cause of the tenderness and discomfort that she reported to me at clinic on 28 July 1999".

She refers then to the document at page 41 of our bundles, a letter from Dr Stevens to Dr Cranfield for her information.

"In short, the letter informed me that Mrs Devine had attended Dr Stevens's clinic on 7 September 1999 and was found to have increased swelling of the legs. Dr Stevens would have liked to have changed her dose of diuretics in an attempt to try and treat this. However, Mrs Devine did not have a record of the drugs she was at that time taking so it had not been possible to do this. Mrs Devine's creatinine level has been noted by Dr Stevens as gradually rising. This together with her increasing oedema are indications of Mrs Devine's worsening kidney function.

Mrs Devine was due to attend the Haematology Clinic at the Queen Alexandra Hospital at some time during September 1999. It would appear that Mrs Devine did not attend that appointment".

Dr Cranfield refers to the letter at page 45 of the bundle. This is a letter to Mrs Devine at her home address giving her a new appointment for the haematology clinic on 20 October. It notes that Mrs Devine had been unable to attend the clinic recently.
Dr Cranfield says,

"The last occasion on which I had any direct dealings with Mrs Elsie Devine was on 28 July 1999. I have been informed that Mrs Devine was admitted to the Queen Alexandra Hospital on 9 October 1999 that she was subsequently transferred to Gosport War Memorial Hospital where she died on 21 November 1999. I have been asked to give a 'prognosis' of Mrs Devine's condition. A prognosis is a forecast as to the probable outcome of an attack of disease and/or the prospect as to recovery from a disease as indicated by the nature and symptoms of the case. I first wish to state that it would be more the field of Dr Judith Stevens as a consultant renal physician to provide a prognosis Mrs Devine's case as this is the field in which Mrs Devine's

illness falls. My observations are that Mrs Devine's kidney function was gradually worsening. The cause of Mrs Devine's nephrotic syndrome and lgA paraprotein which were probably responsible for Mrs Devine's failing kidney function were unclear. The options of treatment available were regarded as aggressive treatments which ran a high risk to Mrs Devine's health and well being against any possible benefit, particularly on an 87-year old frail lady. A decision was made that Mrs Devine's symptoms of her illness would be treated namely her oedema and not the cause of her illness. This decision was made knowing that Mrs Devine's kidney function was likely to worsen. Therefore, future appointments had been made by Dr Stevens and myself in order to monitor Mrs Devine's condition".

That is the conclusion of Dr Cranfield's statement.

THE CHAIRMAN: Thank you Mr Fitzgerald.

MS KARK: Sir, that therefore completes the evidence that we have for you today, but there is a fairly substantial bundle of patient notes in relation to Patient G that we will hand out to you now if we may. We are going to ask you to mark this C8.

THE CHAIRMAN: The Panel are now receiving the bundle in respect of Patient G and marking it exhibit C8.

MR KARK: Sir, unless you need any of the lawyers to remain for the rest of the day – and we are happy, I am sure, to do so – unless you require it I expect we will all depart. We will be in and out of the room, if we may, just to sort out our papers.

THE CHAIRMAN: I am not going to ask any of you to stay; you are perfectly welcome to come in and out, however, should you need to do so. The Panel will simply be engaged in individual readings and there is no difficulty.

We will formally adjourn this hearing now until Monday morning at 10 o'clock for all parties; the Panel, though, will be here starting at 9.30.

(The Panel adjourned until Monday 15 June 2009 at 9.30 a.m.)