

# Gosport Independent Panel

## Minutes of the Panel Meeting

### 13 December 2016

**Venue** Wellington House, London, SE1

**Present**

**Panel**

Bishop James Jones (Chair, Gosport Independent Panel, BJJ)  
 David Hencke (DH)  
 Duncan Jarrett (DJ)  
 Jim Smith (JS)  
 Deborah Sturdy (DS)  
 Christine Gifford (CG)  
 Bill Kirkup (BK)  
 John Pounsford (JP)

**Secretariat**

Louise Dominian (Secretary, LD)  
 Tracy Ofeosi (TO)  
 Sarah Armstrong (SA)  
 Peter Burgin (PB)  
**Code A**  
 Andy Fitt (AF)  
**Code A**  
 Judy Joslin (JJ)  
**Code A**  
 Sarah Wishart (SW)

**Apologies**

Kate Blackwell (KB)

	Agenda Item	Summary of discussion	Actions
1.	Introduction and Welcome	<p>The Chair welcomed the prospective Geriatrician specialist Panel Member, John Pounsford, and <b>Code A</b>, the Review Workstream Co-ordinator, to the meeting.</p> <p>The Chair congratulated Deborah Sturdy on her appointment as the Director of Health and Wellbeing at the Royal College Hospital, Chelsea.</p> <p>The Chair mentioned he was encouraged by the positive feedback from the recent meeting with the Secretariat. He noted that the Panel spent the first part of its work engaging families and gaining their trust and confidence. He explained that, despite the Spring 2018 extension, the Panel and Secretariat must keep their focus and momentum in its final strait to deliver the Panel's Terms of Reference and Final Report by Spring 2018.</p>	

2.	Minutes of 15 November Panel meeting and matters arising	<p>Panel members should ensure they are content with the minutes as recorded. The Panel minutes will eventually form a public record.</p> <p>The minutes of the Panel meeting on 15 November were agreed.</p> <p><u>Matters arising</u></p> <p>There were no matters arising.</p>	a) BJJ signed the minutes as a true record of the meeting.
3.	Family Liaison Update  GIP/Paper 24.1	<p><u>Family engagement</u></p> <p>To date (as of 13 December) the Panel is now in contact with families relating to 120 deceased patients.</p> <p>The Panel noted that further analysis to assess whether enough has been done to reach out to families with concerns will be covered at January's Panel meeting.</p> <p>The Family narratives have been ordered by the date of death and references to drugs in the narratives have been highlighted.</p> <p>A workshop will be held in January to consider family themes and questions. The output from the workshop will be brought to February's Panel meeting and families will be updated at the Family Liaison Meeting in April.</p> <p>The Panel discussed the media response to the Spring 2018 extension announcement. The initial media coverage was mainly factual. A more recent feature by ITV Meridian mentioned a family's concerns about the extension and their view that consideration of their case might be diluted because new families have come forward. The Family team has had feedback from a few families explaining that the ITV feature does not represent their views.</p> <p>The Panel agreed the Chair will issue a brief statement on the eve of the Family Liaison Meeting in January 2017. The statement will make these points:</p> <ul style="list-style-type: none"> <li>• It is the effectiveness of the local media that has brought the Panel's work to the attention of a wider audience and</li> </ul>	<p>b) JJ, DS and the Review Team to hold a workshop in January to consider Family questions and themes.</p> <p>c) JJ to arrange for the output from the workshop to be presented to the Panel meeting in February.</p>

		<p>the new families who have come forward.</p> <ul style="list-style-type: none"> <li>• The extension is only 5 months.</li> <li>• Families are of equal importance.</li> <li>• The Panel is reviewing documentary evidence and there will be no piecemeal disclosure.</li> </ul>	d) DH, TO and LD to develop the Chair's statement for publication in January 2017.
4.	<p>Access Workstream Progress Report</p> <p>GIP/Paper 24.2</p>	<p>The Panel noted that as documents are reviewed, previously unknown stakeholders who may have material are identified. The Review Team are liaising with the Access Team to coordinate the work to access further material.</p> <p>The Panel was updated on outstanding issues with a few provider organisations.</p> <p><u>General Medical Council (GMC)</u></p> <p>A meeting has been arranged with GMC on 4 January to resolve the practitioner elements relating to their material.</p> <p>It is expected that all the outstanding points will have been resolved by 23 January when the Chair meets the Chief Executive, Charlie Massey.</p> <p><u>The Medical Defence Union (MDU)</u></p> <p>The MDU only have small amount of material of interest which is the subject of focused attention by the Access Team.</p> <p><u>Legal Aid Agency</u></p> <p>A meeting is being arranged with the Legal Aid Agency.</p> <p><u>Hampshire Police (HP)</u></p> <p>A meeting has been arranged with the Chief Constable, Hampshire Police on 24 January. The Chief Constable has offered full cooperation with the Panel and has assured the Chair that there is no obstruction to accessing their documents.</p> <p><u>Department of Health (DH)</u></p> <p>The DH documents are being sifted for relevancy to establish which of the 70, 000 documents are relevant and should be looked at in its entirety. Relevant documents will be uploaded on Relativity.</p> <p><u>Nursing Midwifery Council</u></p> <p>The Panel discussed the role of regulators.</p>	

		<p>spectrum from protecting the public to protecting the health professionals.</p> <p>The Panel agreed to discuss the issue of Post Mortems at a future Panel Meeting.</p>	<p>e) AF and CG to bring the Post Mortems issue to March's Panel meeting.</p>
5.	<p>Review Workstream Progress Report</p> <p>Oral Update</p>	<p>The Panel noted the three tranches of work within the Clinical workstrand covered the following areas:</p> <p>Tranche One is to establish what problems there were with the care of patients on wards in Gosport War Memorial Hospital (GWMH). These patients include families in contact with the Panel and those who were looked at by Operation Rochester. Sufficient work has already been undertaken to establish a clear pattern of adverse care including particularly the use of drug regimes that were not clinically indicated or appropriate. Potential neglect and poor communication were also found. These features were observed to be present between 1993 and 2001, with a peak prevalence in 1998/99. Further investigative work is not required to establish overall patterns of care, but more illustrative material may be required.</p> <p>Tranche Two is to establish how widespread the problems were and how many individuals may have been harmed. This work requires a rapid assessment (screening) of every person who died at GWMH between 1993 and 2001 to identify those with the adverse care features identified from the Tranche One work. Work is being undertaken on death certificates to exclude those with clear evidence of conditions associated with end of life care. The aim is to complete this work by the end of March 2017.</p> <p>Tranche Three is to ensure that Panel members have access to sufficient information to be able to offer individual feedback to families following the Panel's report. This will form the final phase of the clinical work, tied to disclosure rather than the production of the report, and restricted to those families in contact with the Panel. The Panel noted the importance of offering individual feedback, and that the concerns of families chime</p>	

		<p>The Panel noted that the majority of the medical records relating to Tranche Two records have been located in either paper or microfiche format. About 500 records are outstanding.</p> <p><u>Networks</u></p> <p>Newspaper coverage of the events at Gosport will be aligned with the documentary evidence being reviewed.</p> <p><u>Regulatory</u></p> <p><u>Clinical Governance</u></p> <p>There will be a systematic search for materials relating to who knew about the events at GWMH from the hospital ward to the Board. It was noted that the nurses' complaint of 1991 went to the RCN.</p> <p>The Regulatory Team will review the IPCC material.</p> <p><u>Scrutiny</u></p> <p>The Panel noted that the material provided by families has been reviewed. The Scrutiny team are now reviewing Hampshire Constabulary material in three phases.</p>	
6.	<p>Timeline - High level plan</p> <p>GIP/Paper 24.3.</p>	<p>High Level Plan</p> <p>The Panel noted the four key phases in the High Level Plan from December 2016 to Spring 2018 to deliver the final Report:</p> <ul style="list-style-type: none"> <li>• Review and analysis (Ongoing and to the end of June 17 )</li> <li>• Report writing (July to December 2017)</li> <li>• Preparations for disclosure (January 2018 – April 2018)</li> <li>• Disclosure/post disclosure – Spring 2018</li> </ul> <p>The Panel noted the following comments about delivery of activities within work-strands:</p> <ul style="list-style-type: none"> <li>• Fact checking – should be completed earlier than the proposed date of</li> </ul>	<p>f) LD and TO to review the resource requirements with the Panel Member leads and Workstream leads by January 2017.</p>

		<p>January 2018.</p> <ul style="list-style-type: none"> <li>• Cultural issues – will feature in all of the strands.</li> <li>• A Controlled Drug analysis resource review will take place in March 2017.</li> <li>• An early resource review will be needed for Regulatory and Access workstreams.</li> </ul> <p>Easter is at the end of March 2018. The Report therefore may be produced when there are many holidays and recess might be planned. Work to establish where the Disclosure event is going to take place will need to begin shortly.</p>	<p>g) Panel Members to feedback any further points about the timeline including resource issues to LD.</p>
7.	AOB	None	
8.		The first part of the Panel meeting ended at 12.36 pm. The Panel reconvened for a Panel only session on the proposition for, content and direction of the final Report.	