

**Stuart Knowles**

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**From:** Kiran Bhogal [Kiran.Bhogal] Code A  
**Sent:** 10 February 2009 15:55  
**To:** [REDACTED]  
**Subject:** RE: Gosport Inquest

**Attachments:** RE: Gosport Inquest



RE: Gosport  
Inquest

Thanks ! Seriously though, seems all to be getting a little out of control with inquests being added etc so be interesting to see what happens when matters do get underway. I have arranged to go down to the PCT to trawl through the complaints but that is not until the 24th Feb as I am stuck with dates before then.

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Ms K Bhogal  
 Weightmans LLP  
 Second Floor  
 6 New Square  
 New Fetter Lane  
 London  
 EC4A 3BF

10 February 2009

Dear Kiran

**Gosport Inquests**

I am writing following your email of 29 January with regard to finalising the actions in this matter.

I do now have my clients instructions.

For ease of reference I attach an action note which I prepared following the conference. Much is similar to your own. Looking at your list can I suggest/comment as follows.

1. I have obtained copies of a BNF literature and you should now have this to hand.
2. I agree that it will be of assistance for you to prepare an organisational chart.
3. I agree it would be sensible for a statement from the SHA to be prepared to deal with the organisational changes and the assurances on today's standards. I wonder whether it is your view that this could in fact replace the statement of Lesley Humphrey and could include a copy of a table provided by Lesley Humphrey? I assume the PCT have a similar table and both could be attached to the SHA statement to provide assurance? What do you think? The statement should then go into the agreed bundle to put before the Coroner (see below).
4. I agree that it would be for you to review the PCT documentation and if you could obtain the independent review into the case of E. Devine that would be very helpful. I am not sure what other documentation the PCT might have which would prove helpful to the Coroner.
5. I have opened discussions with Dr Barton's legal team and you should have a note of my telephone discussion with the MDU. Whilst they are happy for us to liaise nearer the time it doesn't seem that they have anything which they are prepared to give to assist us at this stage. No doubt we can ensure the our respective legal teams cooperate nearer the time so that we are aware of our respective approaches. The

Mills & Reeve LLP  
 78-84 Colmore Row  
 Birmingham  
 B3 2AB

Tel: +44(0)121 454 4000  
 Fax: +44(0)121 200 3028  
 DX: 707290 Birmingham 65  
 info@mills-reeve.com  
 www.mills-reeve.com

**Birmingham Cambridge Leeds London Manchester Norwich**

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MDU were kind enough to indicate that they did not anticipate causing any difficulties for the NHS.

6. I did have a copy of the PCT file for the concerns raised in 1991. The file does come to an abrupt end. I am not sure whether there was any final outcome to the concerns raised by the nurses. I will be interested in hearing of your further investigations on this point and agree that this is a matter for you to deal with. Dr Logan did tell me in discussions that he didn't think there was any final outcome. I am aware the PCT are concerned the nursing staff will raise the issue at the inquest. It is my view that it is now quite historic and it doesn't really have a bearing on the decisions which the Coroner has to make. I understand why the nursing staff may want to make an issue of this as I have seen previous press reports accusing nursing staff of not taking appropriate action. I am due to brief and support staff still employed by the PHT in due course. I think the NHS will simply have to accept that the nursing staff brought it to the attention of the managers in 1991 and in the final analysis no action appears to have been taken. It would however, be unfair to judge today's management by the standards of the 1990's.
7. I agree that it will be for me to finalise Lesley Humphrey's statement but I am putting this on hold pending your view with regard to the statement of the SHA. Perhaps you would confirm the position with me..
8. Referring to my to do list I comment as follows:
  - a. I have obtained substantial transcripts from the Police. There are a number of electronic files containing several hours of interviews. Would you like access to these? I have today been sent a police summary. Do you have this?
  - b. I have copied other documents released by the Police to the Coroner and to Counsel.
  - c. I have written to the Coroner indicating that we do not believe the summary prepared by the Police should be disclosed further and I have also asked him to address several other issues. I believe you have seen my correspondence but I attach a copy of my letter on 26 January and my reminder of today's date.
  - d. Can you check that the guidance on the syringe drivers in the bundle is that from the 1998/1999? Will the PCT have that information in their file?
  - e. A copy of the full CHI report has been sent to Counsel.
  - f. Counsel will need a full bundle of documents and can I suggest that you prepare a list of documents which it is proposed to give to Counsel for onward transmission to the Coroner. It would seem sensible to do this once you have had an opportunity of considering all the bundles which I have supplied and also any additional documents which may be available from the PCT. Once you have consulted with your client, if you could let me have a list then I will be happy to consider this with you, agree the bundle to give to Counsel to supply to the Coroner which we would want him to consider in evidence.
  - g. Are you reviewing the 1991 Complaints?

- h. I note that it was suggested that you should contact Blake Laphorn and wonder whether this has been put in hand?

#### Expert Evidence

My client has decided at this stage not to incur the expense of engaging an external expert to review the expert reports of Wilcock and Black. Instead I am forwarding the reports to Dr Anne Dowd who is the clinical lead in the Department of Elderly Medicine at Portsmouth. She attended a recent PHT Steering Group meeting with me and I found her to be quite sensible and level headed. Her view was that the expert reports from Wilcock and Black betrayed a view based on academics rather than on the day to day practical experience of caring for the elderly and end of life care in the ward situation. She is preparing some comments for me and I will forward these to Counsel in due course so that she is prepared to deal with the experts of the hearing.

I am not sure what your view or the view of the PCT is on this matter. Would it be the PCT's intention to instruct and incur the expense of an expert? In the circumstances I am not entirely sure that will be necessary.

#### Conference with Counsel

Part of my brief is to support Dr Ian Reid who has been called to give evidence. Accordingly I have arranged a conference with Briony Ballard which has been set down for 10am at Counsel's Chambers in London on Friday 6 March. Dr Ian Reid will be in attendance as will Anne Dowd and myself. It may be that Peter Mellor from Portsmouth Hospitals NHS Trust will also attend. Whilst this conference will deal with the evidence of my client's witness, I have no doubt that other issues of a more general nature will be considered especially as Dr. Dowd is present. You may want to attend this conference and you would of course be most welcome.

#### Additional inquest

I note the correspondence from Mary and Elaine at Portsmouth about a potential additional inquest. I agree with you and I am afraid that I find this possibility extremely disappointing especially after the Coroner's indications previously that he would not be adding further inquests to the list. I cannot really understand how he could justify a further and separate hearing when the ten inquests have been concluded. It would seem to me that it would cause unnecessary distress to witnesses and expense to the NHS and it is unlikely to achieve anything different. As you know, I take the view that this inquest process is 'barely legal' as it is and it may be that I would need to consider with you very carefully whether or not a decision to hold a further inquest should be challenged. At the moment that is for another day and I will only consider it further if the problem actually arises. Do you have a view?

**Code A**

# Code A

## Communication Between the PCT and Various Families

I have been kept up to date with various file notes and emails between some of the families and the PCT. I note that they are still trying to get legal representation and that there are some issues about brains scans and potential myelomas. I am not sure where these questions are leading or of their relevance to the inquest. I do appreciate the families' frustration with the process. Are you able to add anything to this? Is it an issue which is likely to exercise us at the forthcoming inquest and that we needed to discuss with Briony? Is there anything in the evidence given to the families that we need to place before the Coroner?

Any questions then of course you must not hesitate to contact me in the usual way and I will only be too happy to assist.

I am looking forward to working with you further.

Kind regards,

Yours sincerely



Peter Mellor