Client: Portsmouth Hospitals NHS Trust - 3000019-1201

Matter: Gosport Inquests (Joint Instruction)

Date of Attendance: 31 March 2009

Fee Earner: [redacted]

Pre- Inquest Conference- Morning

In Attendance

[redacted]
Briony Ballard, Counsel (BB)
Peter Mellor, Company Secretary (PM)
Mary Deeks, Project Officer (MD)
Ian Reid, Consultant Geriatrician (IR)

PM informed those in attendance that Richard Samuel had informed him that Dr Reid was extremely nervous and broke down when he attended the inquest the day before he was to give evidence (Note that IR was not in attendance at this time).

BB noted that questions had been raised which related to bed transfer. PM stated that he had spoken Graham and that it was impossible for patients to be transferred from QA to Gosport when there was a problem with beds. Graham was adamant that this was not the case as there was a delineation between the two organisations.

BB stated that IR would be best placed to answer questions in relation to 'bed blocking'.

IR joined us at this point.

IR explained that there was a waiting list for each ward and the patient at the top of the list would get a bed at Gosport when it became available. PM asked if this was with the permission of the trust health board. IR replied that it was established practice.

BB asked IR to explain the service at that time. IR stated that there had been a decision to maintain NHS continuing care beds. Around 1999, they started discharging patients who had been in hospital for a long time; this created empty beds as well as pressure to fill them.

BB also asked IR to explain his understanding of bed blocking. IR stated that this relates to patients who are medically fit for discharge who cannot be removed for social and other reasons. BB also inquired as to whether IR had any concerns about Dr Barton and he stated that he had no concerns and that he would have raised it with her if that had been the case.

BB asked if patients had been transferred too early. IR stated that if a patient had been reviewed by an orthopaedic surgeon for instance and they were satisfied that the patient could be transferred, then this would suffice.

IR also explained that TLC means tender loving care; when this was written, they would not consider life saving treatment. BB asked if this was palliative care and he confirmed that it was.

Lunch break conference

BB informed IR that she proposed to request a 'strike out' in reference to IR's opinion on Elsie Devine's treatment.

BB also told IR that she had spoken to the other barristers in order to try and "ease his passage" in the witness box.

BB stated that bed-blocking issues may be raised during the inquest as Jeanette Bean had referred to Mrs Devine as a bed-blocker.

Evening Conference

PM stated that Nephrologist, Judith Stevens, was in agreement with the family. Judith stated that chronic renal failure had been changed to chronic renal disease because the previous name had been distressing. Essentially, it remained the same thing.

PM stated that Judith explained that people would normally have creatinine ranging between 50 to 60. Although Mrs Devine's creatinine level was at 200, Judith stated that this was not a problem. It would become problematic when it reached 800; dialysis would then become necessary.

Judith Stevens was of the opinion that something had caused Mrs Devine's creatinine levels to go from 200 to 360 . She stated that lack of water was a possible cause and not diamorphine. If Mrs Devine was dehydrated, this could have caused damage to her kidneys.

According to Judith Stevens, Mrs Devine had multiple myeloma but this conflicted with the opinion of Dr Cranfield who stated that she did not.

[redacted] PM stated that he was considering making Ann Dowd the spokesperson for the PHT as opposed to Graham.

[redacted]