

# Gosport Independent Panel

## Minutes of the Panel Meeting

### 15 September 2015

**Venue** Wellington House, London, SE1

#### **Present**

##### **Panel**

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

##### **Secretariat**

Sarah Armstrong (SAr)  
Peter Burgin (PB)  
Louise Dominian (Secretary, LD)

##### **Code A**

Andrew Gazzard (AG)  
Judy Joslin (JJ)  
Tracy Ofeosi (TO)  
Sarah Wishart (SW)

# Code A

Kate Spalding (KA) Guest, Programme Director

##### **Apologies**

None

	Agenda Item	Summary of discussion	Actions
1.	Introduction and Welcome	The Chair welcomed the new Secretariat team members, <b>Code A</b> and the guest, Kate Spalding, to the meeting. The Chair noted the Panel has made very good progress and he thanked the Secretariat team for the work that had been accomplished over the summer.	

	Agenda Item	Summary of discussion	Actions
2.	Minutes of 15 July Panel meeting and matters arising	Formal approval of the minutes of the previous meeting is required. 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 15 July were agreed with no amendments.	a) BJJ signed the minutes as a true record of the meeting.
3.	Family Liaison Update on engagement with families and the communication campaign, October Family Meeting and Psychological support. GIP/Paper 11.1	<p><u>Communication Campaign</u></p> <p>The communication campaign to encourage anyone with concerns about historic care and treatment in the Gosport War Memorial Hospital to contact the Panel was launched on 30 July. The campaign generated significant media interest in comparison to previous Gosport media announcements. In comparison to the two previous Panel announcements in 2014, a significant number of families with relatives who were treated at Gosport War Memorial Hospital (GWMH) have contacted the Panel. To date (as of 15 September) the Panel is in contact with 83 families compared to 32 families before the campaign was launched. Most of the families that have come forward are in scope. Two thirds of the families are from Gosport and Fareham.</p> <p>The campaign demonstrated the important role the local press can play in media campaigns. The emerging relationship with the local media should be nurtured to build on the momentum. Any interaction between the Panel and the media should adhere to the Panel's Terms of Reference. There will be no piecemeal disclosure. The Panel agreed to prepare a statement for the local press which acknowledged their contribution and provides some feedback on the campaign's impact.</p> <p>The second phase of the communication campaign has begun. Posters have been sent to GP surgeries, further adverts are appearing in local newspapers and there is further work planned with other organisations in Gosport and surrounding areas. Other potential channels for reaching families will be explored.</p>	<p>b) JJ to adapt the Family Liaison meeting agenda to give families the flexibility to engage with each other before the Panel meeting and without Panel members present.</p> <p>c) JJ, TO and DH to consider and produce a fit for purpose statement for the Panel meeting in October. The statement should thank the local media and inform families, possibly through a press release from the Chair, that more people have contacted the Panel.</p> <p>d) JJ to keep under review the options around teleconference facilities for families at Family Liaison meetings.</p> <p>e) JJ to conduct an evaluation of the communication campaign for the November Panel meeting, this will include next steps</p>

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		<p><u>October Family Liaison meeting</u></p> <p>26 families attended the Family Liaison meeting in July. Feedback from families on the day and later was positive. More families might attend the Family Liaison meeting in October.</p> <p>The Panel discussed whether the current arrangements at Family Liaison meetings should be altered given that more families might attend Family Liaison meetings and following the successful telephone contact at the July Family Liaison meeting. The Panel agreed changes could be made if it was logistically possible. However, the opportunity the meetings provide for full Panel members and family engagement should be preserved.</p> <p>Panel members will introduce themselves again at the Panel meeting and the Chair will outline the key principles and history of the Panel for the benefit of new families attending the October meeting for the first time.</p> <p><u>Psychological support</u></p> <p>The Panel discussed options around providing psychological support for families. It was noted that it is impossible to determine whether families will actually take up psychological support. The Panel discussed the options below:</p> <p><b>Option 1</b> - Leaflet signposting families to national/local organisations  <b>Option 2</b> - Telephone helpline  <b>Option 3</b> - Enhanced telephone helpline  <b>Option 4</b> - Full counselling service</p> <p>The Panel agreed to proceed with option 1 - a leaflet which signposts families to national/local organisations which will raise families' awareness about the support available and to defer making a decision on option 2 - a telephone helpline for families - until more information is available about prospective providers.</p>	<p>and consideration of further media activity at a national level.</p> <p>f) JJ to notify existing families in their invitation about the content of the October Family Liaison agenda to allow them decide if they would like to attend given they will have heard some of the content previously.</p> <p>g) JJ and <span style="border: 1px dashed black; padding: 0 2px;">Code A</span> to produce a leaflet, which signposts families to the national/local support available, for the Panel's consideration at the Panel meeting in November.</p>



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4.	Access Workstream Progress Report GIP/Paper 11.2	<p>The Access Workstream has made good progress engaging stakeholder organisations. All organisations are cooperating. The cataloguing of Families' and the Coroners' material has been prioritised and a significant amount of material has now been uploaded to Relativity.</p> <p>The pre-assessment work on death certification will begin at the end of September.</p> <p>The Panel will arrange to meet the Ombudsman after it scopes what work is involved before it takes a view on next steps and approach.</p> <p>CG will be meeting local health authorities from the Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Group to discuss access to their material. They have asked to meet the Panel. CG will encourage the organisations to fully support the Panel. Organisations with material that resist transparency will be identified in Parliament in the final Gosport report. Work is continuing to prioritise collections and digitisation of key stakeholders' materials.</p>	h) KB to keep the Panel updated on engagement with the Ombudsman.
5.	Review Workstream - Progress report GIP/Paper 11.3	<p>The Review team's way of working continues to evolve and has been developed to encompass the Comparative Analysis Document (CAD), the thematic research, analysis and investigation disciplines and a pilot focused on clinical analysis.</p> <p>The Panel members with clinical expertise will lead the "Pilot" and its work will focus on using digitised data from Relativity to identify key lines of enquiry from a small number of patients from different cohorts at GWMH. Identifying specific questions that might characterise the quality of care in a small but relevant sample will help the Panel develop an effective approach to the scale of documentation available.</p>	<p>i) The Review team (DJ, SA, <span style="border: 1px dashed black; padding: 0 2px;">Code A</span>) to consider with the members of the Clinical Team (CC, DS, JS and BK) what the "Pilot" should be called and update the Panel at the October meeting.</p> <p>j) The Review team to update the Panel on the Pilot's progress at a future Panel meeting.</p>

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6.	Panel update and progress so far GIP/Paper 11.4	<p>LD updated the Panel on progress across all major workstreams and set out an example of a full life plan. Good progress has been made on all workstreams.</p> <p><u>Access</u></p> <p>The Panel expects to know where most of the relevant material is by November 2015.</p> <p><u>Add to public understanding</u></p> <p>The period before disclosure is a very technical phase which will include a “Maxwellisation” phase. Parliament has to be sitting when Disclosure occurs. The post disclosure phase will include feeding back to families on an individual basis.</p> <p><u>Resources</u></p> <p>The Panel’s estimates on cost and timeframe will only become firm, when the volume of material, family numbers, and the complexity of analysis is clear.</p>	
7	Crown Prosecution Service: (CPS) Ingredients for a successful prosecution GIP/Paper 11.5	<p>The Panel discussed the ingredients for a successful crown prosecution of murder and manslaughter.</p> <p>For manslaughter, the likelihood of success depends on many factors including the type and weight of evidence necessary to establish “gross negligence”, whether there was a duty of care, if so whether there was a breach of that duty of care and whether the breach had been so bad to amount to a derogation of duty. In cases of death following medical procedures, conviction of clinicians for murder is extremely rare. Convictions for “gross negligence manslaughter” were far more common. It is more difficult to prove an omission than an act.</p> <p>The Panel in reviewing documentation will establish what consideration was given to a CPS prosecution for murder and manslaughter as part of the initial investigations and whether the CPS code for charging standards had been followed properly.</p>	k) KB to consider whether the CPS code for charging was followed in the previous investigations.
8	Access to Information –	The Panel agreed to focus on digitising	l) Panel members to

	Agenda Item	Summary of discussion	Actions
	Important Strategic Decisions and their impact GIP/Paper 11.6	documents relating to the care, treatment and deaths of patients at GWMH. Where there is an indication of a wider issue which should be included this should be brought back to the Panel to decide.	focus the digitisation of material but not exclude changing the scope if needed.
9	Highlight Report and High level plan GIP/Paper 11.7	This was covered in GIP Paper 11.4 - Panel update and progress so far.	m) SA to include the Maxwellisation stage and the post disclosure engagement with families phase in in the high level plan.
10	Forward Look GIP/Paper 11.8	A national advert media campaign is being planned for late autumn. The Bishop plans to send the Minister, Ben Gummer (MP) a note to brief him about the impact of the communication campaign.	n) Panel members to update TO on papers they plan to bring to Panel meetings in the autumn
11	Comparative Analysis Workshop GIP/Paper 11.9	The CAD is being developed to dovetail the thematic research, investigative, analysis and legal disciplines.  The Panel's approach to reviewing documents is not static and will include thinking creatively about different hypotheses and developing a collaborative approach based on the evidence to identify patterns. The Panel should consider meeting more frequently.	o) <span style="border: 1px solid black; padding: 0 2px;">Code A</span> and SW to consider how links will be made between the thematic and investigative reviews.  p) <span style="border: 1px solid black; padding: 0 2px;">Code A</span> to develop a chart within the CAD which demonstrates the process Panel members should use when reviewing documents.  q) TO to plan for additional slots in 2016 for Panel members to consider the review team findings.
12	AOB	None The meeting ended at 3pm.	