

Private and confidential

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Dear Mr Green

Registered nurses, Gosport War Memorial Hospital

Thank you for your email of 5 November and 16 December 2009. I must begin by apologising for failing to respond to your emails promptly.

To begin, I should explain that my involvement with this matter was agreed in June 2009 and the information provided in this letter is through review. You should regard me as first point of contact at the NMC.

The matter is being considered under the 1993 Rules, commonly known as the 'Old Rules'.

Of the list of names provided in your email, I can confirm that the following have been referred:

Code A

In September 2001, the UKCC's Preliminary Proceedings Committee (PPC) considered a referral by Hampshire Constabulary, made in September 2000, which related to the care of a patient, Mrs Richards. Three of the above named practitioners are named: **Code A**

Code A The PPC decided to decline to proceed with the case.

Hampshire Police subsequently obtained a report by another medical expert, Professor Ford, into the care of five patients, including Mrs Richards (a report had previously been obtained by the police from medical expert Professor Brian Livesley). Professor Ford reported back in December 2001 and the police subsequently made the report available to

- the Commission for Health Improvement (CHI);
- the General Medical Council;
- and the NMC.

In response to Professor Ford's report, the NMC wrote to Fareham and Gosport Primary Care Trust for comments. The Trust's response was received on 15 May 2002. The Trust confirmed that no disciplinary action had been taken against any nurse.

In addition, from May to August 2002, other referrals were made by members of the public, relatives of patients at Gosport Nursing Home, including

- Mr Page (in respect of poor care provided to his mother, Mrs Page);
- Mrs Jackson (in respect of care provided to her mother, Mrs Wilkie: poor or inaccurate record keeping; inaccurate recording of conversation in medical notes; failure to ensure pain relief was provided; inappropriate manner towards family members; failure to monitor patient appropriately; failure to provide basic care);
- **Code A** (in respect of care provided to **Code A** Mrs Devine: maladministration of drugs; failure to ensure accurate records were maintained; failure to provide information to family members);
- Mrs Bulbeck (in respect of general care provided to her mother, Mrs Middleton: failure to ensure that meals were provided within her reach; failure to ensure the bell was within reach; aggressive behaviour/impatience when administering medication; inappropriate remark to a patient regarding hygiene; failure to ensure that the patient was kept warm; failure to provide basic nursing care);
- Mrs Carby (in respect of the care provided to her late husband, Mr Carby: negligent behaviour resulting in the death of her husband).

CHI conducted an investigation and reported back in July 2002. Its findings were shared with the NMC.

In September 2002, the police reopened its case.

On 24 September 2002, the PPC considered the matter. None of the practitioners had been formally identified at that stage. The committee was advised that no allegations had been served on any practitioner. It was asked to review the documentation made available to it and was invited to consider whether or not the case should be investigated further and, if so, to draft a summary of allegations to be forwarded to the Council's solicitors.

The case was adjourned pending the outcome of the police investigation.

The NMC maintained contact with the police while respecting the boundaries of the enquiries. In October 2004 it received an update from the police regarding its investigation. Regular contact was maintained through 2004, 2005 and 2006 and in March 2007 the police provided some additional information and gave an indication that HM Coroner for Hampshire may conduct an inquest in respect of three patients who had not been cremated. In May 2008, the NMC was informed that HM Coroner was holding an inquest into the deaths of ten patients. It is my understanding that a decision was taken to await the outcome of these proceedings rather than refer it back to the PPC.

We were advised of the date of the GMC's case against Dr Barton and a decision was taken, I understand, to await a finding on the issue of serious professional misconduct. As you know, the case was adjourned in August 2009 and has resumed this week.

In general terms, we propose the following

- The date of the PPC's date has yet to be determined, but it is likely to be late March/early April. The date will be given in correspondence but I will ensure that you are informed of it as soon as I know it;
- Following the conclusion of the GMC's case as indicated above, we propose to finalise a bundle of documents to be served on each of the practitioners and invite them to respond. The bundle will include a report to the PPC prepared by our in-house legal team;
- The timescale for a response has yet to be finalised but it is more likely to be 28 days rather than the PPC's standard 14 days;
- We will ensure that the RCN receives a copy of correspondence sent to each practitioner. I am happy to accept your email as confirmation that you are acting for them and there is no need for separate consent forms to be submitted;
- The members of the PPC have been selected and received training but have received no indication as to the case they will be considering. We have ensured that they are not panellists who would have prior knowledge of the case through NMC business;

Following a meeting held within our directorate in June 2009, it was decided that the NMC should arrange informal meetings with the Trust to be held after the conclusion of the GMC's case but prior to the NMC's PPC sitting. This was primarily in order to up to date employment references for the benefit of the PPC in its proceedings.

Code A

Following the decision by the GMC's committee to adjourn proceedings, we decided that we should carry on with the meetings. This decision was reached when it was suggested to the NMC that **Code A** was suffering from a terminal illness.

Code A

As you know, on 3 December 2009, I met with Sue Harriman, Director of Clinical Excellence and Delivery at Hampshire Community Health Care. We had been advised that **Code A** had retired on medical grounds and asked for further confirmation but the Trust was reluctant to provide any further information with **Code A** consent. Certainly at the meeting, I was not prepared to press the issue.

I am requesting that the RCN gives consideration to providing **Code A** consent for the NMC to have further details of her current state of health. This can be through either providing consent and appropriate details for the NMC to approach her general practitioner or for the NMC to obtain confirmation from the Trust as to the precise nature of her medical condition that led to her retirement.

I accept that, in making this request, we are approaching a sensitive issue. It is not my intention to cause **Code A** distress but to obtain clarification. Any information we receive will be disclosed to Mrs Hamblin and the RCN. If you would like to discuss this matter further, please call me.

Hampshire Community Health Care and Portsmouth Hospitals NHS Trust

On 3 December 2009, Hampshire Community Health Care confirmed that it would be in a position to supply employment references in respect of the following:

- **Code A**
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This was followed by a formal request for employment references last week.

We did not pursue the issue of **Code A** at the meeting for the reasons above and I explained that I would be making any such request following enquiries with the RCN.

As some of the practitioners have moved their employment to Portsmouth Hospital NHS Trust a similar meeting has been set up and will take place on 25 January 2010. A request has been made for employment references in respect of the following:

- **Code A**
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Hampshire Community Health Care and Portsmouth Hospitals NHS Trust (continued)

While both Trusts have been of assistance, it would help me if you could provide dates of birth and, if available to you, NMC PINs for the following:

- **Code A**
- **Code A**
- **Code A**

Referral by Charles Stewart Farthing (24644)

In response to your email of 16 December 2009, I can confirm that the NMC is in receipt of a referral by Mr Stewart-Farthing regarding the care of his step-father, Arthur Cunningham.

This case is being considered under the 2004 Rules and is currently not in the form required to be considered by the Investigating Committee. The following practitioners are named in Mr Stewart-Farthing's initial letter:

- Nurses **Code A**, Shirley Hallman, **Code A**, Lloyd, **Code A**

Their identity was subsequently confirmed by NHS Hampshire as

- **Code A**
- Shirley Hallman
- **Code A**
- Ingrid Lloyd
- **Code A**

While **Code A** details were not provided, I am assuming this is the nurse referred to.

This case is being handled by my colleague in our directorate's Triage team, **Code A** who can be contacted on **Code A**. It has a working reference number of **Code A**. I will ask **Code A** to keep you informed of developments.

To confirm, the case will be considered separately, under the 2004 Rules, due to the date of the referral being received.

Christopher Green, RCN

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Finally, I apologise once again for not replying to you as promptly as I should have done. I note from your emails the level of support the RCN has provided to the practitioners concerned and, as such, you will appreciate that this is a complicated matter. I trust this letter has been helpful but will be happy to endeavour to answer any questions arising from it. I will ensure that you are kept informed of developments.

Yours sincerely

Code A