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Clodagh Bradley QC

Call: 1996 QC: 2016

Clodagh Bradley QC specialises in healthcare regulatory law, clinical negligence and inquests with a medical or psychiatric element to them, including in custodial settings.

Her clinical negligence practice, on behalf of Claimants and Defendants, has included a variety of obstetric claims, surgical cases and missed diagnoses, resulting in catastrophic life-changing or fatal injuries, spanning brain or spinal injuries, limb loss and sight loss. She has dealt with a broad range of disciplinary cases predominantly on behalf of doctors before the Medical Practitioners Tribunal Service (previously GMC), and also cases brought by the General Dental Council (GDC), the General Osteopathic Council (GOsC), the General Optical Council (GOC) and the Nursing and Midwifery Council (NMC).

Clodagh has successfully challenged regulatory decisions in the Administrative Court. In inquests Clodagh has appeared on behalf of families, doctors, NHS Trusts, the police and the prison service as interested persons. Clodagh also undertakes work in the Court of Protection, dealing with matters relating to capacity, treatment decisions and the best interests of protected persons.

'Exceptional on her feet, quick thinking, and her forensic analysis is very impressive – an absolutely brilliant advocate.'

Legal 500 2021

"She makes clients feel at ease and in safe hands: they know that she is skilled, forceful and a highly effective advocate who never fails to impress and always has their best interests at heart."

Chambers & Partners 2020

"She has a really forensic mind and goes through everything with a fine-tooth comb. She has a very calming and soothing manner with clients, so they always feel reassured and comfortable in her presence."

Chambers & Partners 2020

Clinical Negligence

Clodagh's clinical negligence practice, on behalf of Claimants and Defendants, has included a variety of obstetric claims spanning birth-related and other brain injuries, wrongful birth claims, Erb's palsy, pre-eclamptic death, stillbirths, misdiagnoses of perineal injuries and ectopic pregnancies. She has substantial experience in surgical cases, including live donor transplant surgery, cardiac and bowel surgery and optic nerve and brain surgery. Clodagh is experienced in relation to GP negligence claims resulting in delayed diagnoses or mismanagement of various conditions including cancer and sepsis.

She is skilled in negotiating settlements at round table meetings or in mediations, including substantial settlements in relation to brain injuries, spinal cord injuries (including paraplegia and cauda equina syndrome), quadruple limb amputations secondary to sepsis and loss of sight (including blindness). Her recent practice had included interesting legal points arising in fatal claims (Rupasinghe), secondary victim claims (Werb) and vicarious liability / non-delegable duty issues in relation to a GP partnership where allegations of sexual assault are made in respect of a deceased GP.

Selected Cases

- **Mordel v Royal Berkshire Hospital [2019] EWHC 2591:** Jay J found in favour of the Claimant whom Clodagh represented in this 'wrongful birth' claim where informed consent issues arose and no screening for Down's syndrome was carried out by the sonographer at the first trimester screening appointment and the reviewing midwife also failed to offer quadruple testing. Damages are to be assessed.
- **PXW v Kingston Hospital NHS Foundation Trust [2019] EWHC 840** Clodagh was instructed by D in perinatal brain injury trial alleging midwifery negligence where the mother had not been admitted to hospital during the latent phase of labour and when she returned later, the baby was delivered within 12 minutes of readmission, hypoxic, as a result of cord occlusion from descent of the head and rupture of the membranes at the end of labour. The claim was dismissed both on breach of duty and causation and concerns were raised re two of C's experts.
- **BS v Basildon & Thurrock Uni Hospital NHS FT (2019)** Clodagh acts for C in claim arising out of maternal death of 38 year old woman with mid-term rupture of membranes, who developed sepsis as an inpatient and died. Claims under LRMPA, FAA and a secondary victim claim for nervous shock are being pursued.
- **KH v Dr H & County Durham & Darlington NHS Foundation Trust (2019)** Clodagh acted for C in delayed diagnosis and treatment of cauda equina syndrome case re management by GPs. Negotiated settlement achieved against both Ds.
- **JD v WC (2019):** instructed by C in claim arising out of physiotherapy manipulation to neck causing total spinal cord injury and paraplegia. Negotiated settlement of c.£4 million.
- **X v Y (2018):** Clodagh is currently advising in respect of potential litigation relating to alleged sexual assaults by a deceased general practitioner and whether that GP's surviving partners are vicariously liable and/or owed a non-delegable duty of care.
- **H v A NHS Trust (2018):** Clodagh is currently instructed by C in relation to a perinatal brain damage

case arising from delayed delivery as a result of alleged inappropriate management of shoulder dystocia.

- **M v Royal Berkshire NHS Foundation Trust (2018):** instructed by C in relation to 'wrongful birth' claim arising out of Trust's failure to screen for Down's syndrome.
- **A v X NHS Trust (2018):** instructed by D re 'wrongful birth' claim re failing to arrange first booking appointment before 20 weeks' gestation after mother was referred at 18 weeks' gestation and then failing to detect heart defect (AVSD) at scan so Down's syndrome was undiagnosed.
- **S v 2 NHS Trusts (2018)**: Ds instruct Clodagh re adult Claimant with learning difficulties, encephalocele and VP shunt who alleges delayed management of blockage to shunt and developed bilateral blindness.
- **C v Z NHS Trust (2018):** C instructs Clodagh in respect of antenatal / perinatal brain injury linked to undiagnosed gestational diabetes in a high risk mother.
- **L v X NHS Trust (2018):** D instructs Clodagh on this quantum only claim pleaded at >£30m re neonatal hypoglycaemic brain injury resulting in severe learning and behavioural difficulties, requiring 24 hour care.
- **Z v X NHS Trust (2018):** instructed by D in relation to brain damage caused to 9 week old baby while at home, who had previously been admitted with apnoea and a bruise, where non-accidental injury was suspected by local hospital, but tertiary referral centre disagreed. After being returned home baby sustained brain injury suspected of having been caused by carer shaking the infant.
- **SB v Dr YW(2018)**: instructed by C in FAA claim re 49 year old man who saw GP with symptoms which she attributed to flu, but referred him for ECG in 3 days' time. He died that night in bed. Settlement achieved at RTM.
- **MW v University of Leicester NHS Trust [2017]:** instructed by D in consent case relating to optic nerve surgery which resulted in near-blindness and c.£6 million damages were claimed. Settlement reached at mediation.
- **NM v Oxford University Hospitals NHS Foundation Trust [2017]:** instructed by D in matter claiming c.£12 million re partial loss of 4 limbs and ischaemic bowel injury to 49-year old GP who required 24-hour care. Settlement achieved at RTM.
- **KF v Northumbria Healthcare NHS Foundation Trust [2017]:** instructed by D in this post -0.75% discount rate settlement of quantum only case re neonatal brain injury secondary to hypothermia and hypoglycaemia.
- **Justin Werb v Solent NHS Trust & The Priory Hospital, Southampton [2017]:** instructed on behalf of the father of a 15 year old boy in his claim for nervous shock as a result of witnessing the immediate aftermath of the son's suicide on a railway track after he had been released on home leave from psychiatric inpatient care. She successfully resisted a strike out application before Master Roberts.
- **Dr Rupasinghe (suing on her own behalf and as Administratrix of the Estate of Rohan Rupasinghe, deceased) v West Hertfordshire Hospitals NHS Trust [2016] EWHC 2848 (QB), Jay J:** widow of the Deceased not entitled to recover difference between her UK and her Sri Lankan earnings as a doctor as part of her dependency claim under the Fatal Accidents Act 1976, following her husband's death as a result of the Trust's negligent treatment.
- **K v St George's Healthcare NHS Trust (2016):** delayed diagnosis / treatment of a perianal abscess leading to Fournier's gangrene / necrotising fasciitis and sepsis, requiring extensive surgery including a permanent colostomy; furthermore C suffered strokes and myocardial infarction, resulting in brain damage. Clodagh achieved a substantial settlement at a pre-trial RTM on behalf of K.
- **T v Heatherwood & Wexham Park Hospitals NHS Foundation Trust (2016):** substantial settlement

achieved for T where liability and quantum remained in dispute relating to 6 year delay in treatment and diagnosis of 4th degree perineal injury, resulting in severe physical and psychological sequelae including faecal incontinence and sexual dysfunction.

- **C & H v Avon & Wiltshire Mental Health Partnership NHS Trust (2015):** instructed for D in substantial fatal claim re suicide of 32 year old woman with severe post-natal depression.)
- **Middleton v Allen (2014):** (defended a consultant neurologist at a trial at which he was accused of negligently failing to diagnose multiple sclerosis in a 49 year old patient in 1997, resulting in an alleged 13-year delay in diagnosis and treatment. In cross-examination the Claimant conceded all of the disputed facts and his expert ultimately conceded, under cross-examination, that there was no breach of duty on the part of Dr Allen, nor causation. The Claimant discontinued mid-trial.
- **K v Dr P (2014):** instructed on behalf of a GP in a claim for alleged failure to urgently refer a 44 year old man following a complaint of back pain when he had history of cancer by his spine and was at risk of recurrence, causing delay in diagnosis and operative treatment until after he had developed sensory and motor dysfunction, such that he was paraplegic for last 28 months of his life. Breach, causation and quantum were in dispute. Clodagh successfully negotiated the Defendant's position at a RTM, such that the Claimant discontinued proceedings shortly before the trial and agreed to pay the Defendant's costs.
- **AXB v Oxford Radcliffe Hospitals NHS Trust (2013):** FAA claim arising from death of 27 year old woman 10 days after son's birth due to untreated pre-eclampsia. Father developed PTSD. Case settled and approved for £850,000 and anonymity order obtained protecting family's identity.
- **Blacker v Dr Hillman & Royal Berkshire NHS Trust:** delayed diagnosis of cervical cancer, leading to early menopause, chronic pain syndrome, psychogenic non-epileptic seizures, inability to work and substantial care needs.
- **Quelcutti v Luckraj [2010]:** £800,000 settlement in a delayed diagnosis of cauda equina syndrome claim.
- **Sage v Ministry of Defence [2001] EWCA Civ 190, C**A: knowledge under s.14A Limitation Act 1980 in claim re: failure to inform employee of hearing loss.
- **Brown v Lewisham & North Southwark HA [1998] Lloyd's Rep Med 265:** application of key causation authorities in claim involving complex medical facts.

Professional Discipline & Regulation

Clodagh has dealt with a broad range of disciplinary cases predominantly on behalf of doctors before the Medical Practitioners Tribunal Service (previously GMC), and also cases brought by the General Dental Council (GDC), the General Osteopathic Council (GOsC), the General Optical Council (GOC) and the Nursing and Midwifery Council (NMC), ranging from those relating to criminal offences including fraud and other dishonesty (including allegations of rendering a patient in a comatose state through excessive opiates and persuading her to include him in her will, having deemed her to be terminally ill), rape and other sexual assaults, the practitioner's health (physical and mental), and cases involving concerns about alcohol and opiate misuse, including self-prescription, and performance issues.

She has successfully challenged regulatory decisions in the Administrative Court. She represented Dr Waney Squier, consultant paediatric neuropathologist, in a high profile MPTS / GMC case and subsequent successful appeal which has significant implications for expert witnesses where concerns are raised about straying outside of

their expertise or allegations of bias are made (Squier v GMC). Clodagh is experienced in dealing with matters relating to conflicts of interest and apparent bias (GOsC v X). She has successfully run an abuse of process argument on behalf of a dentist, owing to concerns about the GDC's disclosure, contact with a factual witness and the conduct of the GDC's expert witness, resulting in the stay of the GDC's prosecution (GDC v Jasbinder Singh). In GOsC v X Clodagh acted on behalf of an osteopath accused of sexually motivated assaults on a patient during shoulder manipulations. Clodagh took this matter over when it was part-heard, after the fact-finding stage had been concluded with a finding of sexually motivated conduct. At the subsequent hearing where Clodagh appeared, the Committee resiled from their finding of sexual motivation and concluded that in fact there had been no unacceptable professional conduct, such that the osteopath's career remains unblemished.

Clodagh is Chair of the Executive Committee of the Professional Negligence Bar Association (PNBA).

Selected Cases

- **Royal College of Veterinary Surgeons v Dr C (2019):** Clodagh successfully defended a vet with an unblemished record against allegations for failing to recommend an emergency Caesarean section in respect of a whelping bitch who had a retained puppy where there were factual disputes over the advice given, all of which were found in the vet's favour. The DC concluded that the admitted parts of the charge did not amount to disgraceful conduct in a professional respect.
- **General Osteopathic Council v TD (2018):** Clodagh represented an osteopathic tutor of undergraduates, who also sat as a member of the GOsC's Professional Conduct Committee, who was accused of bullying and intimidation towards a student. She was suspended by her employer as a result of the allegations pending further investigations. The GOsC's guidance requires osteopaths to self-report in the event of being suspended and Ms D did not do so for 4 months and she sat on 3 PCC committees in the interim. In the proceedings brought by the GOsC against Ms D, the Committee were persuaded that the allegations of bullying and intimidation were not proved. They concluded that the failure to self-report about her suspension and sitting on the 3 PCCs justified a 3-month suspension rather than a more substantial suspension or removal from the register, as had been argued on behalf of the Council.
- **GOsC v Z (2018)**: Clodagh represented an osteopath who performed a cranial technique on a 4 week old baby. The parents alleged that excessive force was used and that his breathing was compromised. The GOsC's expert suggested that it may have been a deliberate attempt to induce a life threatening event. The Committee found all of the allegations relating to the treatment of the baby not proven and only found one allegation proven in relation to a demonstration on the parents, resulting in the conclusion that the osteopath was not guilty of Unacceptable Professional Conduct, such that his unblemished record of 26 years remains intact.
- **GOsC v X (2017):** osteopath accused of sexually motivated assaults on a patient during shoulder manipulations. Clodagh took this matter over when it was part-heard, after the fact-finding stage had been concluded with a finding of sexually motivated conduct. At the subsequent hearing where Clodagh appeared, the Committee resiled from their finding of sexual motivation and concluded that in fact there had been no unacceptable professional conduct, such that the osteopath's career remains unblemished.
- **Dr Squier v GMC (2016) EWHC 2739 (Admin) Mitting J:** Appeal against the MPTS findings of dishonesty concerning the expert evidence of consultant paediatric neuropathologist, in cases relating to alleged non-accidental head injury in babies ('shaken baby syndrome') and the sanction of erasure.

Mitting J overturned the MPT's findings of dishonesty and concluded that they should have made no such findings against Dr Squier. He found that "her views were genuinely held" and concluded that there were a number of flaws in the MPT's determination in respect of Dr Squier's conduct. An order of conditions not to give expert evidence (other than in coroner's courts) for 3 years was substituted.

- **GMC v B (2016):** GP faced allegations before GMC's MPT re his management of a patient he had diagnosed as being terminally ill over a number of years and prescribed enormous doses of opiates to, with her ending up in an apparently semi-comatose state for about 6 months. The GMC alleged that he encouraged her to bequeath half of her estate to him. The credibility of the complainant was in issue: she came out of her apparent coma and disappeared in the night with her carer when district nurses became suspicious about her inexplicably healthy presentation despite the lengthy 'coma'. She had a history of making false allegations to the police. Clodagh succeeded in getting the case dismissed during the first week of the hearing and the GP's unblemished reputation remains intact.
- **GDC v Jasbinder Singh (2015)**: acted for a dentist before the PCC about a complaint arising out of Invisalign treatment with allegations of inadequate pre-treatment assessments, lack of advice about treatment options, informed consent, etc. Owing to concerns about the GDC's approach to disclosure, contact with a factual witness and the conduct of the GDC's expert witness, Clodagh successfully applied for a stay of the proceedings as an abuse of process.
- **General Optical Council v C (2014):** acted on behalf of a student optometrist, who was left to do an eye test of a patient unsupervised, contrary to GOC guidance. An incorrect lens solution (containing hydrogen peroxide) was provided to the patient, causing eye irritation. Clodagh drafted responses on behalf of the student optometrist which persuaded the GOC to discontinue the proceedings shortly before the FTP hearing was due to take place, so her record remains unblemished.
- **GDC v M (2014):** acted on behalf of a general dental practitioner facing PCC proceedings in respect of his care of a 6 year old's teeth, including failing to diagnose/treat caries. These were the third set of GDC proceedings which this dentist had faced in 5 years. He worked as a single-handed dentist in a socio-economically deprived area and was contemplating retirement. Clodagh advised the dentist in preparation for the potential PCC hearing and assisted in drafting responses to the GDC, which ultimately persuaded the GDC to permit the doctor to apply for voluntary removal from the register without any PCC hearing.
- **GMC v D (2012-2014):** acted on behalf of a psychiatrist before the FTPP in respect of charges relating to her health, arising out of her alcohol dependency and a possible bipolar disorder diagnosis. The FTPP imposed conditions on the doctor's registration in 2012 and, on review in 2014, Clodagh persuaded the FTPP to lift all further restrictions on the doctor's registration as she has remained abstinent from alcohol throughout the period of the GMC's supervision.
- **GMC v Scholten (2013-2014):** acted on behalf of a cosmetic surgeon, specialising in female genital cosmetic surgery, who took a photograph of an anaesthetised patient's genitalia without consent when performing a breast augmentation procedure. After successfully challenging the interim order of suspension before the High Court, in the FTP proceedings Clodagh secured a 3 month order of suspension without a review, despite findings of lack of insight.
- **GMC v Saidi (2013):** acted on behalf of an overseas trainee psychiatrist facing allegations of dishonesty and misleading conduct, arising out of admitted plagiarism in his application for specialist training. The panel found the allegations of dishonesty not proven, but did making findings that the conduct of plagiarism was misleading. Ultimately, however, they concluded that the doctor's fitness to practise was not impaired and they declined to impose a warning, despite an application for the same by the GMC, so

the doctor can continue in practice with his record unblemished.

- **GMC v H (2013):** represented a consultant neurosurgeon accused of sexual assault of female patient with cauda equina type symptoms, during a private consultation without a chaperone, including vaginal penetration with gloved hand and clitoral palpation. Doctor was arrested but not charged with any offence, but subject to bail conditions. Clodagh persuaded the IOP not to suspend the doctor, but to impose workable conditions so that he could continue in practice while the allegations were investigated.
- **GMC v Mphanza (2012-2013):** represented an anaesthetist at the GMC FTPP hearing who had failed to perform a rapid sequence induction on a 74 yr old patient undergoing laparotomy for a possible incarcerated hernia, where the patient regurgitated on induction of anaesthesia. She died in the weeks that followed. Doctor with 30 year unblemished career faced charges of misconduct. He admitted using the incorrect anaesthetic technique, but denied other more serious allegations about ignoring concerns raised by junior staff. All the disputed charges were found not proven, the Panel found that there was no misconduct and it declined to issue a warning, so the doctor successfully defended the entire case.
- **NMC v F (2012)**: represented female practice nurse accused of having inappropriate personal relationships with 2 male patients. Article 8 and privacy issues argued. Successful half time submission resulted in the CCC dismissing all charges.
- **GMC v A (2012):** persuaded IOP to revoke interim order of conditions against a junior locum obstetrician who was reported to the GMC by the employing Trust for failing to supervise a fellow obstetrician (a substantive employee) and misinterpreting a CTG, when evidence suggested that she was in fact the more junior member of the team.
- **GMC v O (2012):** resisted interim order on behalf of doctor accused of, but not charged with, rape.
- **GMC v P (2012):** resisted interim order on behalf of doctor accused of fraud in his financial dealings between his NHS and private practices.
- **GMC v Calton (2011):** FTPP relating to a consultant psychiatrist's care of two psychiatric patients, where no patient consent or court order had been obtained authorising disclosure of the first patient's records, who was unaware of the proceedings. Case relating to first patient withdrawn at Panel's direction. Case relating to second patient cancelled pursuant to detailed defence application under r.28.
- **GMC v J (2011):** FTPP re neuro-anaesthetist with alcohol problem and honesty issues.
- **GMC v Lambiris (2011):** FTPP – doctor accused of kissing patient and inappropriate remarks/advice. All disputed facts found not proved and doctor case concluded with no finding of impairment.
- **GMC v Squier (2010):** IOP – resisted order against consultant paediatric neuropathologist whose expert testimony in 'shaken baby syndrome' cases was in issue.
- **GMC v Taranissi (2008):** FTPP relating to allegations of inappropriate treatment and testing of patients at a fertility clinic run by renowned fertility expert, Mr Mohamed Taranissi. Case dismissed at 'half time'.
- **GMC v Craft (2005-2006):** FTPP concluded no case to answer in case against pioneering fertility specialist, Professor Ian Craft, facing charges of inappropriate treatment of patients at his fertility clinic.
- **Bainton v GDC (2000):** Privy Council's discretion to extend time for lodging petition of appeal if appeal appears to have substantial merits.

Inquests

Clodagh has appeared before many Coroners and their juries on behalf of families, doctors, NHS Trusts, the police and the prison service as interested persons. Many of her cases have included human rights issues and controversial ethical elements such as the withholding of treatment from elderly patients, proceeding with high risk transplant surgery, deaths of psychiatric patients, including those under 'section' and childbirth related maternal and perinatal deaths.

Selected Cases

- **Re AX (2019):** Clodagh acts on behalf of the family of a wealthy Russian man found dead in his bed in his London home and the cause of death remains unascertained. The deceased had been assaulted and threatened 3 days prior to his death by unknown assailants in Nice, France. The Deceased was also going through marital difficulties with his civil partner.
- **Re Shante Turay-Thomas (2019):** Clodagh acts on behalf of the family of an 18 year old who died as a result of likely anaphylaxis where there are issues relating to the efficacy of the Emerade adrenaline pen she used and delays in the attendance of the ambulance almost one hour after her mother phoned NHS 111 for assistance, linked to the level of urgency applied to the call and sending the ambulance to the incorrect address.
- **Re Owen Carey (2019):** Clodagh acted on behalf of the family of an 18 year old boy who died of anaphylaxis after eating a grilled chicken breast from Byron Burger not knowing that it had been marinated in buttermilk, as the menu did not say this. Owen had multiple food allergies, including to dairy, and the server was informed of this, as the Coroner found at the conclusion of the inquest. The Coroner wrote a PFD report adopting many of the submissions advanced on behalf of the Family.
- **Graham Stoten & 9 others (2018 – 2019):** Clodagh was instructed by Mrs Stoten in this inquest into 10 deaths of patients of urological surgeon, Paul Miller, at East Surrey Hospital, who did not offer Mr Stoten curative surgery for bladder cancer from 2011-2013 and instead pursued experimental treatment options, resulting in his premature death aged 57. The coroner concluded that the death of Mr Stoten was contributed to by neglect.
- **Reeta Saidha (2018):** represents family at inquest into maternal death of 38 year old woman admitted with spontaneous rupture of membranes at 15 weeks' gestation and there was a delay in offering or providing termination, including after the development of sepsis. The deceased went on to develop disseminated intravascular coagulopathy and multi-organ failure and died.
- **Sophie Burgess (2017):** represents family at inquest into death of 11 month old baby with a history of febrile seizures who was given a very large overdose of Phenytoin by a hospital doctor, resulting in her sudden cardio-respiratory arrest and death. The issues include how the overdose came to be given and why the drug was given at all, given that the baby was 'stable' and despite a nurse challenging doctors about their treatment of the baby. Proceedings were halted on final day of inquest as police are re-opening their enquiries into potential manslaughter charges.
- **Abdul Khan (2016):** appeared for the family of a 77 year old man whose kidney dialysis line was malpositioned while he was an inpatient (following a fall), resulting in a haematoma, which was not scanned. Clinicians failed to act upon his deteriorating state, including persistent anaemia (despite 6

units of blood), hypotension, pain and breathlessness. When he was eventually scanned days later, it was misreported, and a retroperitoneal haematoma and bowel ischemia were only diagnosed after he suffered a cardiac arrest, and he later died.

- **Archie Haxell (2015):** represented the family at the inquest into the neonatal death of a first-born twin, who died at 5 days' of age, having sustained a severe brain injury during the neonatal period immediately following his delivery when attention was diverted to the second-born twin. The inquest gave rise to medically complex neuropathological issues about causation. Communication issues were central to the shortcomings identified. The coroner wrote a Prevention of Future Deaths report, in line with Clodagh's submissions.
- **Maria Lopes (2014)**: acted on behalf of the Trust in this inquest into the death of a 31 year old woman admitted to hospital with renal colic who developed sepsis, hyperpyrexia of unknown cause and died, despite intensive treatment on ICU over the course of a week. The precise cause of death was unclear, and various expert theories including malignant hyperthermia, Propofol Infusion Syndrome, hypophosphatemia and delayed treatment of sepsis were in issue, in this exceptionally medically complex case.
- **George Werb (2014):** represented the family of a 15-year old boy who stepped in front of a train while on home leave from the psychiatric inpatient unit at The Priory Southampton. George was allowed on home leave despite suffering from psychotic delusions and telling staff that he felt 'very suicidal'. The coroner returned a narrative conclusion, and found that the assessment of George's suicide risk was incomplete, inaccurate and did not reflect the actual situation.
- **John Moore-Robinson (2014):** appeared for the junior doctor in this high profile re-hearing of the inquest into death of 20 year old man admitted to Mid Staffordshire hospital in 2006 after falling over handle bars of his bike. The junior doctor saw the patient and discharged him home, and the patient died later that night of an undiagnosed ruptured spleen. This case was highlighted in the Francis Inquiry because a consultant from A&E wrote a report to the coroner stating that this death was avoidable, but this was omitted from the statement sent to the original coroner. At the re-hearing the coroner concluded that the problems contributing to the missed diagnosis were more systemic, rather than failings of the junior doctor who should have been supervised and if proper triage procedures followed a senior doctor would have seen the patient immediately.
- **James Hernon (2012-2014):** appeared for a mental health Trust at inquest into death of man with a long history of psychosis and hallucinations who was admitted to A&E after stabbing himself. He was referred to the psychiatric hospital for assessment and attended voluntarily, but left before being assessed. In the following weeks there were concerns about his mental health but he declined to attend hospital. He hanged himself at home, without having had any medical assessment. Coroner's expert was discredited to such an extent during questioning that the coroner discharged the jury and instructed a new expert, resulting in a conclusion which made no criticism of the Trust at the resumed hearing.
- **James Fyfe (2013):** represented the family at the jury inquest into the death of a 90 year old man admitted to hospital, who fell from an x-ray trolley, suffering a fractured neck and died a few weeks later. The jury was persuaded that there were substantial failings in the trolley maintenance and inspection systems which contributed to the death. There were potential implications for gross negligence manslaughter / corporate manslaughter, with the police and HSE investigating.
- **Diane Henshaw (2013):** acted on behalf of a locum staff grade anaesthetist who believed that his 74 year old patient, who was undergoing laparotomy for a possible incarcerated hernia, had an empty stomach; he therefore failed to perform a rapid sequence anaesthetic induction and the patient

regurgitated on induction of anaesthesia. She subsequently died, as a result of peritonitis and perforation of the bowel, and aspiration. Clodagh previously represented this doctor before the GMC in respect of Mrs Henshaw's case, and the GMC Panel found the facts in favour of the doctor and made no finding of impairment of fitness to practise. The coroner made no pejorative findings against the doctor either.

- **Michael Longley (2013):** Clodagh represented an out-of-hours GP in complex haematological case re post-operative anti-coagulation of a patient who was ultimately admitted to hospital having suffered a subdural haematoma. He had thrombocytopenia and died later that day, probably as a result of a previously unrecognised complication from anticoagulation.
- **Daniel McMahon (2013):** represented the mental health Trust in this inquest into the death of a 28 year old 'sectioned' psychiatric inpatient, following an admission for a psychotic episode which began while on holiday abroad. He was on s.17 MHA accompanied leave, when he jumped in front of a train, suffering fatal head injuries. There were multiple issues about the adequacy of the psychiatric care, as well as concerns about the response of police and Network Rail to a 999 call before the collision. Clodagh persuaded the coroner that there were no issues for the jury to determine in relation to the Trust.
- **John Shircliff (2013):** acted for staff grade haematologist in relation to death of a patient following a total knee replacement, who had his pre-operative assessment 6 months earlier. The blood results were abnormal and no action was taken to repeat them. On the day of surgery it was not appreciated that he was anaemic. Post-operatively, it was found that he had an aggressive form of leukaemia. No criticism was made of Clodagh's client.
- **Kimberley Harrison (2012):** acted on behalf of a junior GP at an inquest into the sudden death of a 15 year old girl as a result of undiagnosed cardiac complaint less than 10 hours after being seen by her in a walk-in centre feeling generally unwell. Despite concerns of the family, it was established through the factual and expert testimony that no justifiable criticisms could be made of the GP. The Coroner found that the death was unavoidable.
- **John Downey (2011):** represented prison GP in inquest into hanging of remand prisoner, where issues arose about similar fact evidence from another inquest and Ikarian Reefer arguments about one of the experts.
- **Henry Healey (2010-2011):** appeared for family in Inquest into death of a baby with a fractured skull and consequent brain damage caused by obstetrician's digital pressure applied during a Caesarean section delivery. Coroner returned a long narrative verdict raising substantial concerns about the medical care, in particular by the obstetrician.
- **Marcus Cottoy (2011):** acted for junior psychiatrist at inquest into death of patient in police custody who had been sectioned and was in the process of being admitted to a psychiatric hospital as he was exhibiting very disturbed behaviour.
- **Patrick Bennett (2010):** appeared on behalf of Trust in inquest re death of compulsory psychiatric inpatient (under s.3 MHA 1983) from medication overdose, who lacked capacity to comprehend the implications of taking excessive medication or to form any suicidal intent. Third party involvement queried and criminal investigation contemplated by coroner. Complicated toxicology evidence.
- **Roderick Smyth (2010):** represented the family – death following live donor kidney transplant where patient was suffering from active infection in toes pre-operatively and guidance suggested that the elective surgery should not have proceeded.
- **R v Anderson ex p HM Coroner for Inner North London [2004] EWHC 2729 (Admin):** unlawful killing

verdict in Roger Sylvester case quashed by Collins J as coroner's direction to jury on causation so confusing as to render verdict unjust.
- **Roger Sylvester (2003):** appeared on behalf of the Commissioner of Police – sensitive case following the death of a black man suffering from cannabis induced delirium who was restrained by police at a psychiatric hospital and died whilst being restrained.

Public Law

Clodagh is experienced in dealing with judicial review proceedings, in particular arising out of cases with a medical background such as from regulatory proceedings or inquests.

Selected Cases

- **Squier v GMC [2016] WHC 2739 (Admin) Mitting J:** appeal against the MPTS findings of dishonesty concerning the expert evidence of consultant paediatric neuropathologist, in cases relating to alleged non-accidental head injury in babies ('shaken baby syndrome') and the sanction of erasure. Mitting J overturned the MPT's findings of dishonesty and concluded that they should have made no such findings against Dr Squier. He found that "her views were genuinely held" and concluded that there were a number of flaws in the MPT's determination in respect of Dr Squier's conduct. An order of conditions not to give expert evidence (other than in coroner's courts) for 3 years was substituted.
- **Ashton v GMC [2013] EWHC 943 (Admin) Stuart-Smith J:** FTP of GMC had not erred in finding that a single incident by a GP of writing a routine referral letter when an urgent referral was required was sufficient to amount to misconduct for the purposes of the Medical Act 1983 s.35C(2)(a). The decision to impose the sanction of suspension was not unreasonable; however, the imposition of an immediate suspension order was unjustifiable and wrong.
- **Scholten v GMC [2013] EWHC 173 (Admin):** application for termination of 18 month interim suspension order re specialist in female genital cosmetic surgery who took a photograph of an anaesthetised patient's genitalia without consent. Supperstone J: IOP had not sufficiently balanced the competing interests and, had he had the power to so order, he may well have substituted conditions.
- **Henry v News Group Newspapers Ltd & Whittington Hospital NHS Trust & Another [2011] EWHC 1364 (QB):** resisted application before Eady J for third party disclosure of highly sensitive medical records relating to 'Baby P' (Peter Connelly), sought to defend libel proceedings brought by a social worker.
- **Rimmer v GDC [2010] EWHC 1049 (Admin):** Lloyd Jones J confirmed that proposition in A HA v X applied to the disclosure of confidential dental records to the GDC for the purposes of their regulatory proceedings.
- **R v Anderson ex p HM Coroner for Inner North London [2004] EWHC 2729 (Admin):** unlawful killing verdict in Roger Sylvester case quashed by Collins J as coroner's direction to jury on causation so confusing as to render verdict unjust.
- **Bainton v GDC (2000) PC (UK) LTL 3/10/2000:** application for leave to appeal out of time from decision of GDC's PCC to suspend the registration of a consultant oral and maxillofacial surgeon who had been found guilty of serious professional misconduct.

Court of Protection

Clodagh undertakes work in the Court of Protection, dealing with matters relating to capacity, treatment decisions and the best interests of protected persons.

Selected Cases

- **Lewisham Healthcare NHS Trust v Baby H.O. [2012] Eleanor King J:** emergency proceedings brought by Trust to enable it to give antiretroviral medication to a baby immediately following birth, as the baby's mother was in denial that she was HIV positive.
- **Re CA [2012] Baker J (CoP):** best interests matter relating to woman with learning difficulties and possible personality disorder residing in inpatient psychiatric facility, where capacity to engage in sexual relations was in issue, as well as provision of an appropriate placement.

Public Inquiries

Clodagh has experience in acting in public inquiries with a medical context and she appeared as junior counsel on behalf of a Trust in the Richard Neale Inquiry into how the NHS handled allegations about performance.

Appointments

- Chair of Executive Committee of PNBA (2020-present)
- Vice Chair of Executive Committee of PNBA (2017-2019)
- Executive Committee Member of PNBA (2013-2017)
- Attorney General's C Panel of Junior Counsel to the Crown (2000-2006)

Awards

- Middle Temple Astbury Major Scholar (1995-1996)
- Middle Temple Harmsworth Major Entrance Exhibitioner (1995-1996)

Education

- MA (Law), Magdalene College, Cambridge University (1992-1995)

Memberships

- PNBA

- ARDL
- LCLCBA