

# Gosport Independent Panel Minutes of the Panel Meeting 15 November 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)  
Kate Blackwell (KB)  
Christine Gifford (CG)  
Bill Kirkup (BK)

**Secretariat**

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

**Apologies**

None

**Code A** (for part of the meeting)

**Code A**

	Agenda Item	Summary of discussion	Actions
1.	Introduction and Welcome	The Chair welcomed everyone to the meeting. The Chair referred to the revised timescale for the Panel's report. He emphasised it is important to focus on delivery and prioritise activity with less than eighteen months to the final Report. The Panel will consider a step by step timeline at December's Panel meeting setting out the activities it needs to achieve to deliver the final Report in Spring 2018.	a) LD and team leads to develop a timeline to reflect the key milestones needed to deliver the final Report for Panel Members to consider at December's Panel meeting.
2.	Minutes of 19 October 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 19 October were agreed, subject to these changes: include an addendum to the clinical workstrand (paragraph 6 refers) to reflect the work to extract data from the	b) BJJ signed the minutes as a true record of the meeting, subject to the amendment.  c) TO and JS to agree a form of words to



		<p>Controlled Drugs Registers and match it to the Medical Certificate of Cause of Death (MCCD) counterfoils.</p> <p><u>Matters arising</u></p> <p>There were no matters arising.</p>	<p>include in the revised October's Panel minutes.</p>
3.	<p>Family Liaison Oral update</p>	<p><u>November's Family Liaison Meeting</u></p> <p>The Panel reflected on November's Family Liaison Meeting. Families remain confident in the Panel. This did not change when families were informed about the revised Spring 2018 Panel end date. As expected, a few families asked questions about the revised timeline.</p> <p>The Panel was updated on media coverage of the Ministerial announcement relating to the extended timeline. There was little continuing social media interest. The regional media published articles and there was one radio interview. The Panel noted that there will be no response to the media coverage. The Families team will consider how new families can be reassured at the next Family Liaison Meeting that the Panel appreciates their input along with all families. The actual extension of a few months will be clarified.</p>	<p>d) JJ to develop briefing for the next Family Liaison Meeting to reassure new families that the Panel appreciated them coming forward.</p>
4.	<p>Access Workstream Progress Report</p> <p>GIP/Paper 23.1</p>	<p>The Panel was updated on progress. All paper cataloguing and electronic material is up to date on Relativity. It does not yet include electronic material from the Department of Health and Portsmouth Trust. They both have a significant amount of electronic material which is being checked for relevancy before it is loaded on Relativity.</p> <p>The Panel was updated on the few remaining outlier organisations.</p> <p><u>The Medical Defence Union (MDU)</u></p> <p>The MDU is expected to have a small amount of original material and they will provide a list of material in November. Most of MDU's material may be legally privileged.</p> <p><u>Portsmouth Trust</u></p> <p>Portsmouth Trust's material is being cleaned and the volume is expected to reduce significantly</p>	



		<p>from the original 1 million documents.</p> <p><u>General Medical Council (GMC)</u></p> <p>At disclosure level, access to the GMC material is proceeding as planned. A meeting has been arranged with the new Chief Executive, Charlie Massey in January 2017 to resolve any outstanding issues with the handling of legally privileged material.</p> <p>The Panel agreed a letter will be sent to the GMC and Hampshire Police respectively to inform them that the length of time it is taking to access all their material will be reflected in the Panel's final Report.</p> <p><u>National Midwifery Council (NMC)</u></p> <p>A meeting has been arranged with the NMC to clarify the redaction process.</p> <p>The Panel noted that the response of the regulatory bodies would form part of the final Reports discussion on impacts/consequences.</p>	<p>e) AF and CG to write to the GMC and Hampshire Police respectively to remind them that delays will be reflected in the Final Report.</p>
5.	a) Analysis of GWMH death certification counterfoil data.	<p>The Panel noted the findings from the preliminary analysis of the data recorded on the GWMH Medical Certificate of Cause of Death (MCCD) counterfoils from 1987-2001. Dr Baker transcribed and used 2069 records. This is believed to be a complete record of everyone who died at GWMH during that time. The data from the counterfoils show the number of deaths at around 100 a year between 1987 and 1992, increasing to around 150 in 1993 with a further rise to over 200 in 1998, double the annual number prior to 1993. Over the next two years, the number of certificates issued reverted to the pre-1993 level of around 100 annually. Dr Baker took the view that this could have been because more patients were admitted for end of life care, but this was not tested and is not supported by the present analysis.</p> <p>The Panel noted that the analysis is not conclusive evidence in itself. It is confirmatory of the work the Panel has completed to date.</p> <p>The next stage of this work will be to triangulate the MCCD data with the data being compiled from the Controlled Drugs Register and the medical records screening work. This will provide an insight into how the data relates to the drug regime</p>	<p>f) BK, JS, DS and the Review team to triangulate the MCCD data with the data being compiled from the Controlled Drugs Register and the medical records</p>



		experienced by patients.	screening work.
6.	Enquiries at GWMH GIP/Paper 23.2	<p>The Panel discussed the Enquiries at GWMH paper. The Panel noted that nurses at GWMH compiled a dossier of concerns in the early 90s. The CHI investigation did not discover the nurses' concerns. The dossier flags issues about the culture at GWMH and is an area for further scrutiny. It is also linked to the intervention of the Chief Medical Officer and the start of Operation Rochester.</p> <p>The Panel discussed whether a piece of work on linked series relating to the wider number of cases should be commissioned. The Panel agreed to focus on the triangulation of data based on MCCDs as discussed. The input from the Geriatrician when he is appointed and other work across the strands to review and analyse the material will be the focus for the final Report. The Panel decision not to proceed with research on linked series will be kept under review.</p>	
7.	Highlight Report and High level plan GIP/Paper 23.4.	<p>This was covered within the Workstream updates in items 3-6 above.</p> <p>The Bishop met Caroline Dinenage, Gosport MP, to inform her about the Spring 2018 extension.</p>	
8.	Forward Look GIP/Paper 23.5	The Panel noted the Forward Look.	
9.	Website prototype - Presentation	<p>A prototype of the final disclosure website was demonstrated to the Panel. The website has been designed to ensure maximum accessibility. Profiles have been drawn for a range of potential users in consultation with the Panel Secretariat and other stakeholders including lessons learned from the Hillsborough Independent Panel's website. Users will be able to access supporting documents within the Report – documents will be cross referenced. There will be a section at the end of the Report to flag the next steps following the Report's publication and signposting visitors to key links.</p> <p>The Panel agreed supporting documents that will feature in the Final Report will be tagged in Relativity as the document review progresses. This will save time later and reduce the amount of time needed to search for documents for the final</p>	g) AF and the Review team to arrange for relevant documents required for the final Report to be tagged in Relativity when documents are being analysed.





		Report.	
10.	AOB	<p>The Panel agreed to discuss the "narrative" on the hypothesis that has started to emerge from its work at December's Panel meeting.</p> <p>The draft narrative suggests that, " For a period of time at Gosport War Memorial Hospital, there was a culture of medicating uncaringly in an excessive number of cases so that the lives of vulnerable patients were brought to unexpectedly early end through prescribing and administering an inappropriate mix of drugs, not clinically indicated or approved; and that when complaints were made there was a sequence of inadequate investigations reflecting a failure of duty of care and poor governance lacking rigour and accountability".</p>	h) The Panel to discuss the "narrative" at December's meeting.
11.		The meeting ended at 12pm.	

**Code A**

13/12/16

