

# Gosport Independent Panel

## Minutes of the Panel Meeting

### 19 April 2016

Venue Wellington House, London, SE1

**Present**

**Panel**

Bishop James Jones (Chair, Gosport Independent Panel, BJJ)  
 Colin Currie (CC)  
 David Hencke (DH)  
 Duncan Jarrett (DJ)  
 Jim Smith (JS)  
 Bill Kirkup (BK)  
 Deborah Sturdy (DS)  
 Kate Blackwell (KB)  
 Christine Gifford (CG) ( by skype)

**Secretariat**

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

## Code A

#	Agenda Item	Summary of discussion	Actions
1.	Introduction and Welcome	The Chair welcomed everyone to the meeting. He introduced <span style="border: 1px dashed black; padding: 2px;">Code A</span> , a new Secretariat Research member in the Review team working to the Clinicians.	
2.	Minutes of 15 March 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 March were agreed, subject to these amendments: the 'CAPP Interim Report' section on page 5, the second bullet should read "over-prescription of opioid regimes" and not over subscription of opium". The Family Liaison section on page 2 (paragraph 3 (d) should read "the Panel to ensure the patients' date of birth is correct and to note the inconsistencies recorded in the Final Report.</p>	<p>a) BJJ signed the minutes as a true record of the meeting.</p> <p>b) TO to amend March's Panel minutes to reflect the changes.</p>

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	<p><u>Matters arising</u></p> <p>The timetable and run rates for the Comparative Analysis Document (CAD) will be presented to the Panel in May and June respectively.</p>	<p>c) Code A to develop the timetable and run rates for the CAD for the Panel meeting in May and June respectively.</p>
<p>3. Update CQC Response Southern Healthcare FT  GIP/Paper 18.1</p>	<p>The Panel was updated on the Care Quality Commission's (CQC) response to the independent review of unexpected deaths in the Southern Health Foundation Trust. The CQC has issued a warning notice to Southern Health. They must make significant improvements for patients at risk of harm in their Mental Health and Learning Disability services. The CQC expect to produce a final report at the end of April.</p> <p>The CQC's key findings resonate with the issues the Panel is looking at. The Panel agreed to establish whether there is any overlap between members of the Southern Health Board and Executive and those overseeing and/or working in Gosport War Memorial Hospital (GWMH) during the relevant years of interest.</p> <p>The Panel noted the CAD will capture information about patients based on the presenting illnesses at GWMH.</p>	<p>d) DH and the Networks Team to establish any overlap in personnel between Southern Health, Foundation Trust, GWMH and its overarching NHS organisations.</p>
<p>4. Family Liaison  GIP/Paper 18.2</p>	<p><u>Family engagement</u></p> <p>To date (as of 19 April) the number of families the Panel is in contact with remains the same - 102 families relating to 101 deceased patients.</p> <p>Attendance at the Family Liaison Meeting in May might be lower than previous Family Liaison Meetings due to families' growing trust and confidence in the Panel's work.</p> <p>Families will be given a presentation on redactions at the Family Liaison Meeting in May to explain the process and the background to the expectation that very little or no family material will be redacted.</p>	<p>e) CG to discuss the redactions process at the Family Liaison meeting in May.</p>

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	<p>The collection of family material will be prioritised in April/May.</p> <p><u>Patients voices - Tracing</u></p> <p>The Panel discussed the approach to and options for tracing families following the Panel's decision to trace families whose relatives were included in previous investigations and were not in contact with the Panel. Families of 56 patients included in Operation Rochester are in this category.</p> <p>The Panel agreed to adopt the proposed option 4 to trace all of the 56 families not in contact with the Panel. It will undertake straightforward tracing in-house and outsource any activity where tracing has not been successful. Tracing work will be handled sensitively and will not involve any direct contact with families.</p> <p>The Panel agreed the draft letter from the Chair to the families traced, subject to any further comments from Panel Members. The letters will not be sent to families that have been successfully traced until after the Panel considers the Review Panel paper on the numbers of patients involved in previous investigations.</p>	<p>f) JJ to seek Panel Members' comments on the draft introductory letter from the Chair to families who have been traced.</p> <p>g) JJ to update the Panel on the outcome of the tracing at May's Panel meeting.</p>
5.	<p>Access Workstream Progress Report</p> <p>GIP/Paper 18.3</p> <p>The first tranche of the Access Team's work is about to reach a significant milestone with more material coming in from priority organisations. The Access team will provide a report at May's Panel meeting on progress with the other organisations not included in the priority stakeholders' list.</p> <p>The Panel was updated on progress with the General Medical Council (GMC), Nursing and Midwifery Council, Portsmouth Trust, Hampshire Police and Southern Health.</p> <p>The GMC has provided some of their material to the Panel.</p> <p>The Nursing and Midwifery Council have provided all of their material to the Panel.</p> <p>The search parameters for Hampshire Police materials are being widened - the Panel is about to make its third request for additional information</p>	<p>h) PB and AF to provide a report, at May's Panel meeting, on progress with other organisations not included in the priority stakeholders' list.</p>

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	<p>from Hampshire Police.</p> <p>The Crown Prosecution Service (CPS) has provided some material. The Panel is awaiting further material relating to a potential complaint.</p> <p>The Panel discussed plans to review material received from Kiran Bhogal, a lawyer who acted for Hampshire PCT. KB and PB will look at the material and produce a list of the contents. KB to form a view on whether the material is legally privileged. The Panel will decide on next steps in light of KB's advice.</p> <p>The Panel will be updated in June on the timescale for uploading 95 % of the material received on to Relativity.</p> <p>The next significant stage for Access work is the redaction and de-duplication of material and putting documents on the disclosure website, once this is built.</p>	<p>i) PB and KB to review the boxes from Hampshire PCT and advise the Panel, in May, on next steps</p> <p>j) PB and AF to update the Panel in June on the timescale for uploading 95 % of the material on to Relativity.</p>
6.	<p><u>Clinical Ascertainment Pilot Phase (CAPP)</u></p> <p>The CAPP is no longer a pilot. A strategy to deliver the Clinical Ascertainment Phase (CAP) has been developed.</p> <p>The Panel noted that the CAP will include the pattern of prescription and administration of drugs to patients in GWMH and a professional assessment of the appropriateness and the potency of the prescription and administration of drugs.</p> <p><u>Overview of the Death Certification Process</u></p> <p>The Panel was provided with an overview of the death certification process and NHS structural changes from 1980 to 2005.</p> <p>The Panel discussed the Review paper. It agreed the key questions on verification and certification of deaths identified for further investigation.</p> <p>The Panel noted the following:</p>	

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	<p>The Department of Health (DH) has reformed the death certification process.</p> <ul style="list-style-type: none"> <li>• Nurses being authorised to verify death on the day of admission is unusual especially when the patient is not expected to die.</li> <li>• The Medical Referee to the Crematorium is responsible for making sure there are two certificates.</li> <li>• Conveners are Non-Executive Board Members responsible for identifying unusual trends and patterns in NHS hospitals.</li> <li>• The Panel asked for further understanding about Funeral Directors in Gosport and the surrounding areas and the pattern of use for deaths occurring in GWMH.</li> <li>• The Panel discussed the potential for meaningful comparators on referrals to the Coroner between GWMH and a hospital statistically similar to it.</li> </ul> <p><u>Networks workstrand</u></p> <p>D Henke will create an "Associations Chart" covering local networks for the Panel's consideration in May.</p> <p><u>Regulatory workstrand</u></p> <p>Regulatory work is focusing on the Inquest material and the CPS material. A detailed schedule of medical experts involved in the investigations is being compiled.</p> <p><u>Gosport Working Family Tree. NHS structural changes</u></p> <p>The Panel discussed the Working Family Tree document, which shows how NHS structural changes impacted on governance in GWMH</p>	<p>k) The Review Team to update the Panel in July on its further investigation into verification and certification of death.</p> <p>l) SW to establish who acted as the Medical Referee to the Crematorium in Portchester.</p> <p>m) The Review Team to establish who the Convener was at GWMH and whether they identified any patterns there.</p> <p>n) The Review Team will undertake further research on the Funeral Directors in the Gosport and surrounding areas and the roles they played.</p> <p>o) SW to amend the presentation on NHS structural changes to reflect that Primary Care Trusts were the</p>

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		<p>from 1980 – 2005.</p> <p>The presentation on NHS structural changes will be amended to demonstrate that PCTs were the Commissioners although in a few cases some PCTs were both Commissioners and Provider organisations.</p> <p>The Panel agreed a more in depth session is required to consider the complexities around NHS structural changes that had an impact on GWMH.</p>	<p>Commissioners.</p> <p>p) SW to arrange a further session on the detailed NHS structural changes in GWMH for Panel Members.</p> <p>q) SW to demonstrate the relationship between GWMH and the local GPs.</p>
7.	<p>Highlight Report and High level plan</p> <p>GIP/Paper 18.5</p>	<p>This was covered within the Workstream updates in items 4-6 above.</p> <p>The DH has approved £4.5 million for the Panel's budget in 2016-2017. Work is underway to profile the budget to allocate resources in an efficient way.</p> <p>The Panel noted that the DH had received a Parliamentary Question into events at Gosport and whether a further inquiry will be held and a Freedom of Information request asking how much funding had been allocated to the Panel in the last two financial years.</p>	
8.	<p>Forward Look</p> <p>GIP/Paper 18.6</p>	<p>The Forward Look will be amended to reflect the agreed changes in governance in Item 9 below.</p>	
9.	<p>Governance - Frequency and content of Panel meetings</p> <p>GIP/Paper 18.7</p>	<p>Panel Member only discussion (Secretary in attendance)</p> <p>The Panel discussed the frequency, content of meetings in light of its requirements as the focus of the Panel's work moves into its Review stage. The Panel agreed to trial holding paperless Panel meetings in June and October 2016 with the Panel Secretary in attendance.</p>	<p>r) LD to arrange for the paperless meetings to be supported by an agenda.</p>
10.	AOB	The meeting ended at 1.10 pm	

24/5/16