NMC INTERNAL MEMORANDUM

To: Code A
Ian Todd
Code A
Code A
Code A

From: Clare Strickland
Code A

Date: 16 May 2008

CC:

Re: **Gosport Ward Memorial Hospital – meeting with GMC 16.5.08**

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1. Code A and I attended a meeting with the GMC today to discuss this case. Attending on behalf of the GMC were Sarah Ellson of Field Fisher Waterhouse, Peter Swain (Head of Case Presentation) and Juliet St Bernard.

2. We had asked for the meeting in order that we could establish the nature of the GMC case against the doctor concerned. This will be relevant to our proceedings, as identified in my memo of 20 April 2007.

3. I summarised the background to the NMC's involvement, and explained why we sought further information from the GMC. We were then given the following information.

4. The GMC is focussing on 13 cases:

    - Five cases where complaint has been made to the GMC by members of the public;

    - The ten cases that fell into the police's "category 1" (two of these are also the subject of direct complaints)

    - One further case on which the GMC has obtained further expert evidence.

5. The patients are as follows:

    - Code A
    - Elsie Lavender
    - Eva Page
    - Alice Wilkie
    - Gladys Richards
    - Ruby Lake
    - Arthur Cunningham
    - Robert Wilson
    - Enid Spurgeon
    - Geoffrey Packman
    - Elsie Devine
    - Jean Stevens

6. The GMC investigations are advanced. They have identified 30 – 40 witnesses, some of whom merely produce their police witness statements, others of whom

have given further statements. There are a number of nurses who have provided statements and whom the GMC wish to call to give evidence or on whose statements the GMC will rely. They are:

- Carol Ball (provided a statement to the police but cannot be traced now)
- Code A
- Tina Douglas (provided a statement to the police but cannot be traced now)
- Sylvia Giffin (provided a statement to the police, now deceased)
- Shirley Hallman
- Code A
- Sheila Joines
- Anita Tubbritt
- Code A
- Fiona Walker

7. Other nurses mentioned by the GMC as possible witnesses are:

- Code A
- Margaret Wigfall
- Code A
- Ruth Clemow
- RCN steward Betty Woodland

8. The GMC was working towards a hearing date of 8 September 2008, with a hearing time estimate of eight weeks.

9. However, there has been a significant development this week. The coroner has opened an inquest into the deaths of ten patients, and adjourned it to autumn 2008. This would clash with the GMC's proposed hearing date. Accordingly, the GMC needs to consider whether to delay its hearing until after the inquest, or whether to try to press on. The ten patients who will be the subject of the inquest are:

- Code A
- Elsie Lavender
- Ruby Lake
- Robert Wilson
- Enid Spurgeon
- Elsie Devine
- Helena Service
- Arthur (Brian) Cunningham
- Sheila Gregory
- Geoffrey Packman

10. The GMC is anxious that we should not do anything that might discourage the nurse witnesses from co-operating with the GMC proceedings. I explained that the nurses who have already been referred to the NMC are not necessarily aware of the referrals. Under the system in place at the time of the referrals, nurses were not informed of the allegation against them prior to consideration by the PPC. Accordingly, the NMC has not had direct correspondence with the nurses named in the various complaints received (see my memo of 20 April 2007 for full

details). However, I have seen correspondence between the NMC and the Trust, so it may be that at least some of the nurses have been made aware of NMC interest, albeit indirectly.

11. During the course of its proceedings, the GMC has received comments from families to the effect that they do not know what the NMC is doing with their complaints. In particular, Sarah Ellson mentioned that Ms McKenzie, daughter of Gladys Richards, appears to be under the impression that her complaint is still under consideration. In fact, the Richards case was closed by the PPC in 2001, and there is no evidence on the NMC files that it was ever reopened.

12. We explained the NMC approach, namely to wait until the GMC has determined whether the doctor's prescribing was inappropriate and should have been challenged. Once we have that determination, we will be in a position to decide which nurses, if any, we should proceed against for failing to challenge.

13. NMC action could also follow a relevant finding by the coroner.

14. In my memo of 20 April 2007, I identified the two complaints received by the NMC where the general issue of poor prescribing, and failure by the nurses to challenge, was raised. These cases were Wilkie and Devine. The GMC has now confirmed that these two cases will form part of its proceedings.

15. The GMC is not in a position to share witness evidence with the NMC at this stage, but will be able to provide transcripts of its proceedings.

Next Steps

16. I remain of the view that our general approach, i.e. to await the outcome of GMC proceedings before deciding how to proceed is correct. However, there are some specific issues that we must consider, and decide how to deal with:

    - The delay between events and any NMC proceedings;
    - Notification of complaints received to named registrants;
    - Whether the cases should be dealt with under the old rules or the new rules.

17. My view when I considered then old rules/new rules issue last year was that the old rules would be preferable. On balance, I remain of that view for the reasons given in my memo of 20 April 2007. However, because of the significance of this issue, and the potential sensitivity of the two other issues I have identified, we may wish to seek an opinion from leading counsel.

Attachments

18. I attach the following to this memo:

    - My memo 20.4.07
    - Police investigation overview
    - My spreadsheets of the case files referred to the NMC by the police
    - BBC news printouts of press coverage of the coroner's inquest (14.5.08) and the announcement of further police investigation in 2006, when the NMC was mentioned (11.7.06)