

INVESTIGATION REPORT

CONCERNING THE REASONS FOR THE WITHDRAWAL

OF THE CASE STUDY OF AVERIL HART

FROM THE 2014 MARSIPAN REPORT

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24 SEPTEMBER 2020

A. SUMMARY

1. I was appointed by the Royal College of Psychiatrists (“RCPsych” or “the College”), in October 2019, to conduct an independent investigation into the events leading up to the withdrawal of the case study of Averil Hart from the 2014 edition of the College’s MARSIPAN Report. This investigation arises out of a written complaint made by Mr Nic Hart (Averil Hart’s father) on 18 December 2018 that a case study concerning his daughter was removed from the revised edition of the MARSIPAN Report because of undue pressure placed on the lead author, Dr Paul Robinson, by the College and/or members of its Eating Disorders Faculty Executive Committee.
2. The terms of reference for my investigation were set out in a document dated 25 October 2019 (“Terms of Reference”). The Terms of Reference are appended to this report as Appendix A. Paragraph 1 of the Terms of Reference required me to:

“investigate and report on, without fear or favour, the events leading up to the withdrawal of the case study of Averil Hart from the College’s 2014 MARSIPAN Report and whether or not undue pressure was placed on Dr Paul Robinson by any employee or office holder of the College and/or any member of its Eating Disorders Faculty Executive Committee”.
3. The Terms of Reference required me to review and consider certain specified documents, including Mr Hart’s letter of complaint to the College dated 18 December 2018 and Mr Hart’s signed affidavit (attached to the letter)¹, and the Report of the Parliamentary and Health Service Ombudsman of an investigation into a complaint made by Mr Nic Hart dated 6 December 2017 (“the PHSO Report”), as well as any other written evidence that I considered to be relevant. I was also required to interview the lead author of the MARSIPAN Report (Dr Paul Robinson), Mr Hart, and Averil Hart’s mother (Miranda Campbell), as well as anyone else I determined it necessary to interview.
4. Upon completion of my investigation, the Terms of Reference required me to produce a written report addressing two areas:

¹ Mr Hart’s letter to complaint to the College dated 18 December 2018 and Mr Hart’s signed affidavit dated 18 October 2016 are appended to this report as Appendix B.

- a. First, setting out the reasons why the case study of Averil Hart was removed from the College's 2014 MARSIPAN Report; and
 - b. Second, addressing whether any undue pressure was placed on Dr Paul Robinson by any employee or office holder of the College and/or any member of its Eating Disorders Faculty Executive Committee, whether acting on their own account or on behalf of others; and if so, identifying the nature and source of that pressure.
5. Having completed my investigation, this is my written report produced in accordance with the Terms of Reference.
6. It was initially anticipated that my report would be produced by January 2020. This did not prove possible, first because it was not possible to interview Mr Hart until late February 2020, and then further delays were caused by the COVID-19 pandemic and subsequent lockdown.
7. My conclusions on the two areas I was asked to address are as follows:
 - a. Dr Robinson was solely responsible for the decision to remove the case study of Averil Hart from the 2014 MARSIPAN Report. He made this decision on 30 July 2014, as a result of reading a report commissioned by the North Norfolk Clinical Commissioning Group ("CCG") into the treatment and care provided to Averil Hart by Cambridgeshire and Peterborough NHS Foundation Trust and the University of East Anglia Medical Service ("the CCG report"). The version of the CCG report which Dr Robinson read at that time referred expressly to the case study. The author of the CCG report was very critical of the decision to include the case study as an appendix to the revised MARSIPAN guidance. Dr Robinson made the decision to remove the case study for two reasons:
 - i. First, he believed that the author's criticisms of the case study and its inclusion in the revised MARSIPAN guidance were justified. He believed that if he did not remove the case study, the reputation of the MARSIPAN guidance would be undermined. Dr Robinson's primary concern was to protect the reputation and standing of the MARSIPAN Report in the UK medical community.

- ii. Second, he believed that the CCG report would have the effect of identifying Averil Hart as the patient referred to in the anonymous case study, and therefore that the case study would no longer be anonymous.
 - b. No employee or office holder of the College and/or any member of its Eating Disorders Faculty Executive Committee communicated directly with Dr Robinson in relation to the case study before his decision to remove it. No one placed any direct pressure on Dr Robinson to remove it. The comments in the CCG report about the case study caused Dr Robinson to withdraw it from MARSIPAN, but the author of that report did not personally apply any pressure on him to do so.
8. My report is structured as follows. In Section B, I set out the procedure for my investigation and my sources of information. In Section C, I set out relevant background information regarding the MARSIPAN guidelines. In Section D, I then set out the relevant chronology of events leading up to the withdrawal of the case study, with reference to the relevant documents and information provided in interviews. In Section E, I specifically address Mr Hart's allegations regarding what happened at a meeting between Mr Hart, Ms Campbell and Dr Robinson in London on 8 August 2014. Finally, in Section F, I set out my conclusions and analysis.

B. PROCEDURE AND SOURCES OF INFORMATION

9. I interviewed Mr Nic Hart in my chambers on 27 February 2020. I interviewed Dr Paul Robinson by video on 14 July 2020. I interviewed Ms Miranda Campbell by video on 6 August 2020. Each interview was recorded and transcribed by a professional transcription company (Ubiquis) and each person interviewed was provided with a copy of the transcript of their interview, and given the opportunity to correct any inaccuracies.
10. For reasons I address in the final section, I did not consider it necessary to interview anyone else in connection with this investigation.
11. I have been helpfully provided with documents from three sources: the College, Dr Robinson and Mr Hart.
12. The College provided me with the following documents:

- The PHSO Report (as defined above)
- The PHSO Report “Ignoring the alarms: How NHS eating disorder services are failing patients” dated 6 December 2017
- Mr Hart’s letter of complaint to Mr Paul Rees dated 18 December 2018, attaching his affidavit signed on 18 October 2016
- Correspondence between Mr Hart and the College spanning from January 2019 to October 2019
- An email from the College to Dr Gwen Adshead dated 3 April 2019, attaching relevant documents concerning Mr Hart’s complaint
- Dr Gwen Adshead’s investigation report dated 10 May 2019
- An investigation report template (which appears to have been used by Dr Adshead)
- Letter from Dr Adrian James (Registrar of RCPsych) to Mr Hart notifying outcome of investigation dated 29 May 2019
- Notes of a meeting between Mr Hart and Mr Rees held on 8 August 2019
- The report of the House of Commons Public Administration and Constitutional Affairs Committee “Ignoring the Alarms follow-up: Too many avoidable deaths from eating disorders” published on 18 June 2019
- The MARSIPAN Report published in October 2010 (first edition)
- The MARSIPAN Report published in October 2014 (second edition)
- The Norfolk Safeguarding Adults Board report entitled “Safeguarding Adult Review: Miss C” published on 27 June 2018
- Minutes of meetings of the Eating Disorders Faculty Executive Committee on 25 April 2014, 4 July 2014 and 3 October 2014
- A list of members of the Eating Disorders Faculty Executive Committee during 2014.

13. Mr Hart provided me with a large number of documents, all of which I have carefully read. Those documents include the following:

- “Complaint concerning care received by Averil Hart: Background information for the Parliamentary and Health Service Ombudsman” dated 18 August 2014

- Independent Professional Opinion of Dr V dated 13 July 2014, commissioned by the North Norfolk Clinical Commissioning Group
- Powerpoint slides for a workshop delivered by Dr Robinson at the EDIC Conference in March 2014, entitled “MARSIPAN the workshop: How do we encourage local changes?”
- Dr Robinson’s report into Averil Hart’s care for Norfolk and Norwich University Hospital, dated 23 August 2014
- Dr Robinson’s report into Averil Hart’s care for the University of East Anglia, dated 15 April 2015
- The PHSO Report of a review into the PHSO’s handling of Mr Nic Hart’s case from August 2014 to December 2017, published in January 2020
- Mr Hart’s handwritten notes of his meetings with Dr Robinson, including the meeting in London on 8 August 2014
- Emails to or from Mr Hart relating to Averil or Averil’s case study, including email correspondence with Dr Robinson, spanning the period April 2013 to September 2019.

14. In response to my request to provide specific documents, Dr Robinson provided me with the following documents or video recordings:

- A video interview between Dr Robinson and Mr Hart
- An email dated 6 January 2014 from Dr Robinson to consultants on the first edition of MARSIPAN, attaching the then draft MARSIPAN Report
- Emails to or from Dr Robinson relating to Averil Hart’s case study in the period July to August 2014.

15. I also asked the College to search its computer systems for emails going to or from Dr Robinson in 2014, containing relevant search terms related to the Averil Hart case study. I have been informed that, unfortunately, the College’s computer systems do not have the mechanism or capacity to carry out such a focused search dating back to 2014. However, I am satisfied that I have been provided with the relevant documents to enable me to reach conclusions about the reasons for the withdrawal of the case study.

C. MARSIPAN - BACKGROUND INFORMATION

16. The first edition of the MARSIPAN² Report (also known as the MARSIPAN guidelines) was published in October 2010. The second edition was published in October 2014. The MARSIPAN guidelines are primarily intended to provide guidelines for the proper treatment of patients with severe anorexia nervosa in general medical units, with the aim of reducing the number of avoidable deaths of patients with this condition. Over time, the reach of the MARSIPAN guidelines has expanded so that they are now intended to be used by any medical professional who has dealings with patients with eating disorders, including eating disorder consultants and primary care professionals.
17. The principal author of the MARSIPAN guidelines is Dr Paul Robinson. Dr Robinson is a consultant psychiatrist specialising in eating disorders. At the relevant time, he was a research consultant psychiatrist at Barnet Enfield and Haringey Mental Health Trust and a senior teaching fellow and honorary senior lecturer at UCL. He is a member of the RCPsych and also a member and fellow of the Royal College of Physicians (“RCP”).
18. In interview, Dr Robinson explained the process by which the MARSIPAN guidelines were drafted. Dr Robinson personally drafted the guidelines and circulated drafts around the MARSIPAN Working Group, which mainly comprised consultant psychiatrists and physicians.³ The members of the MARSIPAN Working Group commented on each draft, and Dr Robinson then incorporated their comments into the next draft. A smaller revision team assisted Dr Robinson in revising the guidelines for the second edition. In addition, a separate group of individuals provided limited input and consultation on specific issues for both editions. One of these individuals was Dr V-, a consultant psychiatrist.⁴
19. The final draft of each edition was then sent to the RCPsych and RCP for their endorsement and approval. The RCPsych’s Central Policy Coordination Committee approved the first edition, and the RCPsych’s Policy and Public Affairs Committee approved the second edition. The Council of the RCP approved both editions. The Royal College of Pathologists also approved the second edition. Dr Robinson informed me that

² MARSIPAN stands for Management of Really Sick Patients with Anorexia Nervosa.

³ A complete list of the individuals who were part of the MARSIPAN Working Group is set out at pages 5-7 of the first edition and pages 3-5 of the second edition.

⁴ See page 7 of the first edition and page 5 of the second edition of MARSIPAN.

the RCPsych took the lead among the medical Royal Colleges in publishing the MARSIPAN Report.

20. The MARSIPAN guidelines were (and are) also endorsed by a number of other organisations including BEAT (an eating disorders self-help charity) and BAPEN (the British Association for Parenteral and Enteral Nutrition).

D. CHRONOLOGY OF EVENTS

21. The chronology of events set out below is primarily drawn from the documents provided to me, and supported where necessary by the recollections of the three key individuals.
22. As it is not part of my remit to consider the treatment or care provided to Averil Hart, the key events which I need to address all post-date Averil's tragic death on 15 December 2012. However, in order to understand the relevant chronology, it is necessary to understand the sequence of events leading to her death and the different organisations which treated her:
- a. On 19 September 2011, Averil was admitted to Ward S3, the Eating Disorders Unit at Addenbrooke's Hospital, as an inpatient. Although based at Addenbrooke's, the Eating Disorders Unit is part of the Cambridgeshire and Peterborough NHS Foundation Trust ("CPFT"). The Eating Disorders Unit is headed by Dr S-.
 - b. Averil was discharged from Ward S3 on 2 August 2012.
 - c. In September 2012, Averil started university at the University of East Anglia in Norwich. During this period, she was under the care of the University of East Anglia Medical Centre ("UEAMC") and the Norfolk Community Eating Disorder Service ("NCEDS"). NCEDS is commissioned by the North Norfolk Clinical Commissioning Group ("CCG") and provided by CPFT. NCEDS is also headed by Dr S-.
 - d. On 7 December 2012, Averil was found collapsed in her room in the university halls and was admitted to the emergency department at the Norfolk and Norwich University Hospitals NHS Foundation Trust ("NNUH").
 - e. On 11 December 2012, Averil was transferred to Ward N2, the gastroenterology ward at Addenbrooke's University, part of the Cambridge University Hospitals NHS Foundation Trust ("CUHT").
 - f. Averil died on 15 December 2012, aged 19.

2013 - The development of the case study

23. In early 2013, Dr Robinson was in the process of revising the MARSIPAN guidelines for the second edition.
24. The first contact between Mr Hart and Dr Robinson took place in April 2013, not long after Averil's death. On 25 April 2013, Mr Hart contacted Dr Robinson by email, having been given his contact details by Mr Hart's sister (herself a psychiatrist). Mr Hart referred to the MARSIPAN guidelines and said he would appreciate the opportunity to meet with Dr Robinson to discuss the guidelines, which he understood Dr Robinson was in the process of reviewing. Mr Hart expressed the hope that valuable lessons could be learned from Averil's tragic case and that this would be relevant to his review. Dr Robinson replied on the same day, and was evidently keen to take up Mr Hart's request to meet, stating that "I might be able to include your story in order to illustrate the problems that can arise" and "This would be a very useful addition and could well significantly increase the impact of the document".
25. Mr Hart and Dr Robinson agreed to meet on 8 May 2013 to discuss Averil's case. At that meeting, they evidently discussed the possibility of including a case study concerning Averil in the revised edition of the MARSIPAN guidelines. Subsequently, on 15 May 2013, Mr Hart emailed Dr Robinson to thank him for the meeting, and to inform him that, having spoken to Averil's mother and sisters, they had all agreed that it would be of great benefit if Averil's case could be included in the revised MARSIPAN guidelines, to provide "both an overview of the many problems that face practitioners in dealing with the illness whilst showing the urgent life and death nature of the illness if things go wrong". Mr Hart stated that he and Averil's mother Miranda would put together a short summary for Dr Robinson's consideration. Dr Robinson replied the same day, expressing gratitude for their proposed contribution, and stating that he looked forward to receiving their account so that he could include it in the revised report.
26. In early August 2013, Mr Hart sent a written summary to Dr Robinson setting out what happened to Averil in the weeks leading up to her death. Understandably, the summary was written from the point of view of Averil's parents, and was critical of the care she received in the community and in the hospitals treating her immediately before her death. In particular, the summary identified at least 12 aspects of Averil's treatment that, in their

view, had gone wrong and which had led to her death. It also appears that Averil's mother Miranda contributed a written summary of her own thoughts about Averil, which was provided to Dr Robinson around the same time (although I have not seen this document).

27. On 5 August 2013, Dr Robinson responded by email to thank Mr Hart for his summary, and said that "In view of the fact that the matter may still be investigated, I will have to anonymise the account for the report". Dr Robinson then wrote up the case study, based on the parents' accounts.
28. Three days later, on 8 August 2013, Dr Robinson emailed both Mr Hart and Ms Campbell and sent them a copy of the proposed case study. As this email is important, I set it out in full here:

"Dear Nic and Miranda,

Thank you so much for your letters about Averil. I have written a short summary to put in the introduction to the MARSIPAN revision and appended it below. I have included statements from both of you which cannot fail to move those reading them. I am hoping that MARSIPAN will be adopted as mandatory for all UK Trusts and their equivalent in different countries in the UK.

I anticipate hearing back from my co-contributors by the end of August and submitting the revision to the College (Psychiatrists) in September. The College generally get back to me within a month or two.

My thoughts are with you and the rest of your family.

Best wishes,

Paul

'Communication to MARSIPAN chair from parents of 'A'

In early 2013, Dr Robinson was approached by the parents of A, a 19 year old young woman who a young woman (*sic*) who tragically died in hospital. The story represents a cautionary tale for all those involved in commissioning and delivering care for patients with severe Anorexia Nervosa. The account has been anonymized, as it may be subject to further enquiry, and summarized from the parents' full descriptions.

A had suffered from Anorexia for around three years, but after completing her "A" levels, her health deteriorated quickly and she was admitted to Acute Hospital 1 as an inpatient. She regained her health and she transferred her studies to a University nearer home. Shortly after discharge from the acute hospital she began her studies there at a healthy BMI.

On discharge from Acute Hospital 1 she was referred to the University medical centre and the local community eating disorders service (CEDS). There was a 3 ½ week gap before she was seen by the CEDS. She was then seen by them, but physical monitoring was sporadic and she deteriorated rapidly. A few days after one of her appointments at the CEDS, the cleaner at the university raised the alarm because A looked so ill but no action was taken by the university.

Two days later she was found unconscious and was taken to hospital by ambulance to Acute Hospital 2.

Between her referral to the CEDS and her admission to hospital, her weight fell from 44.2 to under 30kg. In hospital she was allowed to get up, fall over, and was expected to feed herself from a trolley. No specialist eating disorders staff visited for 3 days. The local hospital recognized that her treatment was not adequate and she was transferred back to Acute Hospital 1. There she became hypoglycaemic but that was not corrected in time, and she went into a coma and died. She was 19.

A's care failed at almost every point that she was in contact with services: transition from hospital to primary care, uptake by community care, monitoring in the community, care by the university, local hospital care and care in the hospital in which she died.

In the following section, we have detailed some of the ways that the MARSIPAN and the junior MARSIPAN reports have been implemented. The account is somewhat encouraging but the implementation patchy, and we recommend that the report be adopted as an NHS target throughout the UK and that it becomes incumbent on all Mental Health and Acute Trusts and equivalent bodies to implement the guidance.

A's father:

'A died from a 'curable illness' and in my opinion as a direct result of the negligence of the NHS and individuals working within a number of NHS organisations.'

A's mother:

'I haven't yet found the words to describe how much I miss A – her conversation, the cuddles, the future we won't have. I have tried to keep my emotion and experience as a carer out of A's story – this is more about service delivery and lessons that should be learned.' " (emphasis in original)

29. Averil's mother responded later the same day to thank Dr Robinson for the case study, and expressed the hope that the MARSIPAN guidelines would become mandatory and would help save the lives of those suffering from anorexia.
30. There was then a long hiatus in the MARSIPAN revision process. When I asked Dr Robinson about the reasons for delay in progressing the second edition, he explained that there was an extended process of debate and negotiation with BAPEN in relation to MARSIPAN's approach to refeeding syndrome⁵. When I asked Dr Robinson whether he had any particular difficulty with the RCPsych in relation to the revision of the guidelines, he told me that he did not have any difficulty and that the College 'left him alone'. I accept that explanation, and note that it is consistent with emails sent by Dr Robinson in the period July-August 2014 (which I address below).

⁵ Refeeding syndrome refers to the potentially fatal metabolic and hormonal changes caused by rapid refeeding in malnourished patients.

31. In the meantime, a number of other important and relevant events took place.

2014

32. On 6 January 2014, Dr Robinson emailed a copy of the draft revised MARSIPAN guidelines (which, by this time, contained the Averil Hart case summary as an appendix to the report) to all of the individuals who had provided input and consultation on the first edition. Unsurprisingly, as Dr V- had been one of these individuals, she was one of the recipients of this email containing the draft revised MARSIPAN guidelines. In his covering email, Dr Robinson drew attention to Averil Hart's case study, noting that he had added "some appendices (especially a report from parents of a young woman who died)". He welcomed comment on the document and asked the recipients to let him know if their personal details needed updating in the report.

33. In early 2014, Dr Robinson invited Mr Hart to participate in a video-recorded interview in which he (Dr Robinson) would ask Mr Hart to relate his experiences of Averil's treatment. Dr Robinson explained to Mr Hart in an email (dated 8 January 2014) that he would then use the video in teaching.⁶ Mr Hart agreed, and the video recording of the interview took place on 20 February 2014. Both Averil and her father were identified by name in the video.

34. In March 2014, Dr Paul Robinson delivered a workshop on MARSIPAN at the EDIC conference, an international eating disorder conference. As part of the workshop, Dr Robinson conducted a live interview of Mr Hart, and asked him about Averil's experiences, following which there was a Q&A session. Averil and her father were clearly identified by name, and Averil's photograph was shown. I understand the workshop was delivered to a large audience of clinicians.

35. Separately, in around April 2014, Dr Robinson was commissioned by the Chief Executive of NNUH to carry out an independent investigation into the treatment provided to Averil Hart by NNUH from 7-11 December 2012, in the last week of her life. As part of this

⁶ Mr Hart and Averil's mother were both under the impression that the video interview was connected to MARSIPAN and would accompany the second edition of MARSIPAN. Dr Robinson told me it was not connected to MARSIPAN, and that he had intended to use the video interview as an illustrative case in his teaching. At that time, Dr Robinson ran a master's degree course at UCL. I accept that explanation, as it is consistent with what Dr Robinson told Mr Hart in his email of 8 January 2014.

investigation, in early July 2014, Dr Robinson travelled to Norwich to meet with clinicians involved in her care. He also met with Averil's parents on that trip.⁷

The CCG Report

36. Separately from the NNUH investigation, in early 2014, the North Norfolk Clinical Commissioning Group ("CCG") commissioned Dr V- to carry out a review of the quality of the clinical management of Averil Hart provided by CPFT (through NCEDS) and the UEAMC in the period from Averil's discharge from Ward S3 in August 2012 up to her acute admission to hospital on 7 December 2012. This review was therefore intended to focus on the treatment received by Averil in the community, rather than the treatment she received in hospital in the last week of her life.
37. Dr V- produced her report for the CCG on 13 July 2014 ("the CCG report"). Overall, she concluded that the clinical management of Averil by CPFT and the UEAMC was satisfactory.
38. The CCG report is central to understanding why the Averil Hart case study was withdrawn from the MARSIPAN Report.
39. Mr Hart has expressed concerns about the independence and impartiality of the author of the CCG report, given her professional connections to Dr S-. Dr V- and Dr S- had trained together at Cambridge and knew each other professionally, including from their membership of the Eating Disorders Faculty Executive Committee of the RCPsych. Mr Hart has also expressed concerns about the adequacy and accuracy of the conclusions reached in the CCG report. It is not part of my remit to comment on the author's independence or the validity of the conclusions she reached in her report. In any event, these matters have already been addressed in detail by the PHSO Report (paragraphs 361 to 375).

⁷ In addition, Dr Robinson was also asked to prepare a report for the University of East Anglia on Averil's contact with the university. He produced this report on 15 April 2015, long after the events with which this investigation is concerned. Dr Robinson did not recall producing this report, but Mr Hart was able to provide me with a copy. As this report has no bearing on the withdrawal of the case study, I do not refer to it further.

40. What is of relevance to my investigation, however, is the reference made by Dr V- in the CCG report to the MARSIPAN guidelines and the Averil Hart case study, and the impact of what she said in her report on Dr Robinson.
41. The CCG report contained a section headed “MARSIPAN Guidelines”. In that section, the author referred to the “2014 revision of the MARSIPAN Guidelines” (which at that point had not been finalised or published). She noted that the 2014 revision contained a case study in an appendix, and then reproduced the case study in its entirety. This was the Averil Hart case study prepared by Dr Robinson based on her parents’ account (set out in paragraph 28 above).
42. In the section of the report headed “Conclusions”, Dr V- considered the use of the MARSIPAN Guidelines in Averil’s care and concluded that they had been used appropriately by clinicians with respect to those aspects of care she had been asked to consider. Separately from the issue of Averil’s care, the author was extremely critical of the inclusion of Averil’s case study in the revised edition of the MARSIPAN Guidelines. In particular, the CCG report at that time contained the following paragraph:

“120. I think that the inclusion of A’s case history, as summarised by her father, as an appendix to the revised MARSIPAN guidelines in 2014, is unfortunate and inappropriate. The author of the guidelines did not have all the facts of the case at his disposal, yet he has both concluded that A’s care ‘failed at nearly every point’ and allowed an allegation that individual staff have been ‘negligent’ to appear in a nationally distributed guideline, read by workers in the field and commissioners who may well be able to identify the case, without allowing staff any opportunity to comment.”

The withdrawal of the case study from MARSIPAN

43. Following Dr Robinson’s visit to Norwich in early July 2014, Mr Hart messaged Dr Robinson to ask when the new and updated MARSIPAN guidelines would be available to read.
44. On 26 July 2014, Dr Robinson replied by email, saying that the document was still being revised and was with the Colleges, but that he hoped it would be out fairly soon. Dr Robinson then said:

“I had a good 2 days in Norwich and it was good to see you and Miranda.

Having read so much about Averil's case and spoken to most of the professionals involved, at least on the NNUH side, there are some questions I would like to discuss with you. I know Miranda is not keen on being involved again, but I think your input would be sufficient. I would need to see you again and wondered if you would be prepared to come and meet in London."

45. Dr Robinson then offered some meeting dates in mid-August, at UCL or St Ann's Hospital. It appears from this email that Dr Robinson wanted to meet Mr Hart in the context of his ongoing NNUH investigation. At this stage, neither Mr Hart nor Dr Robinson had seen the CCG report.

46. On 28 July 2014, the CCG sent a copy of the CCG report to the Chief Executive of NNUH and the other organisations which had treated Averil Hart, as well as Mr Hart himself. Later that day, Mr Hart emailed Dr Robinson to agree to meet him to discuss the NNUH investigation. Mr Hart also referred to the CCG report (which he had obviously read by that stage) in critical terms.

47. On 29 July 2014, Dr Robinson replied to Mr Hart by email, saying:

"To be clear, the reason I want to meet is to clarify the sequence of events. I cannot of course divulge any information I have obtained in the course of an investigation. Because you are so central to the matter, I wanted to make sure I had the sequence quite right. I think this needs to be a face to face, not a phone call. If you want me to travel I'm happy to do so. I'm back from holiday on 8/8/14. I have not seen [the CCG] report but would be interested to do so." (emphasis added)

48. It is obvious at this stage that Dr Robinson had not yet seen the CCG report. It is also obvious that, at that time, Dr Robinson wanted to meet Mr Hart to clarify the sequence of events for his investigation into NNUH.

49. Later the same day, Mr Hart responded by email to say that he would be happy to meet Dr Robinson in London, and that Miranda would like to attend the meeting as well.

50. There was then a telephone conversation between Mr Hart and Dr Robinson, which I believe must have taken place later on 29 July 2014. In that telephone conversation, Mr Hart informed Dr Robinson of the contents of the CCG report, and in particular, told him that the report had referred to Averil's case study. According to Mr Hart, Dr Robinson

was “furious” and said “I don’t know how she got hold of a copy”. Dr Robinson did not have a clear recollection of this conversation. I accept that Dr Robinson was shocked and concerned to hear that Dr V- had referred to Averil’s case study and to the revised draft MARSIPAN guidelines in her report. If he did express confusion or anger about how Dr V- had obtained a copy of these documents, he had obviously forgotten that he sent Dr V- (among others) a copy of the revised draft of the MARSIPAN guidelines, which contained the case study, six months earlier, in January 2014 (see paragraph 32 above).

51. By this time, Dr Robinson was obviously sufficiently concerned about the situation to try to obtain a copy of the CCG report. It is likely he contacted the Chief Executive of NNUH to ask for a copy. On 30 July 2014, at 8.07am, the Chief Executive of NNUH forwarded a copy of the CCG report to Dr Robinson by email, no doubt at his request.
52. Dr Robinson must have read the CCG report immediately on receipt. Just over an hour later, at 9.23am on 30 July 2014, he sent an email to Dr V- at her NHS email address. As this email is central to explaining Dr Robinson’s reasons for withdrawing the case study, I set it out in full:

“Dear [name],

As you are probably aware I have been asked to report on AH’s treatment in NNUH. I have just been given your report and find it thorough and I agree with your conclusions.

I would like, however, to clarify one point. You refer to the revision of the MARSIPAN document. I’m afraid it is still in draft form and has not been approved by the Royal College of Psychiatrists or the Royal College of Physicians. There were very strident comments made by BAPEN with which I have been grappling for the last 3 months. I hope it will be approved soon, but it has not been published yet and cannot be cited, especially in a formal document such as your report. It could possibly be cited as a draft report or personal communication in draft.

Still, there is a silver lining. You rightly criticise the report for quoting the AH case without full details. This appendix came from a letter written to me by the Harts at the beginning of 2013 and I thought it would be suitable as an anonymous account, from the parents. This is the provenance of all the cases cited in the report which come from clinicians or family. They are only intended to indicate the sort of things that can go wrong and not as fully investigated statements of fact.

Now that you have identified the case as AH in your report, it is no longer anonymous, and I cannot allow it to stay in. My intention is to remove it before it goes to press and to replace it with a brief paragraph about underfeeding and hypoglycaemia, based on the AH case which I hope will stay anonymous.

You may think it appropriate to make the issue known to NNCCG, but that is up to you.

Thank you again for producing the report which I think will be helpful. I hope my account of the NNUH side will complement it. Perhaps something will emerge so that management of these very difficult cases can improve.

Best wishes,

Paul"

53. Dr Robinson obviously did not receive a response to his email to Dr V-, as he sent a chasing email to her on 3 August 2014, this time to a different NHS email address, and asked for her comments on his email of 30 July 2014.
54. In the meantime, on 5 August 2014, Mr Hart sent a text message to Dr Robinson, apparently indicating that he and Miranda could meet with Dr Robinson in London on Friday 8 August 2014. Dr Robinson replied by email, thanking him for his text, and saying that he could meet with Mr Hart and Ms Campbell at 1pm on 8 August 2014, anywhere in London. Later the same day, Mr Hart emailed Dr Robinson to suggest meeting at Café Nero at the Bishopsgate exit to Liverpool Street Station.
55. Very early in the morning on 8 August 2014 (at 00:28), Dr S- sent an email to the Executive Assistant to the Chief Executive of CPFT, the Chief Executive of CPFT, the Clinical Director of CPFT and the administrator of the outpatient unit at CPFT ("the CPFT email"). Mr Hart obtained a copy of the CPFT email under a data subject access request, and it explains (at least in part) his concern that external pressure had been placed on Dr Robinson, by Dr S- or others, to remove the Averil Hart case study from MARSIPAN. The CPFT email reads as follows:

"Dear [name of Executive Assistant to Chief Executive],

The senior team in the ED service had a meeting to discuss the independent report. We found the report to be fair and helpful.

One concerning aspect is that there is reference in the report that AH's case has been used in an appendix in the updated version of the marispan (sic) guidelines. (we think yet to be published). There appears from Dr [V's] description to be attached to the case report very negative comments about her management. It seems the writer of the guidelines, (Dr Robinson) has taken at face value Mr H's account of her care and has not asked for or had access to information about AH's care.

The writer of the report Dr [V-] states clearly that she does not think the inclusion of the case report in the guidelines is appropriate and also states that those who cared for her (us) have had no chance to present objective information. She also thinks the case

will be traceable giving the publicity that Mr H is engaged in around his daughter's care. I am not sure of Dr [V's] role in the current revision of the marispan (sic) guidelines but she has certainly been on the advisory committee in the past. I assume she has had sight of this latest version. I do know that Mr H made contact with Dr Robinson and offered to help amend the marispan (sic) guidelines.

We think it is very important that [the Chief Executive of CPFT] consider speaking to Dr Robinson as a matter of urgency to alert him to this report and our view about the alleged comments. We agree with Dr [V-] that it is wholly inappropriate for it to appear in the marispan (sic) guidelines. It may be possible to influence this by speaking to Dr Robinson. I think it would be helpful to be able to forward a copy of the report to Dr Robinson with the North Norfolk CCG's permission.

There is potential reputational damage of the service and trust at stake.

Kind regards

[Dr S-]" (emphasis in original)

56. The Chief Executive of CPFT did take up Dr S's suggestion to contact Dr Robinson about the inclusion of the case study in the revised MARSIPAN Guidelines, but not until 15 August 2014, one week later. I return to this later in the chronology, at paragraph 60 below.
57. At 1pm on 8 August 2014, Dr Robinson met with Mr Hart and Ms Campbell at Café Nero near Liverpool Street Station, as planned. At that meeting, Dr Robinson informed Averil's parents for the first time that he had decided to withdraw the case study from the revised edition of the MARSIPAN Guidelines. Both Mr Hart and Ms Campbell were very disappointed by this news, and felt badly let down. I discuss this meeting in more detail in the next section.
58. On 9 August 2014, Dr Robinson sent a draft of his report into NNUH's care to the Chief Executive of NNUH. His covering email, which is also very important for understanding his thinking, reads as follows:

"Dear [name of Chief Executive of NNUH],

I thought I would let you see a draft of my report, in case there is anything you find, such as a major inaccuracy that I need to change. Once I hear from you I'll send a 'hard' signed copy.

Just one other point, I received [the CCG] report from you and I was shocked to see that she had reproduced Nic and Miranda's account of Averil's case which I had put anonymously into the MARSIPAN revision. In fact, the revision has not yet been published and [author of CCG report] must have received a draft copy from someone on our revision team. The result is that many people now know who the patient is and the names of the clinical teams involved which, in my view is a major and unacceptable

breach of confidentiality for all concerned. Moreover, [author of CCG report] was very critical of the inclusion of the case in MARSIPAN. I am of course removing the case from the MARSIPAN revision. I met with Nic and Miranda yesterday to let them know. They understood but did feel let down.

I think it would be wise to be careful about who receives [the CCG] report, although clearly it has gone out to a lot of people already. I have not had a chance to speak to her as she is on leave till next week. Your thoughts, informally, would be welcome.

I look forward to hearing from you.

Best wishes

Paul"

59. The Chief Executive of NNUH responded to Dr Robinson by email on 17 August 2014, thanking him for his report on NNUH, and also expressing shock that Dr V- had quoted the case study in her report. The Chief Executive of NNUH queried whether the CCG report had been published, and if not, whether it might be possible to remove the "offending section" from the report.

60. On 15 August 2014, the Chief Executive of CPFT emailed Dr Robinson, as follows:

"Dear Dr Robinson,

As you may know this Trust values and utilises the Marsipan guidance which has been very helpful in setting standards in our Eating Disorder Services and you will be aware that some of our clinical staff have contributed to the work of developing the guidance. We understand that it is about to be republished but we are concerned that a recent independent investigation into an SI in our service commissioned by our Norfolk commissioners has brought to light the fact that there may be a problem with an appendix to the guidance in that it appears to take at face value the narrative of a bereaved relative in relation to our service rather than the facts as identified through investigation.

It is very important to all concerned that the guidance remains credible and retains its integrity, and I am arranging to forward an anonymised copy of the independent investigation to you, so that you can consider this before the guidance is republished. I would be very happy to discuss this with you in the meantime if you wish, please do not hesitate to contact me.

Yours sincerely

[name of Chief Executive]"

61. On 16 August 2014, Dr Robinson replied to the Chief Executive of CPFT by email, saying that:

“The case has been removed from MARSIPAN, partly because the anonymity of the patient and Trusts involved were compromised by the report that you mention, which I have seen. There will be no mention of this case in the MARSIPAN revision which is due out in September”.

62. According to the PHSO Report (at paragraph 294), on 18 August 2014, Dr Robinson and Dr V- had a discussion, in which he raised concerns that in quoting the case study in her report, she had compromised its anonymity, and to confirm that he had removed the case study. When I asked him about this conversation, Dr Robinson did not recollect any details other than that it had been a “calm, professional conversation”. However, further details of this conversation can be gleaned from the email which Dr Robinson wrote to the CCG on 23 August 2014, addressed in the next paragraph.
63. On 23 August 2014, Dr Robinson emailed the Head of Corporate Affairs at the North Norfolk CCG, which had commissioned the CCG report. In that email, he asked the CCG to ask the author of the CCG to withdraw her report, delete references to the case study and the revised draft MARSIPAN guidelines, and resubmit her report without those references. The key parts of the email are as follows:

“In [the CCG] report, which I thought in general was good, I was perturbed to see, copied from the draft of the MARSIPAN revision, a number of paragraphs from the draft, including an appendix based on a report which the parents of AH had written to me and I had agreed to publish their thoughts anonymously. The parents had sent me this account in early 2013, when I started to revise the MARSIPAN document. As part of the consultation process I sent a copy of the draft to Dr [V-] for her opinion. The appearance of the Appendix containing some details of the case in [the CCG] report means that anyone who has seen the report would know who the patient described in MARSIPAN was, and, equally importantly, they would be aware of the Trusts and units providing NHS care. This would compromise an important aspect of the MARSIPAN report, which is that the identities of patients, families and clinical staff reported there are not revealed.

As the revision of the MARSIPAN report had not been published, it should not have been included in [the CCG] report. Moreover, in view of the fact that confidentiality has been breached, I have withdrawn the parents’ appendix from the report. I was aware that this would upset the parents, especially the father who, as you are probably aware, is very engaged with the complaints process. I met them to explain the position, and that I had decided to withdraw the appendix. They were upset and Mr H said he felt let down by me, and that writing the account had cost him and AH’s mother a lot of heartache. They did understand the position, however.

The report you now hold, from Dr [V-], contain a sections (sic) copied from the draft MARSIPAN report which now do not exist, so all references to the report are now inaccurate. I would be grateful, therefore, if you could ask Dr [V-] to withdraw her report, delete those references and resubmit the report without them.

...

I would be very happy to speak to you about this very worrying matter. As you can imagine I am appalled at the copying of a draft document in an official report. I spoke to Dr [V-] about this and she told me she was under the impression that as the report had been accepted by the RCPsych it was therefore in press. I explained to her that while the RCPsych had indeed considered and accepted the report, I needed to consult 2 other Royal Colleges before I could proceed to publication. In fact, so many people now know about this patient's history (which was not the case in 2013) I am content to omit her story from the revision of the report although, as I indicated, her father is not happy about it.

..." (emphasis added)

64. On 29 August 2014, the Head of Corporate Affairs at the North Norfolk CCG responded to Dr Robinson's request. After noting that the case study would no longer appear in the 2014 version of the MARSIPAN guidelines, and that the CCG report could be compromised by the inclusion of paragraphs from draft rather than published guidance, which had since been amended, the Head of Corporate Affairs agreed to write to Dr V- to ask her if she would be prepared to either amend her report or produce a supplementary report or letter to address any omissions or errors.
65. Dr V- subsequently agreed to amend her report, to delete all references to the draft revised MARSIPAN guidelines and the Averil Hart case study. The amended version of the CCG report was then reissued to all recipients of the original report, with a request to destroy the original version. For example, I have seen an email from the Head of Corporate Affairs at the CCG to Mr Hart, sent on 15 September 2014, notifying him of the amendments to the CCG report, and asking him to delete or destroy the copy previously sent to him. (Mr Hart did not do so, which is why he was able to provide me with a copy of the original report.)
66. In the meantime, in late August 2014, Dr Robinson completed his report for NNUH. Dr Robinson's report was critical of various aspects of the treatment provided to Averil Hart by NNUH. Mr Hart received a copy of Dr Robinson's report in early September 2014.

67. In October 2014, the second edition of the MARSIPAN Report was published. It did not contain the Averil Hart case study. However, Dr Robinson informed me that he did incorporate an aspect of Averil's case history into the second edition, as a short case study concerning failure to correct hypoglycaemia. Dr Robinson informed me that he changed the age and gender of the patient, to aid anonymity. The case study appears at page 33 of the second edition. It reads as follows:

"Failure to correct hypoglycaemia

'A 20-year-old was admitted to a medical unit with a BMI of 10.8, moderate hypoglycaemia (blood glucose<4mmol/L) and liver abnormalities. He was not fed for 4 days while his liver was investigated. He was transferred to another medical unit where he developed severe hypoglycaemia (blood glucose<2mmol/L), which was left untreated, and he developed terminal hypoglycaemic coma'.

Hypoglycaemia is a potentially fatal complication of anorexia nervosa and must be treated as a matter of urgency. While initial caution in re-feeding can be justified, calories must be increased within 12-24h so that underfeeding syndrome is avoided. Liver abnormalities are common in severe anorexia nervosa and must not divert attention from the patient's nutritional needs."

68. Given Averil's medical history, I accept that this case study was based on Averil.

Subsequent events

69. In December 2017, the PHSO published a report in which it found that all the NHS organisations involved in Averil's care and treatment between her discharge from hospital on 2 August 2012 until her death five months later had failed her in some way, and that her deterioration and death were avoidable.

70. The PHSO Report made a number of references to the inclusion and subsequent withdrawal of Averil Hart's case study from the revised edition of the MARSIPAN guidelines (see paragraphs 291-295 and 319-321). The PHSO Report did not reach any concluded views about whether undue pressure had been placed on Dr Robinson to remove the case study. The PHSO concluded that it was appropriate for CPFT to object to the inclusion of the case study in the MARSIPAN guidelines, on the basis of the available information at that time, and to raise those concerns with Dr Robinson.

71. On 18 December 2018, Mr Hart made a written complaint to the RCPsych about the withdrawal of the Averil Hart case study from the MARSIPAN Report, and requested an

investigation into the events and “source of pressure involving the Royal College of Psychiatrists and its eating disorder committee members”. He attached a sworn affidavit, dated 18 October 2016, in which he set out his account of the events leading to the withdrawal of the case study.

72. In September 2019, Dr Robinson approached the RCPsych to say that he planned to incorporate Averil’s case history in the next (third) edition of the MARSIPAN guidelines, and wanted to discuss the matter with Mr Hart. Dr Robinson asked for Mr Hart’s contact details. The College passed on this request to Mr Hart in an email dated 6 September 2019.

THE MEETING IN LONDON ON 8 AUGUST 2014

73. The London meeting between Dr Robinson, Mr Hart and Ms Campbell on 8 August 2014 took place after Dr Robinson had decided to remove Averil’s case study from the revised edition of MARSIPAN. However, it is capable of shedding light on Dr Robinson’s reasons for removing the case study and on whether or not he was placed under undue pressure by any member of the RCPsych to remove that case study. Mr Hart also feels a strong sense of grievance about what happened at this meeting. I therefore consider that it is important to address this meeting in some detail.
74. The difficulty I have is in trying to reconstruct what was said at a meeting between three people which took place over six years ago. On certain points, as set out below, the recollections of Dr Robinson, Mr Hart and Ms Campbell are similar; but on other key points, their recollections are different from each other. This is not surprising. While intending no disrespect to any of the three individuals present at the meeting, human memory is fallible and can be unreliable, irrespective of a person’s honesty (and for the avoidance of doubt, I found all three of them to be honest). Psychological research has demonstrated that memories are fluid and malleable, and are constantly rewritten whenever they are retrieved, in a largely unconscious reconstructive process. External information can intrude into a witness’s memory. The strength, vividness and apparent authenticity of memories is not a reliable measure of their truth. For that reason, it is safer to place most reliance on contemporaneous documentary evidence and known or

probable facts rather than on witnesses' recollections of what was said in a meeting several years ago.⁸

Mr Hart's recollection

75. The most detailed account of the meeting is set out in Mr Hart's affidavit sworn on 18 October 2016. The affidavit is appended to this report as Appendix B, and therefore is not reproduced in full here. In summary, the key points from Mr Hart's affidavit are as follows:

- (1) Mr Hart anticipated that Dr Robinson would update him and Averil's mother on the progress with his investigation into NNUH's treatment of Averil, but Dr Robinson did not mention this investigation at the meeting.
- (2) Dr Robinson asked Mr Hart if he was receiving therapy and whether he felt a sense of guilt about Averil's death.
- (3) There was a discussion about the reasons for Averil's death. Mr Hart's view was that lack of proper community care by CPFT and NCEDS as well as the UEAMC was to blame, whereas Dr Robinson suggested that attention should be focused on hospital care.
- (4) Dr Robinson then told Averil's parents that he was going to have to remove Averil's case study from the final MARSIPAN draft which was shortly to be published. He told them that Dr V- had got hold of a copy, and had published part of the unpublished revision in her inquiry for the North Norfolk CCG.
- (5) Dr Robinson told them he had come under "external pressure" from the RCPsych and the RCP and other sources to remove Averil's case study from MARSIPAN.
- (6) Dr Robinson informed them that he had been told that if he did not remove Averil's case study from MARSIPAN, he would "lose funding" from not just MARSIPAN but also from the Master's degree course he was running. He therefore had no choice but to remove the case study.
- (7) Dr Robinson told them he would publish the case study elsewhere in the future and suggested the BMJ as one possible option.

⁸ This is also the approach which is recommended to be taken by judges in civil trials: see, for example, the comments of Mr Justice Leggatt (now Lord Leggatt, a Judge of the UK Supreme Court) in the well-known case of Gestmin SGPS v Credit Suisse (UK) Ltd [2013] EWHC 3560 (Comm) at paragraphs 15-22.

(8) Mr Hart and Averil's mother left the meeting feeling disappointed and concerned at what caused the last minute removal of the case study.

76. When I asked Mr Hart about his recollection of the meeting, he largely repeated what he said in his affidavit. He stressed that he was very surprised that the meeting had not discussed the NNUH investigation at all. He told me he felt that Dr Robinson had criticised him for not doing more to save his daughter's life, and not taking her to Accident & Emergency when he visited her at university. Although this had gone through Mr Hart's own mind, he was surprised that Dr Robinson verbalised it. He was surprised that Dr Robinson had suggested Mr Hart was 'barking up the wrong tree' by focusing on concerns about community care. Mr Hart was confident that Dr Robinson had told him he had been put under pressure by the RCPsych, and that he had mentioned loss of funding for MARSIPAN and a Master's course. Mr Hart thought that Dr Robinson had mentioned an MSc programme at King's College, and made the point that before this meeting, he had not known Dr Robinson was running a Master's course. Mr Hart said that Dr Robinson did not refer to any loss of anonymity or breach of confidentiality as a reason for the withdrawal of the case study.

77. Mr Hart told me that his affidavit (itself produced two years after the meeting) was based on his handwritten notes created immediately after the meeting, while he was on the train back home. After our interview, at my request, Mr Hart provided me with a copy of those handwritten notes. I set them out in full here:

"London meet with M & PR

After all the hard work why has PR dropped A's case from MARSIPAN???

No mention of NNUH after our phone discussion

First mention of family guilt, me and A&E

Why the suggestion of therapy?

Losing funding is surely not a reason not to publish anon case study?

Not serious about BMJ

- Hospitals not community to blame
- Pressure from where? Why RCP?
- How did [Dr V-] get a copy?
- Ask Henry to SAR

When do we get the NNUH Report? What about the other videos & lectures?

Lots of Q's" (emphasis in original)

Dr Robinson's recollection

78. Dr Robinson told me in interview that:

- (1) By the time of the meeting, his main reason for wanting to see Averil's parents was to explain to them that he had decided to withdraw the case study. He knew this would be difficult for them and thought it better to tell them face to face, rather than by email or telephone. He accepts he may not have discussed his NNUH investigation during the meeting.
- (2) He accepts he asked both parents, particularly Mr Hart, if they were experiencing feelings of guilt about Averil's death. He suggested that grief therapy might be useful for Mr Hart. He raised this because he was trying to help.
- (3) He did not recall a conversation about Averil's treatment and care, but thought it possible he had indicated there were problems concerning her treatment in hospital. He did not have any detailed knowledge of her community care, and would not have been able to comment on that.
- (4) He was clear that he had not come under "external pressure" from the RCPsych, or the RCP or any other source to remove the case study, and so he wouldn't have said it because it was not true. Dr Robinson told me "the pressure I was under was coming from [the CCG] report" and "as soon as I read it, I decided to remove the case".
- (5) There is no funding provided or required for MARSIPAN. His master's course (at UCL) is funded by the students. So he would not have said he would lose funding for MARSIPAN or his master's course, because it was not true. He may well have mentioned his master's course but not in the context of losing funding.
- (6) The reasons he gave to the Harts for the withdrawal of the case study were the loss of anonymity and the risk to the reputation of MARSIPAN.

Miranda Campbell's recollection

79. Miranda Campbell told me in interview that:

- (1) She had assumed the meeting would be about the NNUH investigation but this was not discussed at the meeting.
- (2) Instead, Dr Robinson told them he was going to have to take Averil's case history out of the MARSIPAN guidelines, and felt pressurised to do it.

- (3) Dr Robinson said he was “under pressure” to remove the case study but did not say where the source of the pressure was coming from. She assumed it was peer pressure from other health professionals. She did not think Dr Robinson gave a clear explanation for the removal of the case study.
- (4) She was unsure whether Dr Robinson mentioned the RCPsych, or in what context.
- (5) She did not recall Dr Robinson mentioning funding or loss of funding.
- (6) Dr Robinson mentioned his master’s course but she could not recollect what was said about it.
- (7) Dr Robinson said he could publish the case study in the BMJ at a later date.
- (8) Dr Robinson asked Mr Hart if he was experiencing feelings of guilt and whether he had sought therapy. She thought this was inappropriate, particularly in front of his ex-wife, and a distraction.
- (9) There was a discussion of the cause of Averil’s death. Dr Robinson implied it was hospital care that let Averil down.
- (10) She was very disappointed that the case study was to be removed.

80. When considering Ms Campbell’s recollections, I bear in mind that she has subsequently discussed the meeting with Mr Hart, and had twice read his affidavit concerning the meeting, including immediately prior to my interview with her. Inevitably, this will have affected her recollections of the meeting.

My conclusions about the meeting

81. I have reached the following conclusions about the meeting:

- (1) It is clear from the contemporaneous emails that Dr Robinson initially asked to meet Mr Hart to discuss the sequence of events, for his NNUH investigation.
- (2) After Dr Robinson decided to remove the case study on 30 July 2014, his purpose in meeting Mr Hart (and Ms Campbell) was to inform them of his decision. However, as he gave them no advance warning of this, they expected to discuss the NNUH investigation, and were left feeling bewildered when he did not discuss this topic at all.
- (3) Dr Robinson asked Mr Hart whether he was experiencing feelings of guilt about Averil’s death and suggested therapy. While Dr Robinson was motivated to help Mr Hart, this had the potential to be misconstrued or to cause distress.

- (4) There may well have been a discussion about the reasons for Averil's death. Dr Robinson is likely to have suggested that attention should be focused on her treatment in hospital, given his involvement in the NNUH investigation.
- (5) Dr Robinson informed Averil's parents that he had to remove Averil's case study from the MARSIPAN guidelines. I believe that he did not communicate his reasons for doing so clearly or effectively, probably because he was embarrassed, which then created confusion and suspicion in the parents' minds as to why the case study was being removed.
- (6) Dr Robinson may well have said that he felt "under pressure" to remove the case study or that he felt he had "no choice", as this would have reflected how Dr Robinson felt about the situation. But I find it unlikely that he told Averil's parents that he was placed under pressure from the RCPsych, or the RCP, or any other source to remove the case study, because in fact he had not been placed under any such external pressure.
- (7) Dr Robinson did not say that he would lose funding for MARSIPAN or his master's course if he did not withdraw the case study, because MARSIPAN was not dependent on any funding, and his master's course was funded by students. Any discussion of funding or his master's course (which in any event was at UCL, not King's College) is likely to have been in a different context.
- (8) Dr Robinson did tell the parents he would try to publish the case study somewhere else in the future, and suggested the BMJ as a possible option.

82. My reasons for these conclusions are set out in the next section.

ANALYSIS AND CONCLUSIONS

The reasons for withdrawal of the case study

83. It is clear from the contemporaneous emails that Dr Robinson made the decision to withdraw the Averil Hart case study within an hour of reading the CCG report, and that it was the CCG report alone which caused him to make this decision.

84. Dr Robinson's email to the author of the CCG report, sent at 9.23am on 30 July 2014, sets out his reasoning at the time (which he confirmed to me in interview accurately reflected his thinking at the time). It is clear from that email that he believed the CCG report was thorough and that he agreed with its conclusion, which was that the overall care given to

Averil in the community was satisfactory. Critically, it is also clear from his email that he accepted the author's criticisms of the case study. In other words, he realised, on reading the CCG report, that the case study had taken at face value the narrative of bereaved relatives, without full investigation of the facts and without giving the health providers an opportunity to comment.

85. Dr Robinson was clearly concerned about the implications of retaining a one-sided and potentially inaccurate case study in the MARSIPAN Report.⁹ When I asked him what his reaction was on reading the CCG report, he told me he was concerned about the way that MARSIPAN was being portrayed and about the reputation of MARSIPAN. He also told me:

"I could see the validity of [the author's criticisms]. I could see that, yes, I'd just taken the parents' views about her clinical care, but there were various other things to take into account. And I thought that this was something that I had to deal with because I was worried about the reputation of MARSIPAN, because it's a really important document for – to be accepted. What we've been trying to do is to get medical units and places everywhere to accept it and we've got quite a big organisation trying to do that. And I was worried that, if it was being criticised in a semi-official document – in other words a report – [inaudible] on Averil's care, that might have an impact on its acceptability, and it could be criticised."

86. I consider that Dr Robinson's primary motivation in withdrawing the case study from MARSIPAN was to protect the reputation and standing of the MARSIPAN guidelines among the UK medical community.

87. Dr Robinson's email to the author of the CCG report also referred to the fact that she had quoted from the MARSIPAN revision before it had been approved and published. It is clear that Dr V- had failed to check that the revised version had been finalised and published before completing her report. However, while Dr Robinson was entitled to be concerned about that, it is not a factor which would cause him to withdraw the case study if he had believed that its inclusion in MARSIPAN was otherwise appropriate.

⁹ I accept that the PHSO Report largely vindicates Averil's parents' narrative of events, and concludes that there were failings in the care provided by CPFT (through NCEDS) and UEAMC. However, my remit is to determine what Dr Robinson's reasons were for withdrawing the case study, on the basis of the information available to him at the time.

88. Dr Robinson's email to Dr V- (and his subsequent email to the Chief Executive of NNUH) also referred to the loss of anonymity as a result of the author reproducing the case study in the CCG report. Dr Robinson told Dr V- in his email: "Now that you have identified the case as AH in your report, it is no longer anonymous, and I cannot allow it to stay in."
89. The CCG report does not name Averil Hart (she is referred to throughout as Patient A). However, the CCG report does identify the health providers involved in her care. Therefore, it would have been evident to anyone reading the revised MARSIPAN guidelines, who had also read the CCG report, which health providers and clinicians were being criticised in the case study. Many (albeit not all) of those readers would also have been able to identify the patient as Averil Hart because, by that time, Averil's case had been widely discussed within the Cambridge and Norfolk services, and her case had been highly publicised (including by Dr Robinson interviewing Mr Hart about her case at the EDIC conference).
90. Dr Robinson told me, and I accept, that one of his principles was that any case reports in MARSIPAN had to be anonymous to protect the identities of the patients as well as the clinicians. I accept that Dr Robinson believed that he had to withdraw the case study because the effect of the CCG report would be to make it more likely (even if not certain) that Averil (and the clinicians involved) could be identified in the MARSIPAN Report.
91. This may seem inconsistent with Dr Robinson's recent proposal to include Averil's case history in the next edition of MARSIPAN. When I asked Dr Robinson about this, he made the point that the PHSO Report (published in December 2017) names Averil, so that there would be no confidentiality issues around her treatment. Dr Robinson also said that he thought it would enhance the MARSIPAN Report and that he was "hoping it would go some way to meeting some of Nic's concerns".

Undue pressure

92. I do not believe that the RCPsych (or any employee or office holder of the College, or any member of its Eating Disorders Faculty Executive Committee) placed any pressure on Dr Robinson to remove the case study.
93. The only person who has suggested that the RCPsych placed pressure on Dr Robinson is Mr Hart, based on his recollection of what Dr Robinson told him at the meeting in August

2014. Having considered all of the available evidence, I have concluded that his recollection is unreliable on this point. His handwritten notes after the meeting (“Pressure from where? Why RCP?”) appear to me to be inconclusive: they could be interpreted in more than one way and do not necessarily indicate that Dr Robinson said that he was placed under pressure by the RCP/RCPsych to remove the case study. I have taken into account that neither Dr Robinson nor Ms Campbell support Mr Hart’s recollection on this point, despite Ms Campbell being generally supportive of Mr Hart’s complaint. Dr Robinson told me he had no difficulty with the College in relation to the revision of the MARSIPAN guidelines, and they left him alone.

94. This appears to be consistent with the email Dr Robinson sent to the CCG on 23 August 2014 which suggests that, by the time Dr V- had written her report, the College had already approved the revised MARSIPAN guidelines which included the Averil Hart case study. If he had received approval from the College for the second edition by this time, then this indicates the College had no concerns about the case study. In any event, there is no evidence that anyone from the College communicated with Dr Robinson about the case study, and he confirmed to me that he received no communications from anyone in the College about the case study.
95. Although Dr V- (who was a member of the College’s Eating Disorders Faculty Executive Committee at the relevant time) was clearly critical of the inclusion of the case study, she does not appear to have had any direct contact with Dr Robinson about it prior to his decision to remove the case study.
96. I accept that the email sent by the Chief Executive of CPFT on 15 August 2014 could be interpreted as placing pressure on Dr Robinson to remove the case study (although I agree with the PHSO’s conclusion that it was not inappropriate for CPFT to raise its concerns about the case study with Dr Robinson). However, by the time the Chief Executive contacted Dr Robinson, Dr Robinson had already made the decision to remove the case study, and had communicated that decision to Averil’s parents. So the CPFT email could have had no effect on the decision to remove the case study.
97. When I asked Dr Robinson if anyone else at CPFT, or the CCG more generally, had contacted him to raise concerns about the case study, either by telephone or email or by any other means, he said no. I accept that evidence for the following reasons. If Dr S- or

anyone else at CPFT had raised concerns directly with Dr Robinson, it would not have been necessary for the Chief Executive of CPFT to send the email to Dr Robinson on 15 August, raising these precise concerns. If anyone within the CCG had raised concerns with Dr Robinson about the inclusion of the case study, Dr Robinson would not have written his email to the CCG on 23 August in the terms that he did.

98. Finally, I did not consider it necessary to interview Dr V-, Dr S- or the Chief Executive of CPFT. I am aware of their views of the case study from the CCG report and the CPFT emails, and there is no evidence that any of them had any direct interaction with Dr Robinson prior to his decision to remove the case study from the MARSIPAN Report.

CATHERINE CALLAGHAN QC
BLACKSTONE CHAMBERS

24 September 2020

Appendix A

TERMS OF REFERENCE

In respect of a written complaint made by Mr Nic Hart on 18 December 2018 that the case study of Averil Hart was removed from the Royal College of Psychiatrists' 2014 MARSIPAN Report because of undue pressure placed on the lead author Dr Paul Robinson by the Royal College of Psychiatrists and/or members of its Eating Disorders Faculty Executive Committee

Appointment

1. Catherine Callaghan QC of Blackstone Chambers ("the Investigator") is appointed by the Royal College of Psychiatrists ("the College") to investigate and report on, without fear or favour, the events leading up to the withdrawal of the case study of Averil Hart from the College's 2014 MARSIPAN Report and whether or not undue pressure was placed on Dr Paul Robinson by any employee or office holder of the College and/or any member of its Eating Disorders Faculty Executive Committee.

Investigation

2. The Investigator is required to review and consider the following documents:
 - a. The Report of the Parliamentary and Health Service Ombudsman of an investigation into a complaint made by Mr Nic Hart dated 6 December 2017;
 - b. The Report of the Parliamentary and Health Service Ombudsman "Ignoring the alarms: How HNS eating disorder services are failing patients" dated 6 December 2017;
 - c. The letter from Mr Nic Hart to Mr Paul Rees dated 18 December 2018, and Mr Hart's signed affidavit (attached to the letter); and
 - d. any other written evidence (including correspondence, emails or text messages) that the Investigator considers to be relevant.
3. The Investigator is required to:
 - a. Interview the Report's lead author, Dr Paul Robinson;
 - b. Interview Averil Hart's father, Nic Hart;
 - c. Interview Averil Hart's mother, Miranda Campbell;
 - d. Interview any other persons, including members of the College, as the Investigator determines to be necessary.
4. No person interviewed by the Investigator shall be permitted to be accompanied at interview by any other person.
5. Interviews will be arranged at a mutually convenient time and date for the Investigator and the person interviewed. The interviews will take place at the Investigator's chambers (Blackstone Chambers, Blackstone House, Temple, London, EC4Y 9BW), or such other place as the Investigator determines (not to include the College).

6. Angelica Alu, the Executive Assistant to the Chief Executive and Officer Manager of the College, will be responsible for arranging interviews, and all communications regarding interviews are to be directed to Angelica Alu. Save as set out in paragraph 3 above, the Investigator shall not communicate directly with Dr Robinson, Mr Hart, Ms Campbell or any other person to be interviewed.
7. A note taker will be present at all interviews to take a note of the interviews, such note taker to be Angelica Alu or, if she is not available, a person identified by the Investigator as suitable and independent. In addition, each of the interviews will be recorded and a verbatim transcript of each such interview will be made, at the College's expense, with the person interviewed having the opportunity to comment on the transcript's accuracy before it is finalised.
8. The College will ensure that the Investigator receives such assistance from employees or office holders of the College as the Investigator reasonably requires.
9. The Investigator is required to adopt such procedures as she determines to be appropriate to ensure fairness and compliance with the rules of natural justice, and to achieve efficiency and reasonable expedition in the investigation.

The Report

10. Upon completion of the investigation, the Investigator will produce a written report:
 - a. Setting out the reasons why the case study of Averil Hart was removed from the College's 2014 MARSIPAN Report;
 - b. Addressing whether any undue pressure was placed on Dr Paul Robinson by any employee or office holder of the College and/or any member of its Eating Disorders Faculty Executive Committee, whether acting on their own account or on behalf of others; and if so, identifying the nature and source of that pressure.
11. The Investigator shall provide a draft report to the College by 8 January 2020, for the purpose of enabling the College to check and comment on the accuracy of any factual information contained in the draft report. Any comments on factual accuracy will be provided to the Investigator in writing by no later than 28 January 2020. The Investigator will decide whether or not to make any changes to the draft report in light of those comments. For the avoidance of doubt, the College will not be entitled to comment on the judgements or conclusions reached by the Investigator.
12. The Investigator will provide a final report to the College by 31 January 2020.
13. The College will provide a copy of the final report to Mr Hart as soon as reasonably practicable after it has received it.
14. The report and any material produced during the course of the investigation (including notes or transcripts of interviews) will be the property of the College. It shall be for the College to determine what, if any, steps to take in light of the report. The College shall publish the findings of the report.

15. The College may request the Investigator to make recommendations for the future, if it considers it necessary or desirable to do so.

25 October 2019

Appendix B

Paul Rees
Chief Executive Officer
21 Prescott Street
Whitechapel
London
E1 8BB

Nic Hart

18th December 2018

Re: Death of Averil Hart, aged 19

Dear Mr Rees,

I am writing to you following the publication of the report by Parliamentary and Health Service Ombudsman (PHSO) regarding the death of my daughter, Averil Hart, through NHS negligence.

As the report has now been published, laid before Parliament, and is in the public domain, we will be making public all information that was previously classified regarding Averil's case and the attempts to cover-up gross negligence by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

As you can see, there are serious accusations within the report involving the Royal College of Psychiatrists and the pressure brought to bare on the author of MARSIPAN, Dr Paul Robinson, not to publish Averil's anonymous case study.

Please see sections 319-320 of the full PHSO report:

"Mr Hart is also concerned that a summary of Averil's case that had been included in draft updated MARSIPAN guidelines was later removed. The principal author of the MARSIPAN guidelines explained to us it was not removed entirely, but trimmed down to a section about Averil's inpatient care in December 2012 and heavily anonymised. The summary in its original form was based on the family's account of events which reflects the evidence we have seen about Averil's clinical care. Given their motivation to ensure what happened to Averil drives improvements for other patients, it is understandable that they wanted the learning from her story to be shared widely, particularly amongst professionals who rely on the guidelines.

"The principal author of the MARSIPAN guidelines told us that the decision to remove the summary was his, taken because he recognised that the account as written was no longer accurate and could have jeopardised the authority of the guidelines.

"Mr Hart told us that after the Consultant Psychiatrist raised her objections to the summary being included, the principal author of the MARSIPAN guidelines asked Mr Hart and Averil's mother to meet with him. Mr Hart said that during this meeting, the principal author of the MARSIPAN guidelines told them that he had come under 'extreme pressure' from a variety of sources to remove the summary of Averil's case before the guidelines were published. Mr Hart said that the principal author of the MARSIPAN guidelines also told him he would lose funding for the MARSIPAN guidelines and a Master's Degree course he was running if he refused to do so."


Your own guidance states in 'PS01/17 – Competing Interests: Guidance for Psychiatrists' that a competing interest "exists when professional judgement concerning a primary interest may be influenced by an interest (such as financial gain) that competes – or may be perceived as competing – with that primary interest. Essential to the definition is that the individual may be influenced by the competing interest".

I have attached a sworn affidavit in relation to the meeting between Dr Robinson, Miranda Campbell (Averil's mother) and myself. We would like your assurance that you will open a full, independent investigation into the events and source of pressure involving the Royal College of Psychiatrists and its eating disorder committee members.

We will also be referring these matters to other external organisations now the events surrounding Averil's death have been made public.

I hope that you will respond positively and agree to undertake a full investigation into these concerns.

Kind regards,

A handwritten signature in black ink, appearing to read 'Nic Hart', with a stylized flourish at the end.

Nic Hart

Averil's dad

We certify this to be a true
Copy of the original
Birkett Long
BIRKETT LONG LLP
COLOCHESTER ESSEX
18/10/2016

I, Nicholas Hart of [REDACTED] make the following statement. I believe that the facts stated in this Witness Statement are true and I understand that it may be placed before the Court. I make my statement in response to an investigation by the Parliamentary and Health Service Ombudsman.

Following the death of our daughter Averil in December 2012 and the subsequent SI report, I contacted each of the NHS trusts involved in Averil's care. One trust, the Norfolk and Norwich NHS trust agreed to undertake an external review which was to be carried out by Dr. Paul Robinson. A further review of Averil's care was also being undertaken by Dr. Christine Vize at the request of North Norfolk Clinical Commissioning Group (NNCCG).

Shortly after Averil's death, her family were contacted by Dr. Paul Robinson who was seeking to provide evidence from families regarding their experiences of NHS care for very sick patients with Anorexia Nervosa referred to as MARSIPAN Guidelines. We agreed to a case history covering Averil's death to be included as an ANONYMOUS case study in the revision of MARSIPAN (a specialist document for the treatment of really sick (acute) patients suffering from Anorexia Nervosa).

The case study was felt to be particularly important as previous versions of MARSIPAN had not benefitted from a complete case history.

Several weeks after meeting Dr. Robinson at the Norfolk and Norwich hospital with the Chief executive of the hospital Anna Dougdale (at the commencement of the investigation there), I had a phone message from Dr. Robinson to say that he was going on holiday to France, but that he would like to meet us urgently to discuss the NNUH report. He said that he would like to meet somewhere private rather than at his office and that he could not email us about the details for the meeting or provide any further information.

Dr. Robinson suggested meeting at a cafe near Liverpool Street station. Averil's mother and I duly caught the train to London anticipating that Dr. Robinson would update us on the progress with his investigation of the care that Averil received at the Norfolk and Norwich hospital. He did not.

Dr. Robinson was already at the cafe when we arrived and sitting in a corner table. He thanked us for coming and asked how we were. He then asked if either of us (myself in particular), were receiving therapy and also if I felt a sense of guilt about Averil's death. I replied that any parent would feel that emotion given the circumstances, but that we had trusted the NHS services involved to ensure Averil's safety whilst she was at University.

I explained to Dr. Robinson that in our view it was the lack of care by CPFT and NCEDS as well as the University Medical Centre that had resulted in Averil's death, and although the care provided at Addenbroke's and the Norfolk and Norwich hospital had been poor, that Averil would not have been admitted as an emergency case in the first place had the community care by CPFT been fit for purpose.

It came as a surprise therefore that Dr. Robinson suggested that we were looking at the wrong part of Averil's care by considering the community care provided by CPFT and that we should focus our attention on the hospital care only. (* note the reasons for this comment from Dr. Robinson became clear once we had later seen the email from Dr. Shapleske to Aidan Thomas).

Dr. Robinson then turned to the subject of MARSIPAN and said that he was going to have to remove the Anonymous case study about Averil's case from the final MARSIPAN draft which was shortly due to be published. He told us that Dr. Vize had "got hold of a copy", which he had not given or authorised her to have and that he was furious that she had then published part of the unpublished revision in her inquiry for NNCCG.

Dr. Robinson then told us that he had come under external pressure from the Royal College of Psychiatrists and the Royal College of Physicians and other sources to remove Averil's anonymous case study from the

version to be published.

Dr. Robinson then informed us that he had been told that if he did not remove Averil's case study from MARSIPAN that he would lose funding from not just MARSIPAN but also from the Masters degree course that he was running.

He said this effectively meant that he felt that he had no choice but to publish a revised version which removed the existing anonymous case study.

Averil's mother and I said that we were very upset given the number of meetings we had attended to explain what had happened to Averil and that we felt that the case study was particularly important given that it provided evidence to help those caring for patients in a similar situation to Averil.

Dr. Robinson then told us that he would publish the case study elsewhere in the future and suggested the BMJ as one possible option., however, we have not heard from Dr. Robinson since the meeting at the cafe near Liverpool Street station and no such publication has happened.

Averil's mother and I left the meeting feeling very disappointed and concerned at what might have caused this last minute revision of MARSIPAN by Dr. Robinson who had obviously been under external pressure. We were also surprised that Dr. Robinson had not mentioned the Norfolk and Norwich Hospital report, which had supposedly been the whole purpose of the meeting.

With the publication of Dr. Vize's report on Averil's care we were able to see Dr Robinson unedited version of the MARSIPAN report with the anonymous case study as it originally would have been published. Dr. Vize had included it in her report with her comments.

We were later asked by NNCCG to remove and destroy any versions of Dr. Vize's first report that we had received, but given that we felt that it may have importance in the future we retained a copy which has been passed to the Patients Association and PHSO.

As a result of our concerns about what had happened at the meeting with Dr. Robinson we submitted subject access and FOI requests to the NHS trusts involved and received copies of emails and internal documents from the Caldicott guardians of the trusts.

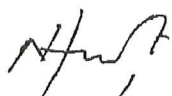
One of these emails was from Dr. Shapleske, (who had deleted her own earlier emails at the time of Averil's death, which we consider was in order to cover up her involvement) and was written to Aidan Thomas the chief executive of the Cambridge and Peterborough NHS trust. It was sent prior to our meeting with Dr. Robinson and it gave an insight into what may have caused the last minute removal of Averil's anonymous case study.

The email from Dr. Shapleske, which I am sure is now being reviewed by the GMC and others, requests that Aidan Thomas should contact Dr. Robinson urgently in order to ensure the removal of the case study from MARSIPAN prior to publication in order to protect our "Reputation".

Sadly the result of this censorship is that health professionals will now not be able to benefit from the learning that was available from Averil's death and patients may well therefore suffer as a consequence.

Averil's family feel that Dr. Shapleske and Dr. Robinson acted in such a way as to place their reputation and the reputation of their departments above the safety of patients.

SIGNATURE:




FULL NAME:

NICHOLAS HART

DATE:

18/10/2016

SOLICITOR SIGNATURE:



FULL NAME:

Ella Johnson

DATE:

18/10/2016

BURKETT LONG LLP

SOLICITORS

42 CROUCH STREET

MANCHESTER, M2 3BQ