

Private and confidential**Code A**

20 July 2009

Tri/Public1 **Code A**/24644Direct line: **Code A**

Fax no: 0207 636 6282

Code A

Dear Mr Farthing

Code A

Thank you for your letter regarding the above.

Allegations of impaired fitness to practise are referred in the first instance to a panel of the Investigating Committee. The panel will decide what action, if any, to take and this means it must have sufficient information to consider the matter properly. You have sent some information but there are some pieces we still require. I have listed these below.

Before the panel considers the case, I must invite the nurses to respond to the allegation and send them copies of all the information you have sent me. For this reason, I need your consent to my sending them the information you have sent me. I appreciate that you may feel reluctant about letting me send your information to the person concerned. However, we may not be able to proceed with the case if you do not consent. I enclose a consent form for you to complete and return to me.

Either now or later, I may need to contact Gosport War Memorial Hospital for more information about the matters you have raised. If so, I will have to tell them about the concerns you have raised with the NMC. I will not contact anyone unless I believe they can give me information relevant to the case. Again, I will need your consent to my telling them about the concerns you have raised with the NMC. The form mentioned above has a separate space for you to consent to my contacting anyone who I believe can give me information relevant to the case.

Information required

- clarification as to whether you wish to complain about the care given by these two nurses or whether you are questioning the evidence given by them - should you wish to complain about the care then the following is required:
- the full name of the nurses and their PIN if you know it (do not worry if you do not)
- a clear account of what happened that led to your concern – include details of other people present who may have seen or heard what happened
- copies of any correspondence or documentation from any local investigation into the matter
- consent to my sending the nurses concerned information you have provided to me and consent to my telling other people about the concerns you have raised with the NMC if I believe they have information relevant to the case

Please let me have this information by **7 August 2009** as I am unable to progress the case without it.

If you have any questions or need more time, please call me on the number shown at the top of this letter. If emailing, please use the address also shown at the top of this letter.

Yours sincerely

Code A

Enclosures

- Consent form for the NMC to disclose information
- Consent form for others to disclose information to the NMC

Consent for the NMC to disclose information

Referral about: Code A
 NMC reference: Code A
 Case officer: Code A

Please tick as appropriate

- I/We consent to the NMC disclosing information about my/our allegation to other people for the purposes of gaining information about the case.
- I/We consent to the NMC disclosing my/our allegation and supporting information the NMC receives to the nurse/midwife concerned.

Signed: Date:

Print name:

Signed: Date:

Print name:

If you are agreeing to disclosure on behalf of someone who cannot complete the form themselves, please sign below.

Signed: Date:

Print name:

Relation to person making the allegation:

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Name of person making the allegation:

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