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 AND DIRECTIONS FOLLOWING REVIEW HEARING ON 29 JULY 2026

1. I do not repeat here the matters set out in my note prepared for the Review Hearing and these rulings and directions should be read in conjunction with that note. However, I do address some of the submissions made to me at that hearing.

Listing of Module 2 onwards

2. The revised listing arrangements for Module 1 will free up sitting days which must be used to list Module 2 onwards alongside the remainder of Module 1. Of paramount importance is to reach conclusions to all these Inquests in a timely manner. I do appreciate that this might cause difficulties for counsel instructed by Interested Persons (IPs) because of their availability. The Solicitors to the Inquest (STI) who are responsible for the administration of listing under my direction will use their best endeavours to list witnesses on days convenient to counsel, but not at the expense of wasted sitting days. Furthermore, STI will give as much notice as possible of listing to enable IPs to make alternative arrangements if necessary. This is an investigation and nobody is on trial. I would urge IPs to consider having more than one counsel. This is an approach already adopted by some IPs, including those next of kin who are represented, and seems to work well.
3. Helpful submissions were made regarding giving notice to IPs of proposed witnesses and inviting comments within 7 days. I intend to adopt this suggestion. I have directed STI to notify IPs of all proposed witnesses for each topic, indicating where appropriate my preliminary views on rule 23. IPs will then be invited to make any observations within 7 days before any listing is finalised.

Timing of expert evidence from Professor Walshe

4. I am satisfied that many of the Module 2 topics can be heard without any expert evidence from Professor Walshe and the listing from now onwards will reflect this. I do however accept that

the core evidence dealing with governance issues within both the NHS and private sector should await at least a preliminary report. Accordingly, Professor Walshe has now been instructed to prepare an initial generic report which should be available in November 2026. The letter of instruction will be disclosed to all IPs in the usual way.

Status of previous reports and investigations

5. Evidence of any reports or investigations prior to Mr Paterson's suspension will of course be highly relevant and will form part of the evidence in Module 2 onwards. The reports and investigations since then fall into a different category. I have read the reports by Sir Ian Kennedy (commissioned by UHB), Verita (commissioned by Spire) and that of Bishop James following the non-statutory public inquiry. These have been a useful signpost for me in my own investigations. My preliminary view is that I should not hear any evidence from the authors of those reports. I must form my own views on evidence that I have heard in order to answer the statutory questions. I invite written submissions from any IPs who take a different view.

Timing of any preliminary views on Module 1 Inquests

6. Spire wishes to make submissions on whether it is appropriate for me to give preliminary factual findings on individual Inquests at the conclusion of Module 1. This issue might become otiose if I am able to conclude the evidence covering the issues in Modules 2 to 4 by the time Module 1 is completed. I do however accept that it would be sensible to resolve this issue sooner rather than later. Accordingly, as I said at the hearing, I invite written submissions from Counsel to the Inquests (CTI) and IPs by 16 September 2026 following which I will provide a written ruling.

Evidence from Mr Paterson

7. I understand the time it takes for Mr Paterson to prepare for give evidence within the constraints of the prison regime. I cannot agree to his request that he only gives evidence twice a month, although this will often be the case. I have given directions to STI to endeavour to ensure that there is at least 10 days between him giving evidence in any month when he is expected to give evidence more than twice. I will review this when he is released from prison or if he is moved to open conditions.

Reports from the Inquest MDT

8. Mr Paterson and some other IPs have again expressed concern about the lack of full reports from the MDT prior to giving oral evidence and that the first time their concluded views are heard is when they give oral evidence. I accept that this is far from ideal, but I must bear in mind what is proportionate and practical. I have asked STI to impress upon the members of the MDT the importance of reviewing carefully their views when completing the pro-formas in each Inquest. Also, I have asked CTI to provide the MDT witnesses in each Inquest with the usual "Treatment Issues and Causation Questions" at the earliest opportunity and in any event no

later than alongside the summary of Mr Paterson's evidence with a view to these being answered by the relevant MDT witnesses and disclosed prior to hearing the oral evidence from the MDT witnesses.

Recall

9. Concern has been expressed about the scope of my investigations regarding the recall process. I did make some remarks about this at the hearing. These are Inquests and not a public inquiry, and so the scope of my investigations must be limited to what is necessary to answer the statutory questions. My preliminary view is that whether it will be necessary to investigate the recall processes in the round as a separate module will depend upon any evidence in the Module 1 Inquests of possible or probable causative recall failings. This will be kept under review. However, recall will feature in Module 2. Central to my investigations will be what hospital management knew or should have known about Mr Paterson's practice and what should have been done about it. First, I will investigate whether a recall process should have begun earlier. Secondly, it will be relevant to the knowledge of hospital management and clinical colleagues once the recall process did begin. It might also be relevant when I consider any Reports to Prevent Future Deaths. I invite written submissions from any IP who has any different views.

Directions

10. I attach at as an Appendix my final directions following the hearing on 29 July 2026.

HH Richard Foster

HM Coroner

12 August 2026

APPENDIX

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

PRE-INQUEST REVIEW HEARING DATED 29 JULY 2026 – DIRECTIONS

My Directions are as follows:-

Module 2 Topics for hearing during Module 1

1. The following Module 2 topics will be heard whilst the Coroner will be hearing the individual Inquests in relation to Module 1:
    a. Topic 1 – Mr Paterson's appointment to Solihull Hospital in 1998
    b. Topic 2 a - The operation of MDT meetings in the NHS
    c. Topic 2b – The operation of MDT meetings in the private sector
    d. Topic 3 – The Stockdale Audit and Wake Review in 2003/2004
    e. Topic 8 – Role of the Board at HEFT
    f. Topic 13 – Role of the breast nurse (this will include attendance at MDTs)
    g. Topic 14 – Clinical staffing and radiological facilities within the breast care unit of Solihull Hospital from 1998 to 2005

2. For the avoidance of doubt, I am likely to add to this list with the aim of completing Module 2 by the end of 2027 if possible.

Witnesses

3. The following key preliminary witnesses will be required to give evidence during the above identified Module 2 topics.

    a. Topic 1:
        i. Mr Gannon
        ii. Mr Hopkinson
        iii. Dr Murray
        iv. Mr Goldman
        v. Dr Fletcher

    b. Topic 2a and 13:
        i. Professor Patel (Likely to be rule 23)
        ii. Mr Jones (Likely to be rule 23)
        iii. Mr Paterson
        iv. Dr Stockdale
        v. Dr Tanchel
        vi. Dr Karim
        vii. Dr Fletcher
        viii. Ms Blencowe
        ix. Mr Goldman
        x. Mr Henrickse

xi. Ms Price
xii. Helen Gallagher (statement to be provided)
xiii. Ms Bate
xiv. Ms Greenwood
xv. Ms Price

c. Topic 2b and 13:
i. Mr Jones (likely to be rule 23)
ii. Mr Paterson
iii. Dr Latief
iv. Ms Paulin
v. JJ De Gorter
vi. Mr Henrickse
vii. Dr Cale
viii. Joy Masters
ix. Previous Head of Clinical Services at Spire
x. Claire Fletcher (statement to be provided)

d. Topic 3:
i. Dr Stockdale
ii. Dr Milligan
iii. Mr Wake
iv. Dr Fernando
v. Mr Gannon
vi. Mr Cunliffe
vii. Mr Goldman
viii. Dr Fletcher
ix. Dr Tanchel
x. Mr Balasubramanian
xi. Mr Paterson

e. Topic 8:
i. Dr Wilkinson
ii. Ms East
iii. Mr Larner (Likely to be Rule 23)
iv. Mr Cunliffe
v. Mr Goldman
vi. Mr Gannon

f. Topic 14
i. Dr Wallis
ii. Dr Fletcher
iii. Mr Paterson
iv. Mr Balasubramanian
v. Dr Bannerjee
vi. Mr Gannon
vii. Mr Goldman
viii. Dr Hopkinson

4. The IPs are invited to make any comments on the above witnesses by 20 August 2026.

Additional Statements

5. I direct that the following provide further witness statements in respect of the following topics:
a. Mr Goldman – Topic 1, 2 a and Topic 14
b. Dr Hopkinson – Topic 2 a and Topic 14
c. Mr Gannon – Topic 14.
d. Dr Fernando – Topic 3
e. Dr Wallis – Topic 14

f. Mr Balasubramanian – Topics 3,13 & 14
g. Ms Blencowe – Topic 2a
h. Dr Tanchel – Topic 2a & 3
i. Dr Fletcher – Topic 1 & 3

6. These additional statements should be provided by 4 pm on 30 September 2026

7. In respect of the other statements and topics, the parties are reminded of my direction given on 19 November 2025 at paragraph 43 and the IPs are requested to comply with this direction by 14 August 2026

Outstanding Witness Statements

8. I direct that the remaining witness statements in respect of Module 2 should be provided to me by 30 September 2026.

Bundles

9. Topic Bundles will be provided to the IPs by 1 September 2026. If any IP wishes additional documents to be added to the Topic Bundles, these should be provided by 15 September 2026.

10. ILT will provide a bundle of witness statements containing all the witness statements (plus exhibits) provided in respect of Module 2 by 1 September 2026.

Submissions on timing of Preliminary Factual Findings

11. The IPs and CTI are invited to make submissions as to whether it would be appropriate for the Coroner to give preliminary factual findings in respect of individual Inquests at the conclusion of Module 1. Any such submissions shall be filed with the Coroner by 16 September 2026.

HH RICHARD FOSTER

Dated 12 August 2026