Client:

Hampshire Primary Care Trust - 4007152-0002

Matter:

Gosport Inquests (Joint Instruction)

Date of Attendance:

3 December 2008

Fee Earner:

Stuart Knowles

Meeting at the QA hospital with Code A and RCN rep.

Code A

A number of points arose:

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Code A

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As far as the conflict is concerned, an extensive discussion took place on this. SPK wanted to understand the nature of the conflict and it was noted that nurses had highlighted problems in the minutes of meetings but no follow up or action plan had been taken. The nursing staff were very concerned when there were criticisms in the press that they had not done anything about it when that was clearly not the case. There were also concerns that five members had been reported to the NMC although none of those were being called to give evidence except for Nurse Hamblin. The current status of the NMC investigation was unclear though nothing had happened in the last 10 years. SPK advised it would be grossly unfair if matters were pursued at this late date.

It was agreed it was appropriate for the RCN to continue to be involved and their legal services who were seen as part of the team for so long should continue. SPK advised he was concerned to advise the NHS in respect of any potential conflict in our legal team assisting nursing staff. SPK advised he was keen to avoid too many lawyers appearing before the coroner and it was also unusual for the nursing staff to be separately represented when this was not the case for the medical staff. Betty pointed out the problems the nursing staff felt they needed support on and their anxieties and concerns that they had in this matter. It was agreed that anxieties and criticisms of the nurses may not all be realised with the coroner but accepted that they were genuine feelings.

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It was noted that in fact the nursing staff were not being particularly criticised (save on one or two points in the expert evidence) but that is not how it seemed to them.

It was agreed it may be appropriate for a barrister to represent the interests of the nursing staff at the hearing even if the RCN continue to liaise. It was also agreed / CG there were no problems as far as the RCN was concerned in my assisting nursing staff and providing information to them. It was felt appropriate that I should contact the RCN legal advisors and discuss the best way forward. It does not seem a problem that nursing staff should have access to advice from the legal team in

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Discurs à CG

conjunction with the RCN. It maybe that we could jointly instruct counsel to represent our interests.

- As far as the conflict point is concerned, I said I had not yet taken a view. I accepted that there were issues as far as the staff were concerned but frankly the NHS may have to accept that after this length of time nursing staff simply did bring these matters to their manager's attention and that no action was taken at the time. That is simply the truth of it and not really an issue to divide the NHS from the nursing staff in 2008. Of course, everybody will agree the actions taken in 1991 should be judged against the standards at the time and not now. It was accepted that whistle blowing now was perfectly proper and appropriate and procedures are in place to deal with this.
- 8 It was agreed I would contact the RCN legal advisor who is Chris Green, Head of Legal Services, RCN South West Regional Office, 11-15 Dix's Field, Exeter, Devon EX1 1QA (tel: 0845 4567829) or Code A

-> Botty to contact CG to put her view point !