

Skye Sue - Legal Services Manager

From: Skye Sue - Legal Services Manager
Sent: 24 March 2009 07:26
To: HelenDawsonNHSLA (E-mail)
Subject: FW: Risk Meeting - attachment.

Importance: High

Hi helen

I hope that Emma Topping was able to help you in my absence, but I attach a briefing paper from our solicitor which may also inform you.

Sue Skye
 Legal Services Manager
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-----Original Message-----

From: Hall Sarah - PA/Project Assistant
Sent: 23 March 2009 13:11
To: Corben John - Risk Manager; Da Costa Karen - Risk Advisor; Hackett Sharon - Clinical Risk-CNST Midwife; Heaton-Jones Annie - Risk and Complaints Co-ordinator Medical Division; Holloway Lynn - Matron; Kemp Lesley - Executive Admin Manager to Trust Board; Mellor Peter - Company Secretary; Mendoza Sharon - SUI Co-ordinator; Radway Patricia - Head of Governance; Skye Sue - Legal Services Manager; Stainer Alyson - Risk Advisor; Stenning Tracey - Governance Compliance Manager; Taylor James - Information Governance Manager; Warren Christopher - Risk Analyst; Wright Janet - PA to Head of Governance
Subject: Risk Meeting - attachment.
Importance: High

Dear Colleagues

Please find attached a brief summary from Stuart Knowles, Solicitor from Mills & Reeve who has kindly given an update with regard to the Gosport Inquests.

Could you all print this attachment which is to be discussed at the Risk Meeting tomorrow.

Kind regards



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Sarah

Sarah Hall
 PA/Project Assistant to Sheena King
 Head of Risk Management, Complaints & Legal Services
 Portsmouth Hospitals NHS Trust
Code A

Client: Portsmouth Hospitals
Matter: Gosport Inquests – risk management update
Date of Attendance: 23 March 2009
Fee Earner: Stuart Knowles

I have been asked by Sarah Hall to provide a brief update on these inquests to feed into a risk management meeting on Tuesday 24 March 2009.

The hearings formally commenced on Wednesday 18th March. PHT and Hampshire PCT were represented by joint counsel. Dr Barton is also represented by her own counsel as are several of the nursing staff and 4 families also have a barrister. The remaining six families are representing themselves. A jury was sworn in.

It is anticipated that the hearing will last a further five weeks. Evidence is being given on a case by case basis although expert evidence will be taken en-block.

It is anticipated that verdicts will be given for each inquest at the conclusion of the proceedings.

Dr Barton's legal team are keen to defend her position since she is due to appear before the GMC on professional mis-conduct matters later in the year. The defence of her position appears to be based upon an argument that she was acting as best she could within the constraints of the service at the time and that the practices of prescribing within a range and anticipatory prescribing (actual prescribing diamorphine before required) was known and approved by managements and consultant and senior staff.

It is important to remember that the inquest proceedings are not a fault finding exercise and there is no question of blame on the part of the Coroner.

We are liaising with Dr Ian Reid as to our evidence on procedures on the time.

As far as the outcome is concerned the main point is that irrespective of procedures at the time the question is whether any prescription or administration of diamorphine is causative of the patients death. The position of the PHT is that this is, on the balance of probability, unlikely and we will be advancing this case with the Coroner and with his experts.

As far as risk management is concerned, these issues have been the subject of three police investigations with no proceedings taken and an extensive CHI report and recommendations. It is my understanding that these recommendations have been put into effect and practice and managements of the service has now significantly changed and has of course moved into the PHT. Lesley Humphrey produced a significant paper offering assurance on the current service provision and this has been given sign off at an executive director level. The PCT and SHA are also due to sign off assurances shortly.

The only real risk I can see at the moment to the service is from the negative media attention and the affect on the reputation of the service and staff moral, It is noted however that the hospital itself (as opposed to the relevant wards) is not managed by the PCT.

Stuart Knowles
Mills & Reeve

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