

Simon Connolly

Call: 2019 (Solicitor 2003)

Regulatory & Public

Simon has practised in the field of healthcare regulatory law for over a decade and joins the Bar and Chambers to develop his advocacy experience and skills in this practice area.

Simon is an accomplished inquest advocate with his inquest experience involving the representation of individual healthcare professionals of all disciplines and specialities and healthcare corporates – urgent care centres/ out of hours' service providers, care homes, pharmacies – in traditional inquests. Simon also has substantial experience in representing Health in Justice providers in enhanced inquests engaging Article 2 ECHR and heard by a Coroner sitting with a jury. His inquest practice extends nationally.

In addition to his inquest work, Simon is significantly experienced in advising and representing healthcare professionals in criminal investigations and proceedings. His criminal law experience has involved advising clinicians under investigation in relation to offences such as gross negligence manslaughter, sexual assault, wilful neglect, fraud, perjury and perverting the course of justice and in regulatory investigations brought by the CQC.

Simon is often instructed to represent clients in investigations and proceedings arising from the inquests or criminal investigations in which he has been involved and prosecuted by national (GMC/ GDC/ GPhC/ GOsC) and local (NHS England) regulators in which a practitioner's right to continue in practice is in issue.

Simon's experience also includes the representation of professionals involved in employment disciplinary investigations and proceedings (MHPS). He has a comprehensive understanding of the legal framework governing the conduct of such matters which he has deployed in successfully and favourably concluding many disciplinary investigations.

Simon has also advised in healthcare related information law, public law and human rights cases.

Simon's healthcare regulatory practice is rooted in his extensive medical knowledge, his in-depth understanding of the social and political realities of the practice of medicine in all of its guises and also the legal structures in and under which practitioners and providers operate.

Notable Cases:

Article 2 Inquests:

Inquest touching the death of PB (Wakefield): 4 day inquest concerning the death of a prisoner as a consequence of mixed drug toxicity and in which his medical management at the time of his reception into prison and on the day of his death were scrutinised without ultimate criticism. Conclusion: Drug Related.

Inquest touching the death of JW (Doncaster): 3 day inquest concerning the self-inflicted death of a prisoner shortly after his transfer into prison. The inquest scrutinised his reception screening and also the management of his enduring mental health conditions. Conclusion: Misadventure.

Inquest touching the death of TG (St Pancras): 7 day inquest concerning the self-inflicted death of a deaf and so vulnerable prisoner three weeks after his entry into prison. The inquest scrutinised the impact of a delay in the provision of hearing aids within the context of his deteriorating mental health. Conclusion: Narrative.

Inquest touching the death of AHS (Ipswich): 5 day inquest concerning the self-inflicted death of a long-term



Education:

1999 LLB (Hons) 2:1,
University of Hull

2000 College of Law (Chester)

Career:

2000-2003 Forbes Solicitors
(Lancashire)

2003-2007 Henry Hyams
Solicitors (Leeds)

2007-2011 The Medical
Protection Society (Leeds)

2011-2019 BLM LLP
(Manchester/ Leeds)

2018 Higher Rights of Audience
(Criminal)

prisoner who had variously complained at his perceived ill-treatment and arguably manipulated the prison system to his own ends. Conclusion: Misadventure.

Inquest touching the death of CW (Worcestershire) : 10 day inquest concerning the death of a prisoner from opioid toxicity shortly following a decision to withdraw him from IDTS as a consequence of medication diversion. The case also included the scrutiny of the resuscitation within the context of survivability and causation. Conclusion: Narrative.

Traditional Inquests:

Inquest touching the death of ES (Bolton) : Simon represented a GP who prescribed Oromorph to a patient with a differential cancer diagnosis. The patient succumbed to a respiratory arrest days later. Simon challenged the pathology and toxicology evidence to establish a cause of death of (1a) pneumonia and (1b) COPD and not opiate toxicity.

Inquest touching the death of JM (Liverpool) : Simon represented a Consultant Anaesthetist following the death of a severely disabled young boy who suffered a serious extravasation injury during surgery and arrested post-operatively. Whilst the death was explained by a rare and previously undiagnosed congenital heart condition. Simon's client faced an assertion of "situational blindness" by his response to the arrest, which was successfully refuted. Conclusion: Narrative (natural causes).

Inquest touching the death of Baby SD (Rochdale) : Simon represented a Consultant Obstetrician following the death of a neonate from sepsis within the context of post-natal hyperbilirubinemia which developed following a missed ante-natal Anti-D injection. The case involved complex neonatology and paediatric pathology evidence as to causation and preparation for exchange transfusion. Conclusion: Neglect.

Inquest touching the death of MC (Preston) : Simon represented a Consultant Radiologist based in Northern Ireland who remotely reported on out of hours films for English Trusts in a case involving an orbital abscess related death in which subsequent local scanning was delayed although, as was established, not as a result of the actions of Simon's client. Conclusion: Neglect.

Inquest touching the death of MS (Northumberland) : Simon represented an Out of Hours provider who employed a German locum GP who diagnosed a potentially fatal cardiac arrhythmia in a student who became lost to follow-up. Conclusion: Natural Causes.

Inquest touching the death of IJF (Manchester) : Simon represented a Birmingham based GP who prescribed an anti-depressant to an adolescent who later went on to take her own life whilst at university in Manchester. Conclusion: Suicide.

Inquest touching the death of HB (Nottingham) : Simon represented a national pharmacy chain in inquest proceedings concerning the death of an elderly gentleman from sepsis and in which a prescription for antibiotics was not dispensed. Conclusion: Natural Causes.

Criminal

Dr H: Simon represented a Consultant Psychiatrist in a police investigation relating to an offence of gross negligence manslaughter following the suicide of a patient, hours after her release from a mental health unit.

Dr DP: Simon represented a SpR Intensivist in a police investigation relating to an offence of gross negligence manslaughter following medical misadventure which caused a fatal cardiac arrest. Simon's client was not prosecuted. Simon acted in the subsequent inquest proceedings and the GMC investigation.

Dr A: Simon represented a FY2 doctor who was prosecuted in relation to two counts of the sexual assault of two elderly female patients. The jury returned not guilty verdicts within an hour. Simon also represented the doctor in the subsequent GMC investigation which was concluded with no further action at Rule 7 stage.

Mr C: Simon represented a Consultant Surgeon under investigation by the police for the wilful neglect of a patient during surgery. No further action was taken.

Mr P: Simon represented a pharmacist under investigation by the police in relation to an offence of gross negligence manslaughter following a prescription error.

Dr B: Simon is representing a Consultant in Emergency Medicine under investigation for perjury in connection with evidence given during the course of an inquest.

Advisory

Dr DB v GMC (2016) EWHC 2331 (QB) : Simon acted for Dr DB in the High Court and in the subsequent Court of Appeal proceedings in challenging a decision of the GMC to release an expert report commissioned during a fitness to practise investigation to a complainant who intended to use that report to further a clinical negligence claim.

Contact Simon's clerk

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