

Gosport Independent Panel

Minutes of the Panel Meeting

15 March 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)

Secretariat

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

	Agenda Item	Summary of discussion	Actions
1.	Introduction and Welcome	The Chair welcomed everyone to the meeting. He introduced Code A and Leila Ghahhary, the new assistants to Kate Blackwell working within the Regulatory workstrand.	
2.	Minutes of 16 February Panel meeting and matters arising	Panel members should ensure they are content with the minutes as recorded. The Panel minutes will eventually form a public record. The minutes of the Panel Meeting on 16 February were agreed with no amendments. There were no matters arising.	a) BJJ signed the minutes as a true record of the meeting.
3	Family Liaison GIP/Paper 17.1	<u>Family engagement</u> A further family had come forward this month - after the Panel papers were issued. The family was not involved in any of the previous investigations into the events at Gosport War Memorial Hospital (GWMH). To date (as of 15 March) the Panel is in contact with 102 families relating to 101 deceased patients.	b) JJ to circulate the revised Family Dashboard and Family narratives to Panel Members. c) The Panel will consider whether

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		<p><u>February's Family Liaison Meeting</u></p> <p>The feedback from families following the meeting has been positive. It was easier for families to ask questions. In particular, the leaflet on sources of information, support and counselling was well received.</p> <p><u>Family narratives and Family Dashboard Summary</u></p> <p>The Panel reflected on the Family narratives. The narratives provide the Panel with a general sense of the families' experience. The facts in the Family narratives must be corroborated by the documentary evidence. The Panel will need to find documents that are either in support or not in support of the historic concerns of the families.</p> <p>The Panel considered possible interpretations drawn from the Family narratives concerning prescription and administration of medicines, treatment of families' relatives and the culture in the GWMH.</p> <p>The Panel will also consider its own interpretation of events as more material becomes available. Consideration will also be given to what other questions emerge from the sum total of the Family narratives and whether the narratives should be included in the Final report.</p> <p>The Panel noted that some documents held different dates for a patient's birth. For these cases, the actual date of birth will be ascertained by examining the relevant documents.</p>	<p>Family narratives should be included in the Final report.</p> <p>d) The Panel agreed to note the inaccurate recording of patient's birth in the Final report.</p> <p>e) JJ and the Review Team to provide BK with the missing dates of death for inclusion in his statistical analysis.</p>
4.	<p>Access Workstream Progress Report</p> <p>GIP/Paper 17.2</p>	<p>The Panel was updated on progress with key stakeholders. Good progress has been made to obtain material from organisations who have responded positively.</p> <p>The Department of Health (DH) has been transparent and diligent in searching for material.</p> <p>The NMC have told the Panel it will receive their</p>	<p>f) PB to follow up with the AG and DPP offices if no other source for the Hampshire Constabulary complaint is found.</p>

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		<p>material by April.</p> <p>Meetings have been arranged with some organisations to support them on access to their material.</p> <p>The Chair ^{Code A}CG, LD and PB will be meeting Niall Dickson, Chief Executive, the General Medical Council (GMC) on 16 March to discuss access to their material.</p> <p>The Chair would write again to Sir Ian Carruthers, Chair of Portsmouth Trust to request a meeting if no progress is made on accessing their material by the end of March.</p> <p>The Panel noted that the Fitness to Practice Panels are independent from the GMC.</p> <p>The Panel noted the Hampshire Constabulary complaint about the CPS may have been copied to the Attorney General (AG) and the Director of Public Prosecutions (DPP).</p> <p><u>Southern Health Options Paper</u></p> <p>The Panel discussed the options on searching Southern Health owned material stored in Southampton. The Panel considered the four options in the paper and decided to proceed with Option (B). Southern Health material is more likely to have more documents with notes about the administration of drugs in GWMH compared to other organisations and the Panel could be disadvantaged in trying to establish the drug regime at GWMH if it does not access the Southern Health archive. Option A may be considered at a later date. A timescale will be drawn up for Option B and this should include the feasibility of activating Option A, if needed.</p>	<p>g) AF to develop the timescale for searching Southern Health archives and the likely timing for activating Option A, for the Panel to consider at April's Panel meeting.</p>
5.	Patient voice GIP/Paper 17.3	<p>The Panel was updated on developments on the number of patients it is aware of.</p> <p>The Panel is aware of patient names that have come from information within Operation Rochester and families who have come forward to the Panel that have not been involved in any previous investigations. Some of the patient names were included in patient records examined</p>	<p>h) ^{Code A} and SW to identify the patients known to the Panel from the 800 death certificates, studied by Professor Baker.</p> <p>i) JJ and ^{Code A} to</p>

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		<p>by Professor Baker. The Panel is currently not in contact with 56 of the patients involved in Operation Rochester. The Review Team is exploring the sources for the Operation Rochester patient names and will update the Panel once this work concludes.</p> <p>The Review Team have accessed 800 death certificates issued during the relevant years at GWMH and studied by Professor Baker. The Review Team confirmed it is possible to identify how many of the 800 are among the patient names known to the Panel.</p> <p>The Panel discussed how it could engage families who are currently not in contact with the Panel. Different factors prohibit families from coming forward: Some families may be waiting for the Panel to make contact; the ageing population of families; and families may have decided not to pursue their concerns.</p> <p>The Panel agreed it has a duty of care to all affected families and that families whose relatives were included in previous investigations should be traced to engage in the Panel's work should they wish to. The options on which tracing method to use will be discussed at April's Panel meeting. The Chair will then write to all families where we have names and addresses.</p> <p>It was noted that a record of the procedures adopted by the Panel in engaging families should be included in the Final report.</p>	<p>produce options on tracing for the Panel meeting in April.</p> <p>j) JJ to produce a draft letter from the Chair to families unknown to the Panel. The draft letter will be discussed at the Panel meeting in April.</p>
6.	<p>Review Workstream Progress Report</p> <p>GIP/Paper 17.4</p>	<p>The Panel was updated on progress across the Review workstrands.</p> <p>The Panel discussed one of two cases reviewed by the NHS Litigation Authority. This is the first evidence seen by the Review Team of the NHS accepting liability for a patient within the Gosport scope. There is no documentary evidence of lessons learned. The range of opinions by expert witnesses was highlighted. It was noted that litigation can be used by families to understand what happened in the NHS.</p> <p>The Panel touched upon the use of expert witnesses including the variation in their opinions,</p>	<p>k)  and LG to review the NHS litigation case.</p>

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7.	<p>Communication Strategy</p> <p>GIP/Paper 17.5</p>	<p>The Communication Strategy supports the Panel's delivery of its Terms of Reference. The Strategy is in three phases. Phase 2 is the current phase.</p> <p>The Panel agreed the recommendations in the Communications Strategy to:</p> <ul style="list-style-type: none"> • adopt the aims of the Communications Strategy to support the delivery of the Panel's Terms of Reference including the Panel's commitment to families, oversight of maximum possible public disclosure of relevant information, and production of a Final report and on-line archive, and ultimately contribute to confidence in the Panel's findings in the Final report. • maintain the current position of no national media activity in Phase 2. • consider national media activity early on in Phase 3, in the run up to disclosure stage. • adopt the draft Protocol for handling leaks, media publicity and enquiries, • adopt the Line to Take in response to leaks, media publicity and enquiries. • establish a mechanism to enable the DH to update the Panel on latest policy issues at set intervals. • develop the disclosure stage elements in phase three for discussion in June. 	<p>n) TO to implement the recommendations in Phase 2 of the communication strategy.</p>
8.	<p>Highlight Report and High level plan</p> <p>GIP/Paper 17.6</p>	<p>The discussion with DH about the Panel's budget for 2016-2017 is ongoing in light of the 30% staffing reduction in DH over the next 12 months. LD will revert to the Panel if there are any issues.</p>	<p>o) LD to update the Panel if there are any DH budgetary issues which affect the Panel's delivery of its Terms of Reference.</p>
9.	<p>Forward Look</p> <p>GIP/Paper 17.7</p>	<p>The Panel noted the dates of the informal Panel meetings in June and November. The importance of the informal offsite meetings was highlighted.</p>	

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10.	AOB	The Panel agreed to consider the content and frequency of Panel meetings and offsite informal Panel meetings. The meeting ended at 1.15pm	p) LD to coordinate and present views on future Panel meetings to the Panel.

Code A

19/4/16

