

Gosport Independent Panel

Family Liaison Meeting Wednesday 26 April 2017

Note of meeting

Hornet Services Sailing Club, Haslar Road, Gosport, Hants

Present: Family members; members of the Gosport Independent Panel (Bishop James Jones, Christine Gifford, Deborah Sturdy, David Hencke, John Pounsford, Duncan Jarrett, Kate Blackwell, Jim Smith) and Secretariat (Louise Dominian, Judy Joslin, Melanie Pepper, [Code A])

[Code A], Andy Fitt, Luke Best, [Code A] Leila Ghahhary, [Code A]
[Code A]

Welcome

1. The Bishop welcomed everyone to the meeting and said that he was very pleased that once again a large number of family members were in attendance. The Bishop was joined by all Panel Members with the exception of Dr Bill Kirkup who was otherwise detained and sent his apologies.
2. The Bishop said the Panel had now accessed a large number of documents and was deep into the analysis of this documentation. Some Panel Members would be visiting Gosport War Memorial Hospital later that day to understand how the hospital was set out both to support the Panel's analysis of the documentation and help the Panel write its Report which will add to public understanding.
3. The Bishop explained the General Election period did not affect the work of the Panel or Secretariat and that work continued at high speed. The Bishop said that, whilst an incoming Government was not bound by the decisions of the previous one, he fully anticipated that the Panel would continue after the election as had happened after the General Election in 2015. The Bishop promised that he would ask for a meeting with the relevant Minister at the earliest opportunity after the election. The Bishop believed that it was highly unlikely that the Panel's work would be stopped but if this did become a possibility he would make representations in the strongest possible terms for the work to continue, both on behalf of families and the Panel itself. The Panel shares families' determination to get to the bottom of what happened at Gosport War Memorial Hospital.

Panel introductions

4. The Bishop invited Panel Members to briefly introduce themselves:

Kate Blackwell is a barrister specialising in crime and regulatory law bringing to bear her legal expertise and experience of the Panel process. Kate was part of the prosecution team in the Harold Shipman case and was involved in a Panel looking into police corruption.

Deborah Sturdy is a nurse of over 30 years' experience and has worked with older people in both acute hospitals and care homes. Deborah is working with the clinical team on the Panel to establish what happened at Gosport War Memorial Hospital.

John Pounsford retired as a geriatrician two months ago and has a particular interest in respiratory disease in older people. John will be working with the clinical team reviewing the available medical records to try and establish what happened at the hospital.

Jim Smith is a pharmacist who has worked in all sectors of pharmacy and spent most of his career in the NHS. Jim's particular interest is in patient safety and prescribing. He gave evidence on behalf of the Department of Health at the Shipman Inquiry. Jim will be looking at prescribing and the use of drugs at Gosport War Memorial Hospital to reach conclusions as to what happened and why.

Christine Gifford leads on access to information which is important to the outcome of the Panel's work. Christine was part of the team that established the Freedom of Information Act and was an adviser to the Lord Chancellor. Christine was a member of the Hillsborough Independent Panel.

Duncan Jarrett is a former police commander and is co-ordinating the investigation and review of material.

David Hencke is an investigative journalist who previously worked for the Guardian. He exposed the Neil Hamilton cash-for-questions affair and covered the story that led to the first resignation of Peter Mandelson.

Judy Joslin is the Family Officer and together with Melanie Peffer make up the Family Team. As well as organising meetings such as these, it is the role of the Family Team to understand families' questions and be a link to the Panel.

Louise Dominian is the Secretary to the Panel and supports Panel Members to ensure they have access to the required resources to undertake their work including accessing the information, conducting the analysis and writing the Report.

Family Questions - themes

5. The Bishop introduced the next agenda item on the structure of the Panel's work and said that families' issues and questions were very important to the Panel. The Terms of Reference require the Panel to consult with the families of the deceased and of those treated to ensure that the views of those affected are taken into consideration.
6. The Bishop said that the Panel had now held 11 Family meetings where Panel Members have talked to families and, more importantly, listened to families' questions. The Bishop reminded families that at the start it was families' questions which helped shape the Terms of Reference. The Bishop has made sure that the Panel Members appointed have the right skills to meet the Terms of Reference and the Bishop hoped that any new families would be assured of those skills. When families have raised questions at the

quarterly meetings, the Bishop said he has been able to affirm the areas within the scope of the Panel's work and Terms of Reference.

7. The Bishop informed families that over the lifetime of the Panel, family members have shared in the region of 800 questions with the Panel. These have been direct questions posed in writing or they have emerged from the issues and concerns families have expressed in discussions with the Family Team, with Panel Members and at Family Liaison Meetings. The Bishop said that the Panel was very grateful to families for making their concerns and questions known, and these have fed into the whole process.
8. The Bishop reminded families that although the Panel will listen to families and take families' concerns into account, the Panel is independent from families and independent from the government and will necessarily develop its own thinking and direction. This is because the Panel must be prepared to go where the documents lead them.
9. The Bishop explained how families' questions and concerns are informing the Panel's work. When the Panel reviewed and reflected on the family questions, it became clear that many questions were very similar in nature, raising similar concerns. This reflected the experience at Family Meetings when families have listened to other families and noted similarities to their own story. The number of families in contact with the Panel has grown from 8 to over 120 and with this much larger number it is important that the Panel is clear how the emerging issues will be represented.
10. The questions arising from families have helped the Panel to develop a thematic approach to its overall work. That is, there are a number of different areas covered by the family questions which are informing the Panel's work. Rather than looking at several hundred individual – but often similar questions and concerns separately, the approach the Panel are taking to the analysis is to group the questions under particular themes and titles.
11. From reviewing the family questions and concerns, the Bishop said that four broad themes have been identified and under each of these broad themes there are a number of issues. The four broad themes are:
 - Clinical
 - Regulatory
 - Scrutiny
 - Networks
12. The Bishop said that, once he had explained these themes in more detail, family members would be able to get an idea where any questions and concerns they have raised will sit.
13. The Panel believe this thematic approach covering many different issues, rather than a case-by-case, patient-by-patient approach will give a much more powerful result. The Bishop said that the thematic approach will lend the necessary breadth and depth to the Panel's analysis and review processes to allow the Panel the best chance possible of establishing what indeed did happen at Gosport War Memorial Hospital.

14. The Bishop said that patterns of care and behaviour were an example of this thematic approach, so not necessarily looking at individual incidents or cases in isolation – but as examples of what was happening more widely – and identifying the patterns which emerge, for example, about the care and treatment being provided at Gosport War Memorial Hospital.
15. The Bishop went through each of the four broad themes in turn and gave examples of the types of issues that families have raised that have been grouped under each area. The first theme the Bishop covered was the **clinical** theme, and he explained that by ‘clinical’ the Panel is referring to families’ questions and concerns relating to all aspects of the care and treatment of patients.
16. The Bishop explained that the vast majority of questions and concerns raised by families fall under this **clinical** theme. Within this broad **clinical** theme, the family issues that families’ questions and concerns have been grouped into include:

CLINICAL
<p>Use of opioid and sedative medications This includes family questions and concerns raised about:</p> <ul style="list-style-type: none"> • Pain assessment, documentation and dosage • Whether this usage of medication was consistent with the reason for admission, clinical condition and management plan • The level of consultation before prescribing and dispensing opioids <p>Standard of care This includes family questions and concerns about:</p> <ul style="list-style-type: none"> • Nursing care • Management of distressed behaviour • Arrangement and reviewing of clinical investigations, obtaining medical opinion, arranging appropriate intervention or clinical investigations. • Administration of known and long standing medication • Medical management and diagnosis • Level of communication between clinicians and families <p>Agreed standards, policies and regimes within the hospital at the time and whether they were met This includes family questions and concerns about:</p> <ul style="list-style-type: none"> • Record keeping • Staff supervision • Training • Rotas • Staffing levels

- Handling of complaints
 - Control of pain relief and sedation
 - The interaction between Gosport War Memorial Hospital and other hospitals
- The final two areas under the **clinical** theme that reflect questions and concerns raised by families are:
- The relationship between health authorities and other organisations and people**
- Including for example families, the Coroner, the General Medical Council (GMC) and the police, the Department of Health, the Nursing and Midwifery Council (NMC).
- External reviews** that were previously undertaken
- including for example, the report by the Commission for Health Improvement (CHI) and the Professor Baker report.

17. The Bishop said that the **clinical** theme was a substantial area that reflects the majority of concerns families have brought to the Panel. Investigation in this area is extensive and there would be no cutting corners. The Bishop hoped that families agreed that the questions in this area were extremely useful.

18. The second theme covered by the Bishop was **regulatory** and he explained that by ‘regulatory’ the Panel mean relating to the conduct and activities of the various statutory authorities involved for example the practice of the Coroner, the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), the Crown Prosecution Service (CPS).

19. Within this **regulatory** theme, the family issues that families’ questions and concerns have been grouped into include:

REGULATORY
<p>Coroner This includes family questions and concerns about:</p> <ul style="list-style-type: none"> • The conduct of the inquests • Experts and witnesses relied upon by the Coroner and how the Coroner used inquests • The number of inquests • Decisions made by the Coroner • The relationships between the Coroner and other bodies, for example, the police, General Medical Council (GMC), Health Authorities. <p>Police investigations and Crown Prosecution Service (CPS) This includes family questions and concerns about:</p> <ul style="list-style-type: none"> • Crown Prosecution Service (CPS) – involvement and decisions taken not to bring

prosecutions

- Experts relied upon by both the police/Crown Prosecution Service (CPS)
- Information available to the Crown Prosecution Service (CPS)
- The relationships between the police, Crown Prosecution Service (CPS) and others, for example the Coroner, General Medical Council (GMC), Health Authorities and the families.

Professional disciplinary activities

This includes family questions and concerns about:

- The investigations conducted by the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) including their thoroughness and timescale of these particular investigations
- Decisions taken and proceedings pursued by both the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC)
- Experts relied upon
- The relationships between the General Medical Council (GMC), Nursing and Midwifery Council (NMC), and others, for example the police, Coroner, Health Authorities and the families.

20. The Bishop indicated that the examples he described under the **regulatory** theme reflect the relationships between different organisations that families have raised with the Panel at these meetings.

21. The third theme the Bishop covered was **scrutiny** and he explained that by ‘scrutiny’ the Panel are referring to all aspects of the police investigations. Within this broad theme covering the police investigations, the family issues that families’ questions and concerns have been grouped into include:

SCRUTINY

Police investigations

This includes family questions and concerns about:

- The way the police conducted the investigations when families made complaints, the decisions made and whether proper procedure was followed.
- Medical experts used.
- Communication between the police and the regulatory bodies e.g. General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and families during the inquiries.

22. The Bishop said that families’ questions and concerns raised about the police investigations and for example about the medical experts used had been well and truly

heard by the Panel and a deep analysis was being brought to bear on the documentation.

23. The final and fourth theme generated by family questions and concerns was **networks** and the Bishop explained that by 'networks' the Panel mean relating to the relationships between key individuals and organisations.
24. Within the **networks** theme the family issues that families' questions and concerns have been grouped into include:

NETWORKS
Relationships between key individuals and organisations who may have been involved in events at Gosport War Memorial Hospital both locally and nationally.
The role of the local and national media in reporting the story of the events that took place at the time.

25. The Bishop reiterated that the **networks** theme covered relationships over the whole period and included both the local and national landscapes.
26. Having covered the four themes in some detail, the Bishop recapped that the thematic approach had been informed by over 800 questions and concerns which families have raised and from which a number of issues have been identified. It is these issues that the Panel will be looking to cover in great detail in its Report.
27. The Bishop said that the Report itself will be written on a thematic basis which will cover both family issues and the Panel's own thinking and direction. The Report will help add to public understanding of the events at Gosport War Memorial Hospital as set out in the Panel's Terms of Reference. The Bishop repeated the commitment that families will see the Report before anyone else in authority so they can be assured that it has not been tampered with. It will then be presented to the Secretary of State for Health, laid before Parliament and put into the public domain.
28. The Bishop acknowledged that the information he has presented on the four themes was a great deal to absorb. The Bishop said the Panel would be able to answer general questions later in the meeting or over lunch but he reminded families that due to the no piecemeal disclosure principle there may be some questions the Panel would not be able to answer. During the course of its work the Panel is not releasing information piecemeal because it does not wish to distort the overall narrative or detract from the overall impact of the Report. Keeping it all together and releasing as one at the end will allow the documentation to be seen in context.
29. The Bishop said that the Panel was already beginning to plan for the day when it will share the Report with families with a sense of dignity. It is looking at possible venues and a potential structure for the day. The Bishop asked families to share any thoughts they had on venue or structure of the day with the Family Team and said that the Panel

wanted to conduct it in such a way that meant families were in control. Disclosure would firstly be to families and then the Secretary of State for Health. The Bishop said he would update families as work progressed on the plan for the day.

Update on Information Management

30. Christine said the Panel was now working with a huge amount of information and expected this to reach one million pages. Christine was working on the assumption that where families have information, they have already shared this with the Panel. Christine is responsible for developing the disclosure website, the online archive of documentation to ensure maximum possible public disclosure of all relevant information.
31. Christine said that her team was close to the end of gathering information from the major stakeholders and was in the process of going back to organisations to ask them to confirm that they had undertaken full and diligent searches for relevant information and that they had released all relevant information to the Panel. Assurance would be sought at the highest level within organisations (at Chief Executive level) and written certification requested that organisations had fulfilled the Panel's requests. Where organisations claim information is subject to legal or professional privilege, appropriate discussions to verify this status will take place.
32. Christine said that by-and-large organisations had co-operated with the Panel including allowing the Panel access to confidential information which would contribute to the Panel's analytical work. The signed certificates from organisations indicating that they had complied with the Panel's requests would be published alongside the Panel's Report and any organisations that had not co-operated in the Panel process would be named.
33. Organisations were also being approached about putting documents into the public domain and asked to identify any material which they wanted to redact within strict guidelines established by the Panel. Christine said that she was aware from the Family Team that all the families who had provided information to the Panel and who had been asked about publication were content for their documents to be put in the public domain. Personal information including signatures, addresses, telephone numbers and email addresses would however be redacted and therefore not published. Names (including family and patient names) within documents would not be redacted. Where reference was made in the Report to information which was not being put in the public domain in its entirety, such as a reference to an entry on a specific document where an extract was used as reference, the name on the document would not be published.

Questions and answers

34. The Bishop invited questions and comments. In discussion, the following points and questions were raised:
 - It was confirmed that the Royal College of Nursing (RCN) is considered a major stakeholder.

- In response to concerns raised about what will happen to the Panel following the General Election in June, the Bishop said that he was confident given progress and the proximity of Spring 2018 that an incoming government would not stop the work of the Panel. The Bishop could not give any guarantees; however, based on his judgement and experience, he believed the Panel would continue.
- The relationship between the Department of Health and General Medical Council (GMC) was raised and it was confirmed that such relationships are within the scope of the Panel's Terms of Reference as described under the 'networks' theme.
- In response to comments about the connections between the Department of Health and the General Medical Council and about the Panel's independence with specific reference to Bill Kirkup who was a former Associate Chief Medical Officer, the Bishop explained that when he appointed the Panel Members he had asked each Member to declare whether they had had any contact with Gosport War Memorial Hospital. All Panel Members have signed a declaration of interest and these will be put in the public domain once the Panel has finished its work. The Bishop said that Bill Kirkup had no dealings with Gosport War Memorial Hospital when he was Associate Chief Medical Officer and he was satisfied that Bill Kirkup was not compromised.
- The strength of the Panel process was explained in terms of the level and depth of expertise that Panel Members brought to the process and through working closely together they were best placed to succeed in throwing light on events at Gosport War Memorial Hospital. It was confirmed that information from the Department of Health was in scope, and that it would be considered both at face value and, under the Regulatory theme described earlier, in terms of the interactions and connections that took place with the General Medical Council (GMC) regarding events at Gosport War Memorial Hospital.
- In response to comments that police statements do not necessarily tell the whole truth, Duncan Jarrett said that his team would undertake a comprehensive review of *processes* but that it was not possible to look at all the investigative detail across all cases. Duncan indicated that the Panel would not be in a position in the Report to give families a detailed analysis of every single case.
- In response to concerns raised that the Panel's work was a review only and would not reach the deep facts, families were reminded that an in-depth analysis of the documentation was being undertaken by Panel Members with expert skills in the key areas. Individual cases could not be commented on during the meeting.
- The Bishop thanked a family member for speaking with such passion regarding the case of their loved one and said that he shared families' desire to understand what happened at Gosport War Memorial Hospital and that the Panel were undertaking a thorough analysis of the documentation it has accessed. The Bishop said that the Panel were people of goodwill and would do a proper, good and in-depth job

according to the Terms of Reference. The Bishop gave his assurances that he understood families' concerns and took them seriously.

- A family member shared detailed concerns about their repeated attempts to gain access to the transcripts from the inquests. Later on in the meeting another family member added that her solicitor had approached the Coroner for the recordings.
- A family member recalled that their loved one was left on her own in a small room with four beds and the window opened, and said that responsibility for poor care extended beyond doctors. The Bishop reiterated that nursing care was within the scope of the Panel's work and that Deborah was the nursing expert on the Panel.
- Christine explained that the Panel's Report content will be supported by links to the relevant documents. Medical records and death certificates will not be published in their entirety but the Panel may refer to information within these documents as examples for points the Panel wishes to make.
- A family member commented that he had heard stories of poor care at other hospitals and said he believed there was a conspiracy from the Government to the hospitals to 'get rid of elderly patients'. The Bishop confirmed that the cases of those attending the meeting all related to the care their relatives had received at Gosport War Memorial Hospital only.
- The Bishop said it was important for the Panel's work to be completed and brought into the public domain. A family member said that, before the Panel was established, families were getting nowhere with their concerns and time was passing. They affirmed their belief in the Bishop and in all the Panel Members.
- It was confirmed that the Panel was registered with the Information Commissioner's Office. It was also confirmed that the medical experts used were within the scope of the Panel's work.
- A family member said that she had reported her concerns to the police in 1996 and had found it very upsetting when the police did not tell her anything.
- One family member was concerned that the Panel's work was a 'fruitless exercise' and reiterated their view that someone needed to be brought to justice. In response, the Bishop said the Panel hears and accepts the view from the family member and that they were more than entitled to their opinion. The Bishop asked the family member to reserve their judgement on the Panel until it has finished its work and reported. It would be for others to decide how the Panel's Report is taken forward.
- Points raised during the meeting regarding named individuals and their potential connections to events at Gosport War Memorial Hospital were noted.

- The Bishop reminded families that the meeting room was available to them both before and after the meeting if families wished to talk alone in the absence of the Panel and Secretariat.

Next meeting – Wednesday 19 July 2017 (Hornet Services Sailing Club, Gosport)