

IN THE BIRMINGHAM AND SOLIHULL CORONER'S COURT

HIS HONOUR RICHARD FOSTER

NOMINATED PURSUANT TO SCHEDULE 10 CJA 2009

**INQUESTS TOUCHING UPON THE DEATHS OF PATIENTS OF
MR IAN PATERSON FOR TREATMENT OF BREAST CANCER**

RULING UPON TIMING OF CONCLUSIONS AND RECORDS OF INQUESTS

1. An outstanding issue which requires a decision by me is the timing of the delivery of my Conclusions and the Records of Inquests in each individual case. It would clearly be of assistance to Interested Persons to have my decision before the commencement of the hearing of the first of the opened Inquests.
2. I am aware that Spire's legal team have raised this issue informally with Counsel to the Inquests ("CTI"). Formal submissions were provided on behalf of Spire on 2nd October 2024 which included a proposal *"that, at the end of each Module 1 inquest into the death of a patient treated by Mr Paterson at a Spire hospital, the Coroner will undertake Stage 1 of the Chief Coroner's Guidance No 17, in that he will summarise the evidence at the end of each Module 1 inquest, and state his findings of fact in relation to the medical issues informing the statutory questions"*.
3. CTI provided submissions to me on this issue which included a response to the concerns expressed by Spire about any delays in my conclusions. I agree with those responses which I will not repeat in this ruling.
4. On 4th October 2024 I provided an initial response to Spire's submissions in these terms: *"I will wish to hear oral submissions from CTI and the other IPs before I make such a ruling. There will be provision for such submissions to be made either during week one or at the end of week two. In the event if it assists my preliminary view, but I remain of an open mind, is that I intend to consider the timing of*

any conclusions at the end of Module 1. In any event there is insufficient time in the timetable for conclusions to be given at the end of each Inquest.”

5. Court time was allocated for oral submissions on Monday 21st October, if necessary, but in the event no IP wished to make such oral submissions. I have received either further written submissions or correspondence from University Hospitals Birmingham NHS Foundation Trust, Spire and Miss Kat all of which agree with the approach suggested by CTI. Solicitors for 15 of the bereaved families and for NHS England have indicated that they have no submissions on this issue.
6. I accept the proposals put forward by CTI, which are as follows:
“CTI can see the advantage to the families of the Deceased if an Inquest can be concluded at the end of Module 1. In our submission, this can safely be done if the coroner is able to conclude on the evidence that there were no failings in the care of the Deceased. In such circumstances, the only conclusion available to Coroner would be death by natural causes. In all other cases, CTI submit that the Conclusion should be completed at the end of the process.”
7. Accordingly, subject only to any further submissions which might arise as the Inquests proceed, it is my intention to adopt the proposals made by CTI set out above.

HH RICHARD FOSTER
21st October 2024