

## **THE MORECAMBE BAY INVESTIGATION**

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT)  
Maternity and Neonatal Services Investigation

Thursday, 9 October 2014

Held at:  
Park Hotel (Council Building)  
East Cliff, Preston, PR1 3EA

Dr Bill Kirkup CBE, Chair  
Mr Julian Brookes, Expert Adviser on Governance  
Dr Catherine Calderwood, Expert Adviser on Obstetrics  
Ms Jacqui Featherstone, Expert Adviser on Midwifery  
Dr Geraldine Walters, Expert Adviser on Nursing

Ms Oonagh McIntosh, Secretary to the Investigation  
Mr Nick Heaps, Deputy Secretary to the Investigation

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### **Panel Meeting**

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1 THE CHAIR: Right, well, let's bring this session to order then, hello and welcome  
2 everybody. I've lost count of which number meeting this is, but anyway, it's the  
3 October meeting of the Morecambe Bay Investigation Panel. Do we have any  
4 apologies?

5 MS MCINTOSH: We do, we have apologies from Jimmy Walker, from Stewart Forsyth and  
6 from Jonathon Montgomery.

7 THE CHAIR: Thank you, and would you like to take us through matters arising from the last  
8 meeting?

9 MS MCINTOSH: Yes, the only matter arising, and I just want to say thank you for your help  
10 in response to my plea for availability, and that there has been a subsequent plea for  
11 availability, which we will come to again further down. And it links into the report  
12 that Nick's going to give, just on the interview programme; it's trying to fit a lot into a  
13 short period of time and I am just grateful for people's flexibility. I know you are all  
14 very busy, but I will be continually, you know, hassling you and your PA's for time  
15 and availability. But actually, when Nick gives his report I think we will be talking,  
16 probably, about what's feasible and possible in the weeks that people have given their  
17 availability in November, so just a thank you actually.

18 THE CHAIR: Okay, thank you. I think it might be worth mentioning that the absolute  
19 bottom line is for any one interview, is two people present in the Panel; we really  
20 must not go below that, and I would like to avoid that, except as an occasional;  
21 because I don't think it's conducive to being able to do a proper and complete job. I  
22 think normally we should have three, only under exceptional circumstances only can  
23 it drop to two. And clearly the interview process is the rate limiting step in order that  
24 we could write the report quicker. Any more updates?

25 MS MCINTOSH: No, just that.

26 THE CHAIR: Thank you.

27 MR BROOKES: Will we cover things like when we're going to see Monitor on the updates?

28 MS MCINTOSH: We'll be covering that, yes.

29 THE CHAIR: Okay, reports from the sub-groups, how many sub-groups have we got,  
30 Geraldine?

31 DR WALTERS: I don't think we've got anything to report actually, just gathering evidence  
32 as we see interviewees, and I think that the thing that we need to try and do is share  
33 the information where we haven't all met the same people and perhaps we will talk  
34 about how we might do that later on.

1 THE CHAIR: I think, as far as the clinical sub-group is concerned, the work on reviewing,  
2 and examining records is pretty much done. I think Stewart is pulling that together. I  
3 think what we do need to consider, in the not too distant future, is when we get to  
4 writing individual reports for index patients, index cases. We've promised everybody  
5 that we will go through their story with them when we get to the appropriate point;  
6 and we need to have really lined up, in the form of a proper report for that, I think.  
7 Other than that I don't think I have anything on the clinical sub-group. Do you have  
8 anything?

9 MR BROOKES: Pretty much in line with what Geraldine has said; it's collection of  
10 information now. It's, as I say, there's still some – a couple of key players we would  
11 want to see, from the external groups, Monitor being the obvious one. I think we are  
12 at a stage where again, I think we've got some reasonably clear lines of enquiry and  
13 now potential findings; but we still need to complete that process.

14 THE CHAIR: I think the main inference to draw from that, going forward, is that we are in  
15 the position where we can start to focus more during interviews. We are less at the  
16 stage of having to give everybody a very general opportunity to tell us about  
17 everything that was going on. And more to the point, when we've got a specific  
18 series of questions that we want to ask, which ought to help them get through the  
19 interview programme.

20 MR BROOKES: It should.

21 THE CHAIR: He said, hopefully. Okay, anything more, everybody content? Thank you,  
22 which brings us to number 5, interview programme update and Nick, thank you.

23 MR HEAPS: Right, up to now we have completed the interviews for 70 people. There are  
24 another 16 interviews already timetabled, and that leaves us with – I have a list of 17  
25 other people who we have identified for an interview; and we can confirm that with  
26 the run through of the list that we had a couple of weeks ago. And I will be booking  
27 those into the slots, being identified, at the beginning of November. Now, whether we  
28 get all 17 we don't really know, but we are trying to capture all of them. Some of  
29 them, probably about 8 of them, have indicated that they would, so it's just a matter of  
30 giving them dates, and the others, some of the others we are still chasing for  
31 responses.

32 THE CHAIR: Okay, and we have a programme, a sort of programmed intervention system,  
33 where you chase and if there's still resistance, then they get a warning letter.

34 MR HEAPS: Yes, they do.

1 THE CHAIR: And then a final notification.  
2 MR HEAPS: That's right, yes.  
3 MS MCINTOSH: And actually, this morning, Nick had a long conversation with one  
4 interviewee who has received the first letter, the warning letter.  
5 THE CHAIR: Yes.  
6 MS MCINTOSH: And she has responded favourably, hasn't she.  
7 MR HEAPS: She has.  
8 MS MCINTOSH: In that –  
9 MR HEAPS: She's responded that she will, which is good.  
10 THE CHAIR: That's good, good, okay.  
11 MR HEAPS: I think that the Panel have been very good in identifying dates they can do, and  
12 we have enough available now to accommodate the interviews we know about.  
13 THE CHAIR: Yes, having said that I don't think we absolutely close the door, because there  
14 may be other –  
15 MR HEAPS: Absolutely.  
16 THE CHAIR: – things that people tell us in the course of the – however many it is, 33  
17 interviews that we've yet to do, that indicate other people that we need to ask things  
18 of.  
19 MR BROOKES: On the logistics of that, that's probably around 10 days isn't it, worth of  
20 interviews; if you do four a day?  
21 MR HEAPS: Four a day is only -.  
22 MR BROOKES: And then we know there's probably not going to – you're not going to get  
23 that neatly, so I'm being generous and saying that's 8 days minimum, 9, could be 10  
24 days. I don't know if we've got that many days scheduled, that's all.  
25 MS MCINTOSH: We've still got a few slots left.  
26 MR HEAPS: We've got 9, I think we've got 9 possible days. My view is that we don't have  
27 to be quite so rigid about a Trust management day, a Clinical day; we deal with when  
28 them as and when.  
29 THE CHAIR: I think that's right, because I think that if we do some fairly heavy information  
30 sharing at this stage then we become much more interchangeable. As we begin to  
31 identify what the key issues are for each interview then I think we become more  
32 interchangeable. Okay, anything else on that?  
33 MR BROOKES: Where are we on Monitor?  
34 MR HEAPS: We're still in the negotiation stage.

1 MS MCINTOSH: We'll update you on that as soon as we can.

2 THE CHAIR: Okay, thank you, terms of reference 5 and 6.

3 MS MCINTOSH: Thank you Chairman, this is just feeding into what Nick was saying about  
4 the fact that the interview programme looks quite tight for those days that you've  
5 offered, lots of days that you offered; because we are meeting on Monday, the Trust  
6 board; four of the Panel are meeting the Trust board.

7 THE CHAIR: Yes.

8 MS MCINTOSH: And that is the first session, looking at terms of reference 5 and 6, and I  
9 just wanted to just walk through – I know I've mentioned this previously, but I just  
10 want to walk through the process that we're going through about that. We are sending  
11 letters, not to all 25 organisations that we've been in touch with, – because obviously  
12 some of the organisations we have been getting evidence from, or we have evidence  
13 relating to, no longer exist.

14 So, we are writing to a sizeable group of organisations, asking them to submit  
15 to you what they're doing, and answering some questions, what they're doing to  
16 address the system now, and to give confidence for the future so that you can actually  
17 address terms of reference 5 and 6 in your report.

18 Now, the Trust are doing that by way of a narrative report, which is – and they  
19 have shown me a draft and it's coming this afternoon, so that those who are going to  
20 the Trust on Monday, and colleagues, will have a chance to read it. It is quite an easy  
21 read, and I don't mean that in a flippant way, but it's not a great tome you've got to  
22 plough through. And I think it will help you, on Monday, identify the issues,  
23 combined with the themes that you've picked up in your interviews, and looked at the  
24 evidence that you want to raise with them; quite possibly in a closed session  
25 afterwards.

26 So, we are writing to organisations, we will get their responses in, we will  
27 circulate those responses. We have been quite clear in the letter that the Chairman has  
28 seen, that they are not to give you pages and pages of PowerPoint presentation and  
29 irrelevant material. It's got to be answering the questions as succinct as possible,  
30 because of the timeline, but also because a lot of the work around term of reference 5  
31 and 6 you, as a Panel, may be asking the Department of Health, or the Secretary of  
32 State to ensure the systems are robust in future. You can't actually do it yourselves;  
33 you'll just be identifying things and asking him to exercise his judgement over that  
34 I'm sure. So, letters are going out to the organisations, we're giving them a couple of

1 weeks to get back to us, most of them -.

2 MR BROOKES: You say the timescale is?

3 MS MCINTOSH: You should have the information in by, hopefully, by the end of October,  
4 some of them may be, you know, just the first few days into November. Time enough  
5 for us then, if there needs to be an interview, or a session, rather like you're having  
6 with the Trust, with some of those organisations, and you may want to do that say  
7 with the Care Quality Commission, you may want to do it with Monitor, and you may  
8 want to do it with the CCGs about the quality, how they're monitoring and regulating  
9 and patrolling. Some of those organisations want to come and talk to you about that,  
10 and I think that's something that we should actually encourage really, not just for the  
11 sake of it, but if it's meaningful.

12 THE CHAIR: Yes, it might be worth mentioning that the session with David Behan, was  
13 pretty much focussed on what they're doing now that's different and how will things  
14 be different in the future.

15 MS MCINTOSH: Yes.

16 THE CHAIR: So I think we've covered the ground there, there may be some  
17 supplementaries but we'll see what they put in but -.

18 MS MCINTOSH: I think they might want to talk to you about how they're working with the  
19 Trust.

20 THE CHAIR: Yes.

21 MS MCINTOSH: So, you know; just how it's working locally, not just a national picture.

22 THE CHAIR: Yes.

23 DR CALDERWOOD: And I don't know whether it's helpful to know that NHS England has  
24 just refreshed the guidance for CCGs from voluntary services; it's done, but it's  
25 currently waiting at the gateway process, it's called, which is the whole sign up. So, I  
26 mean, I suppose I could ask if it can be seen by relevant people. The trouble is that  
27 obviously the CCGs won't have seen it because it's not published yet, but it might  
28 take months.

29 MS MCINTOSH: If I – if you help me maybe draft a letter to NHS England that would oil  
30 the wheels?

31 DR CALDERWOOD: Yes.

32 MS MCINTOSH: Might that be a proper way of doing it?

33 THE CHAIR: I think so, and just to clarify, I wouldn't anticipate using that with the CCGs  
34 and saying, "Why aren't you doing this now?" What I would be doing is making sure

1 that whatever we say is compatible with what's in that guidance.

2 DR CALDERWOOD: Okay well then in fact then probably I can check internally if I can

3 share it, just with you.

4 THE CHAIR: Yes.

5 DR CALDERWOOD: And that would – that's probably – but if I need you to add a letter in

6 I will check.

7 MS MCINTOSH: Yes, just to protect them if you know what I mean; it's not just about us is

8 it.

9 DR CALDERWOOD: Yes, and the other document, I think I sent it Bill.

10 THE CHAIR: You did, yes.

11 DR CALDERWOOD: The RCOG one, which has – it's got – I don't know if you've had a

12 chance to look at it, – there were some things in it which match up very well. This is

13 – it's an RCOG publication about the running of maternity services; but how they've

14 done it is they've divided it into different sections for different parts of this system

15 can look at and say, 'Well, we are NHS England, we are midwifery, we are –' and so

16 it's actually very helpful, and it's just published last week.

17 MS MCINTOSH: Well written.

18 THE CHAIR: Thank you. Can I ask, do we have any clue as to how the Trust are wanting to

19 handle the session on Monday?

20 MS MCINTOSH: Yes, I put it under AOB because I realised that I should have put it on the

21 agenda, but we'll do it right now. What, I think – it's not, in the nicest possible way,

22 it's not what they want, it's what I thought you might want.

23 THE CHAIR: Yes, I was trying to be tactful about it.

24 MS MCINTOSH: Yes, I know, because actually it's part of your evidence gathering process,

25 so what we have agreed with them is that we cannot meet them at a Trust board

26 meeting, because they are a Foundation Trust, that's open to the public, so they are

27 convening the board to meet you.

28 And what will happen is at 1.30 p.m. and I'll circulate the agenda for those

29 who are going later, we have just confirmed it; at 1.30 p.m. you will meet the NEDs

30 and have a session with them, first and foremost. Again, you know, it will be an open

31 session and the families will be able to attend, but quite likely you will go into a

32 closed session to discuss how the – Jimmy Walker has suggested yesterday about

33 what the role of the NED, doing the risk management and overseeing the maternity

34 services, etc. etc. Then you will go into the meeting -.

1 THE CHAIR: And that will need to be, because that session has a clinical focus.

2 MS MCINTOSH: A clinical or a managerial focus. If you are talking about, you know, I  
3 don't know, clinical probably.

4 THE CHAIR: I think it needs to have a clinical focus for it to be a closed session; otherwise  
5 it isn't a closed session.

6 MS MCINTOSH: Okay. And then after that the Trust board, the executives will come in,  
7 and they are going to give a five minute, and no longer, presentation; just a verbal  
8 presentation, which will summarise what they think are the key themes in the report  
9 that they are giving you tonight.

10 THE CHAIR: That's the –

11 MS MCINTOSH: Which actually forms the basis for the discussion, on top of any other  
12 points that the Panel consider they want to raise; so that's the basis for the discussion.

13 THE CHAIR: That's great. The bit that I'm particularly interested in is the bit where they  
14 take the floor and present.

15 MS MCINTOSH: Yes.

16 THE CHAIR: Because I've done these things before, and if you're not careful, it turns into an  
17 hour and a half of death by PowerPoint because they are talking you out basically.

18 MS MCINTOSH: Yes.

19 THE CHAIR: So, as long as they are not expecting to do that.

20 MS MCINTOSH: Well, they know they can do five minutes, and it's just going to be a sort  
21 of oral presentation and that will help form the basis of the question and answers.

22 MR BROOKES: And we will have had their report in advance?

23 MS MCINTOSH: Yes, hopefully getting it by 4.30 p.m. this afternoon.

24 DR WALTERS: And who's going?

25 MS MCINTOSH: It's going to be the Chairman, Julian, Jonathan and Stewart plus me; and if  
26 anyone else wants to come you are very welcome.

27 THE CHAIR: Absolutely, yes.

28 DR CALDERWOOD: Afternoon at the Trust headquarters in -.

29 MS MCINTOSH: Kendal, Oxenholme station is very easy, two minutes from – you know it,  
30 two minutes from there.

31 THE CHAIR: Yes.

32 DR WALTERS: 1.30 p.m.?

33 MS MCINTOSH: 1.30 p.m. I said 1 o'clock for a pre-meeting for the Panel.

34 MR BROOKES: 1 o'clock for the -?



1 MS MCINTOSH: Pre-meeting of the Panel at the Trust.

2 THE CHAIR: And Stewart and I are going to have a look at Helme Chase?

3 MS MCINTOSH: Well on that, do you mind if I – sorry?

4 THE CHAIR: Please.

5 MS MCINTOSH: Go off on a tangent and I know you couldn't make it to the Trust on  
6 Tuesday, but I was talking to Jacqui Featherstone earlier yesterday, and she was  
7 saying that actually, because you went in January, and it's such a long time ago, and  
8 in light of evidence that you've heard; you would actually welcome the opportunity  
9 just to go and walk the course again. The Trust, I've spoken this morning and they are  
10 more than happy to accommodate, so if maybe we can speak afterwards and just look  
11 at diaries?

12 DR WALTERS: I don't think we're going to get the time, and you're up there tomorrow  
13 anyway, so if you and I go separately.

14 MS MCINTOSH: Separately, exactly. We won't be able to fit it in; you will never fit it in on  
15 Friday.

16 THE CHAIR: It's a pretty tight schedule on Friday.

17 DR WALTERS: No, we can go on a separate day.

18 MS MCINTOSH: If you'd like to still go?

19 DR WALTERS: If we can set that up, we were just talking about that.

20 MS MCINTOSH: So, we can get that fixed up.

21 THE CHAIR: Yes, I didn't go the other day, and that was deliberate, because I don't think  
22 that's appropriate, but I think it's absolutely appropriate for you guys to go. Okay,  
23 anything else on item 6?

24 MS MCINTOSH: No.

25 THE CHAIR: Item 7, it says I'm going to talk about the report, I don't know what I'm going  
26 to say.

27 MS MCINTOSH: No, I think it's just talking about the process we're going through, that was  
28 sort of, you know.

29 THE CHAIR: Yes, what I think I need to do, first of all I tend to be fairly hands on about  
30 preparing the report, but I want to give you all the opportunity to feel that you've  
31 contributed as fully as you want to, and are able to do that. What I suggest is that  
32 when we've had a bit more conversation about focussing interviews and all of that  
33 sort of stuff, that I put round something which says this is what the outline structure  
34 might look like, any volunteers to contribute to different parts of the drafting; and

1           then we'll take it from there, is that – does everybody feel comfortable with that?

2   MR BROOKES: Yes.

3   DR CALDERWOOD: Bill, again I don't know if it helps, and I would have to get  
4           permission, but the confidential enquiry into maternal deaths is being published on 9  
5           December.

6   THE CHAIR: Right.

7   DR CALDERWOOD: I'm the Chair of the independent advisory committee, and so I will  
8           see a draft version of that next week.

9   THE CHAIR: Right, any steers that you can give us on making sure that we stay compatible  
10          with that will be gratefully received.

11   DR CALDERWOOD: And of course, because it's reporting on three years, some of our  
12          cases will be within that report, but of course, everything is anonymised, we wouldn't  
13          necessarily recognise them; but some of the maternal deaths will be commented on.

14   THE CHAIR: Yes, I think that's very important that we do see that because some of them  
15          will be very obvious, okay. Right, thank you, anything more?

16   MS MCINTOSH: No.

17   THE CHAIR: Any AOB? I will start with you and then we will go around the table.

18   MS CALDERWOOD: No.

19   THE CHAIR: No? Geraldine?

20   MS WALTERS: Just asking we had, after some of the interviews, asked for some additional  
21          information.

22   MS MCINTOSH: Yes.

23   MS WALTERS: Particularly from one of the anaesthetists.

24   MS MCINTOSH: Yes.

25   MS WALTERS: Had you –

26   MS MCINTOSH: We replied yesterday, so I did get the reply out.

27   MS WALTERS: Thank you.

28   THE CHAIR: Yes?

29   MS CALDERWOOD: Did we have any luck with the quality stuff from AQUA? That's a  
30          point.

31   THE CHAIR: Thank you, Julian?

32   MR BROOKES: No, we were chasing up an individual who was – who hadn't received the  
33          original letter of information.

34   MS MCINTOSH: Yes, that's gone.

1 MR BROOKES: It's gone?  
2 MS MCINTOSH: It's gone, so hopefully he can reply in writing.  
3 MR BROOKES: That's fine.  
4 MS MCINTOSH: He was a potential interviewee, but hopefully he will submit something.  
5 MR BROOKES: He will definitely submit something, it was just, for some reason he just  
6 didn't receive the original request.  
7 MS WALTERS: No, I haven't got anything else to add.  
8 THE CHAIR: Right, thank you all very much. The date and time of the next meeting is 6  
9 November and hopefully, not too cold, thank you.