

DECEASED

CAUSE OF DEATH

AS CERTIFIED

PROF BLACK

DR WILCOCK

PITTOCK	I a) BRONCHOPNEUMONIA	I a) SEPSIS I b) CHEST INFECTION I c) DRUG INDUCED PARKINSONISM II STAGE DEPRESSIONS	I a) BRONCHOPNEUMONIA
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LANGRISH	I a) CEREBROVASCULAR ACCIDENT	I a) HIGH CERVICAL CORD INJURY	I a) SEPSIS
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EVICE	I a) CONGESTIVE CARDIAC FAILURE	I a) CONGESTIVE CARDIAC FAILURE I b) ISCHAEMIC HEART DISEASE II CEREBROVASCULAR DISEASE	I a) CONGESTIVE CARDIAC FAILURE
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LARK	I a) BRONCHOPNEUMONIA	I a) MYOCARDIAL INFARCTIONS I b) ISCHAEMIC HEART DISEASE II FRACTURED NECK OF FEMUR REPAIRED 5.8.98	I a) BRONCHOPNEUMONIA
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CUNNINGHAM	I a) BRONCHOPNEUMONIA II PARKINSONS DISEASE SACRAL ULCER	I a) SEPSIS I b) END STAGE PARKINSONS DISEASE II MYOCLDYSPLASIA DIABETES MELLITUS	I a) BRONCHOPNEUMONIA II SACRAL ULCER PARKINSONS DISEASE
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HANSON	I a) CONGESTIVE CARDIAC FAILURE I b) RENAL FAILURE	I a) ALCOHOLIC LIVER DISEASE	I a) CONGESTIVE CARDIAC FAILURE II ALCOHOLIC CIRRHOSIS
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- a. Generic witness statements from Trust staff dealing (inter alia) with the running/staffing of the hospital, supervision of staff, admission procedures, decisions regarding palliative/rehabilitative care and protocols for the administration of opiates.
- b. Generic expert evidence regarding the prescribing and administration of opiates. Disclosure is invited of the expert evidence obtained by Hampshire Constabulary as part of its investigations. Alternatively, the Coroner is invited to obtain such evidence.
- c. In individual cases:
  - i. The medical records;
  - ii. Witness statements from family members;
  - iii. Witness statements from Trust staff caring for the deceased;
  - iv. Expert evidence on the use of opiates in the deceased's case and whether that caused or materially contributed to the deceased's death.
  - v. Where appropriate in any case, expert evidence on any other matter relating to the care of the deceased at the hospital which may have caused or materially contributed to the deceased's death<sup>1</sup>.

30. Early disclosure of all documents is invited.

31. As indicated above, the Coroner is invited to collate a file of generic evidence and to create separate bundles in respect of each deceased.

32. It is anticipated that it will be appropriate to hear live evidence from most of the witnesses. Further submissions on this will be made at the appropriate time.

#### **Venue**

33. The Coroner is invited to sit in a venue that can cope with the likely number of interested persons/witnesses and can be booked for the requisite length of time (see below):

#### **Time estimate**

34. Until the evidence has been gathered, it is probably not possible to give an accurate time estimate.

35. As a very rough estimate, it may be thought that it would be appropriate to allocate 6 weeks to the inquest – a week or so for consideration of the generic issues, 2 days per

<sup>1</sup> This is suggested at this stage, because the circumstances of the individual deaths are not clear.

SPURGIN <u>I</u> (a) CEREBROVASCULAR ACCIDENT	<u>I</u> (a) INFECTED WOUND <u>I</u> (b) FRACTURED RIGHT HIP REPAIRED 20.3.99	<u>I</u> (a) INFECTED WOUND <u>I</u> (b) FRACTURED RIGHT HIP REPAIRED 20.3.99
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PACKMAN <u>I</u> (a) MYOCARDIAL INFARCTION	<u>I</u> (a) GASTROINTESTINAL HAEMORRHAGE <u>II</u> PRESSURE SORES MORBID OBESITY	<u>I</u> (a) GASTROINTESTINAL HAEMORRHAGE
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DOVING <u>I</u> (a) CHRONIC RENAL FAILURE	<u>I</u> (a) ACUTE OR CHRONIC GLOMERULONEPHRITIS	<u>I</u> (a) CHRONIC RENAL FAILURE
<u>I</u> (b) GLOMERULO- NEPHRITIS	<u>II</u> IgA PARAPROTEINEMIA MULTI INFARCT DEMENTIA	<u>I</u> (b) AMYLOIDOSIS <u>I</u> (c) IgA PARAPROTEINEMIA

GREGORY <u>I</u> (c) BRONCHOPNEUMONIA	<u>I</u> (a) PULMONARY EMBOLUS <u>II</u> CARDIAC FAILURE <u>I</u> FRACTURED NECK OF FEMUR	<u>I</u> (a) PULMONARY EMBOLUS OR BRONCHOPNEUMONIA
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21. Alternatively, the Coroner is invited to sit with a jury pursuant to section 8(4). Plainly, this is a case of significant public interest and it would be appropriate for the evidence to be weighed by a body of lay people.

#### **Timing of the inquest: before or after the GMC hearing**

22. As far as the relatives are concerned, there are competing arguments as to whether the inquest is to take place before any GMC or other disciplinary hearing.
23. Plainly, it is a long time since the deaths (around 10 years) and there is an interest in hearing the inquests as soon as practicable. Not only does this relate to the cogency of the evidence but also the general desire of the relatives to move on from the deaths. There may be Article 6 issues regarding delay.
24. Against that, the Blake Laphorn group are concerned that, when the inquests are finally heard, the evidence should be as full, cogent and frank as possible. There are concerns that, with GMC hearings pending, the individuals involved may be distracted and more inclined to be guarded about the evidence they give. This may defeat the purpose of the inquest.
25. On balance, it is submitted that it would be preferable for the inquest to be adjourned pending the outcome of the GMC hearing/s. An element of further delay (provided it is not excessive) is unlikely to have any material effect on the cogency of the evidence – with a lapse of up to 10 years between the events and now, a further delay of a period of months is unlikely to make a significant difference to the recollection of witnesses. By contrast, it is submitted that the Coroner is more likely to be able to achieve the sort of full and frank investigation required by Article 2 if any disciplinary hearing has already been completed.

#### **Representation**

26. It is not clear at this stage whether any of the relatives of the other 5 deceased will join forces with the Blake Laphorn group.
27. Blake Laphorn are content to represent the interests of all of the deceased, but clearly the question of representation is a matter for the relatives of each deceased.
28. At this stage, representation of the Blake Laphorn group is on a pro-bono basis. An application for exceptional public funding is to be made shortly.

#### **Documentation/witnesses**

29. At this stage, it is submitted that the following evidence is likely to be of assistance: