

THE MORECAMBE BAY INVESTIGATION

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

Thursday 11 September 2014

Held at:
Park Hotel (Council Building)
East Cliff,
Preston.

Before:

Mr Julian Brookes -- Expert Adviser, Governance
Dr Catherine Calderwood -- Expert Adviser, Obstetrics
Ms Jacqui Featherstone -- Expert Adviser, Midwifery
Professor Jonathan Montgomery -- Expert Adviser, Ethics
Professor Stewart Forsyth -- Expert Adviser, Paediatrics

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

Panel Meeting

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Index

PANEL MEETING

1

1

2 MR BROOKES: Right, good morning,
3 everybody. A lovely sunny day. Thank you
4 very much for coming today, this is a
5 meeting of the Panel of the Morecambe Bay
6 investigation.

7 I am chairing this meeting on behalf
8 of Bill, who unfortunately cannot be here
9 today and we also have apologies from
10 Geraldine Walters and Jimmy as well.

11 We have got a smaller agenda today
12 which is probably right given most of the
13 our attention will be based on the
14 interviews which we will also be going
15 through today.

16 Firstly, can I start with matters
17 arising from the last meeting. Can I turn
18 to you, Oonagh?

19 MS MCINTOSH: There is only one matter
20 arising and, of course, it has been an
21 ongoing arising matter from the last few
22 meetings which is the conversations that
23 the Chairman and I have been having with
24 PHSO -- the former
25 Parliamentary Ombudsman and her deputy and

1 regarding their attendance at interview.

2 As you know, they are accountable to
3 Parliament and they are not actually
4 accountable to independent investigations
5 but, despite that, they have agreed they
6 will come along. So they jointly are
7 coming to attend for interview on 1st
8 October and that is a really good move and
9 reflects the co-operation that the
10 Investigation has had with organisations
11 and the PHSO in particular. So it is good
12 news for us and it will be well received
13 by the families.

14 MR BROOKES: Excellent and thank you for
15 all the hard work you have done on that.
16 I know it has been a long process but a
17 successful outcome.

18 Are there any other matters arising?

19 MS McINTOSH: No.

20 MR BROOKES: Nothing? Okay.

21 If we move on to the next item on the
22 agenda, which is an update from the
23 sub-groups. If we can start with the
24 clinical sub-group that would be extremely
25 helpful.

1 PROFESSOR FORSYTH: Thank you, chairman.

2 Well, we are nearer the end of the
3 case reviews. We have, as you know, the
4 baseline is to take all maternal/infant
5 deaths, sudden infant deaths, during the
6 period of the scope of the inquiry, to
7 review these to see if there is any
8 concerns within the cases and out of that
9 we have selected a number of cases for a
10 more in-depth review.

11 That process, as I say, is now near
12 completion. We have just got one or two
13 other cases to review that the Trust have
14 provided for us. But I think that within
15 the next week to 10 days that will be
16 complete. We have already, at the last
17 clinical sub-group, had a discussion about
18 some of the data that we are beginning to
19 analyse and collate and that will form the
20 basis of our report that we provide to the
21 Secretariat.

22 MR BROOKES: Excellent. Thank you.

23 If we can move to yours, Jonathan,
24 that will be helpful.

25 PROFESSOR MONTGOMERY: I am not sure that

1 there is much report since we met last
2 time. We have seen many people.
3 Of the two key bits we have been
4 pursuing, one of whom we have heard about
5 who has been in the frame, I think that
6 there is a still a gap in our
7 understanding of the Care Quality
8 Commission's work in the hand over in the
9 set up. We will have the key people who
10 will help us understand that.

11 I have only come back into this from
12 leave and I hope by the rest of the day to
13 have a clearer plan about how we fill the
14 gaps and moving forward. So apologies if
15 it is not as powerful as we would hope it
16 would be in terms of how we shape it into
17 the response that the particular external
18 report, picking up the report at the last
19 meeting, I think we are close to a number
20 of them and particularly, I think, that we
21 have what we need now in the Fielding
22 Report to begin to shape how we think
23 about it which was a key thing we have

1 got.

2 I think the challenge for us is the
3 overlap between the external response
4 group and the internal governance because
5 the way that the Trust responded to those
6 external things comes up in both of the
7 bits of work.

8 MR BROOKES: I think that is right. As I
9 sit on both of those, I think some of that
10 needs to be seamlessly together. I think
11 we have created categories for work
12 to make that sensible for us but it
13 is bringing back that together, that will
14 be part of the challenge that is as much
15 for the clinical side of things as any.

16 Oonagh, are you in a position to
17 update on behalf of Geraldine?

18 MS McINTOSH: I think it is safe to say
19 that Geraldine has still got -- the group
20 have still got many interviews to have
21 where, rather like you, there are senior
22 people out there that she needs to see.

23 That starts next week, I think, with
24 senior people at the Trust and there are
25 still matters arising on the interview

1 programme that I know Nick needs to
2 discuss with the sub-group leads about
3 outstanding interviews to arrange.

4 I think she is possibly, you know,
5 the group that are furthest behind simply
6 because all her interviews have not taken
7 place yet and it is quite important to
8 bear in mind that we are only half-way
9 through the interview programme so, I
10 think, you know, there is a lot of work
11 still to do.

12 MR BROOKES: Thank you and certainly as a
13 member of that, it feels that way as well.
14 There are some really key people still to
15 be seen and their evidence will be
16 incredibly important. So it is just the
17 timing in terms of how that has been done.

18 PROFESSOR MONTGOMERY: I wonder whether it
19 might be sensible for the more
20 London-centric to get to them in London
21 as we did earlier on to get through the
22 external response. That might be easier
23 for us to do, and other things, than
24 than what we have been able to
25 command.

1 MR BROOKES: Yes, if we take that into the
2 discussion about dates and things like
3 that, that will be really helpful.

4 Anything else anyone wishes to say
5 about the sub-groups?

6 MS McINTOSH: Can I raise one question for
7 the clinical sub-group? Sorry. I have
8 got it under AOB, which is that Hannah had
9 circulated, the data pack and, you know, I
10 always think science is quite good really,
11 isn't it, because, I think, a lot of the
12 work in the discussion has happened at
13 previous Panel meetings.

14 She has circulated her data pack and
15 we have taken that as -- that is the data
16 pack that you can refer to in writing your
17 report. But you just mentioned, Stewart,
18 that you will be looking at data that is
19 specifically related to the cases you have
20 looked at and not any other data. I just
21 want to be absolutely certain.

22 PROFESSOR FORSYTH: Yes. Clearly now we
23 have been through the actual case notes
24 review and that data, we have had a
25 discussion about some of the themes that

1 are emerging from that. But clearly it
2 is right that when we need to come to
3 actually produce it in a report for you,
4 we need to go back to the written work
5 that Hannah did. It gives us the
6 epidemiology from the area and that of the
7 important background information for the
8 clinical data.

9 MS MCINTOSH: What we will do now then if
10 it is helpful, if the Secretariat will
11 produce for you a data pack so that you
12 have got it? I know you have got -- some
13 of you have got it electronically.

14 So we will do that as a matter of
15 priority and then you can have it as a
16 reference to document and we will have a
17 set in the room for if ever you are up
18 here, you do not have to cart it round
19 with you. But we will do that. Okay.
20 That is fine.

21 MR BROOKES: Thank you. Items five and
22 six then. Report writing and timetable of
23 Panel availability are really linked. I
24 would like to take those together.

1 It is just a reminder, and I know
2 members are fully aware of this, we are
3 getting to the critical end time -- the
4 critical time of the report writing,
5 we are looking at it at the moment. We
6 have only got 11-full weeks before the
7 date where we are expected to be producing
8 a pretty much nearly finished report.
9 That feels pretty frightening, there is
10 an awful lot still to do.

11 I think it would be useful to
12 have a conversation about those
13 interviews and available interviews
14 and availability over that period of time
15 which would be useful for others as well
16 and just to make sure that we can -- we
17 are clear on what we need to do.

18 Oonagh, is there anything you would
19 like to say about that?

20 MS McINTOSH: Just two things really. The
21 availability for October and November is
22 for interviews plus if there is need to
23 get together. I mean, much of the
24 report writing and exchanges and
25 commenting and, you know, contributing

1 will be done electronically so that will
2 be really good and helpful.

3 But actually there might be occasions
4 when people need to get together and, you
5 know, as I mentioned earlier, I have
6 talked a bit about this and there is
7 flexibility within the group. Jonathan
8 just said a lot of you are London based
9 and Bill is firmly of the view that we
10 will go to wherever the majority of the
11 people are and wherever we can have the
12 least impact on other people's work.

13 I think that is a thing we have to
14 continue bearing in mind. I mean, as you
15 know, I would like you here all the time,
16 you know, beavering away on this so we
17 don't have to do things up to the wire but
18 you all have responsibilities elsewhere
19 and they need to be honoured too. So I
20 think we need to be as flexible as
21 possible and it is not just about
22 interviews but getting the report right.

23 About report writing, the Secretary
24 of State is still holding the
25 investigation to a November submission

1 time. We are working to the last
2 working day in November. I will circulate
3 a timetable which I am just finalizing
4 with Bill -- that the penultimate draft
5 of the report needs to be ready by the
6 15th November.

7 That is really quite tight because then
8 what we will do is --

9 MR BROOKES: That is a Saturday.

10 MS McINTOSH: It is a Saturday so -- no,
11 it is the Friday really.

12 MR BROOKES: Sorry.

13 MS McINTOSH: And to have the penultimate
14 draft of the report because then there is
15 a process whereby, if there are criticisms
16 and people need to comment on anything in
17 the report, they will be sent the relevant
18 extract and we are going to have a very
19 tight turnaround time for that which will

1 be a week.

2 We are going to let people know that
3 time in advance but we are probably going
4 to face criticism about that because it is
5 a short time period of time but so be it.
6 You know, we have got to crack on and do it.
7 Bill is giving thought at the moment to what
8 he's going to commission from each of the
9 sub-groups to contribute and he will then bring that
10 that together and work on a draft of the
11 findings, recommendations, etcetera.
12 Informed enormously by the work of the
13 sub-groups. He is not going to start from
14 scratch but he will be sharing that with
15 you.

16 So there is going to be a lot of back
17 and forth, back and forth, back and forth
18 and we will have a -- I am sorry to sound
19 tedious about this, but there will be a
20 process by which we will do that because
21 we need to make sure we are not commenting
22 on something that has already been amended

1 or agreed or whatever.

2 So we will have a process for that
3 and things will probably come through the
4 Secretariat and come back out to you. It
5 will work and hopefully it will not seem
6 cumbersome but it is just to alert you to
7 that now rather than you think, "do you
8 know, I will just email Bill about it."

9 Well, actually, some other people
10 might need to know what you are saying
11 and, actually, that informs and affects
12 other things.

13 MR BROOKES: I absolutely think that is
14 incredibly valuable having been through
15 these before. It can be a nightmare
16 thinking that you have agreed a change
17 which actually you have not because it has
18 never got to the stage.

19 So can I just be clear, Oonagh, in
20 terms of the timetable that will be incredibly

1 helpful to have as soon as possible.

2 MS McINTOSH: Yes.

3 MR BROOKES: With key dates in there and
4 specifically times. So we are planning to
5 do rewriting on this period of time and
6 that kind of thing. So that we have got
7 some clarity in our heads because that
8 will help us, I think, trying to manage
9 our time and make sure that we do what we
10 need to do in the period we have got.

11 Also any general rules.

12 MS McINTOSH: Yes.

13 MR BROOKES: Yes, so we are all working to
14 the same set of parameters, will be
15 extremely helpful. We are conscious in
16 advance of the time and pain that might
17 cause for you, for the co-ordinating team
18 because it will not be an easy process I
19 am sure.

20 MS McINTOSH: Just to let you know that,
21 you know, we are looking -- Nick and I are
22 working on engaging the services of a
23 professional proof reading team and a
24 professional publisher who will actually
25 help so that, you know, your work is given

1 added polish.

2 MR BROOKES: Will that also include "plain
3 English"?

4 MS McINTOSH: Yes, it will be plain
5 English. We will have a style guide and
6 we will have terminology that we do and do
7 not use. Catherine helped a
8 lot with this right at the beginning when
9 we were looking at the work for the case
10 reviews. A sort of glossary and the
11 terminology so that the proof readers know
12 exactly what should and should not
13 be.

14 So I will be coming to you with that
15 and, if there is anything you want to
16 adding for amending please do because it
17 is going to be helpful.

18 PROFESSOR FORSYTH: Can I just add from
19 our perspective, I begin to think of
20 our discussion around this, how we
21 will present the clinical data. I
22 think from my group getting an
23 agreement on the structure of how we do
24 that with the Panel will be helpful.

1 MR BROOKES: That will be extremely
2 helpful.

3 PROFESSOR FORSYTH: So I think what we can
4 do is we can sort of, I will share my
5 ideas around with the clinical sub-group
6 and then put them to Oonagh. I think that
7 it is really important as to how we present
8 the clinical data and I think the sooner
9 we agree that the better. There is no
10 point in us writing out something then
11 they are going to completely rewrite it.

12 MS McINTOSH: Yes, absolutely.

13 MR BROOKES: I think there is some product
14 from each of the groups which we will want
15 to share and agree how we hand it up, yes.

16 PROFESSOR MONTGOMERY: Two points, one of
17 which is related to that, I think, that it
18 is very hard for us to think about what
19 the tone should be for the governance and
20 external response group without having a
21 sense of what should have been found.

22 So I think we need to know where
23 the clinical group is going to be.
24 They are all the things that

1 were blatantly obvious and somehow the
2 system did not pick up -- or a whole load
3 of things that might not have been picked
4 up systematically but need to be done.

5 I think we cannot get to the writing
6 stage, before we have a little bit of
7 sharing about initial choices on
8 whatever.

9 Second point which is different is
10 that at various stages in this process we
11 have discovered that lots of other people
12 have got their fingers in this pie and we
13 somehow need to build into that, those
14 closing weeks, a checking out with the CQC
15 and NHS just in case we write a report and
16 then, in that last fortnight, suddenly a
17 new investigation emerges. So we need to
18 think about how we protect ourselves from
19 that.

20 MS McINTOSH: Sorry, this is something I
21 should have mentioning earlier really. A
22 matter is outstanding, I apologise.

23 I have been talking to the Chairman
24 about how, as a Panel, you thoroughly
25 ensure that you address terms of reference

1 five and six and what he and I have
2 discussed and he is content with, is that
3 we write, we as an investigation, write to
4 all of the interested organisations -- and
5 there is now 25 of them but we have got
6 some key players -- and instead of asking:
7 "What have you done to improve things
8 and what have you done to address and how
9 can we be assured that your systems are now
10 robust and the community can have
11 confident in them?"

12 We are actually going to write to
13 them and I am in the process of producing
14 a draft for Bill to look at, which says:

15 "How has your organisation responded
16 to the recommendations in the reports that
17 were highlighted in our terms of reference
18 and, in the cases of the Trust, what have
19 you done about, you know, input from the
20 Coroner et cetera?" So unique to each
21 organisation, what have you done in
22 response to. To the Department of Health,
23 what have you done in your -- what are you
24 doing now in the new role as stewards of
25 the system, as sponsors of the

1 arm's-length bodies concerned.

2 A letter to each organisation, not
3 giving them the opportunity to flood the
4 investigation with thousands of pages of,
5 "We have done this and we have done that",
6 but actually, "What is the focused
7 progress you have made and put in place
8 and how can this be tested?"

9 It is not that you can necessarily
10 test it, but the Chairman's view is that
11 you might conclude that it is a
12 recommendation that the Department ensures
13 that the checks and balances are in place
14 because we have not had the opportunity to
15 do that; you are not equipped to do that.

16 Actually we get those organisations,
17 we give them a short period to respond to
18 that and, if necessary, those
19 organisations will be brought in for a
20 very short slot, say in a day -- 45
21 minutes per organisation -- for you to
22 just test out, in discussions, what they
23 have said in their submissions.

24 We are not looking at them producing
25 tons more material for you to plough

1 through, because you have not got the time
2 to do that, not in the 11 weeks, but to
3 enable you to not just focus your efforts
4 on the first full terms of reference, but
5 to make sure that no-one can question the
6 fact that you have not looked at terms of
7 reference four and five.

8 The discussion that we had with the
9 Trust last year, that some of you attended
10 and you went up to Lancaster and you went
11 to look at the clinical sites, and some of
12 you had meetings with some of the
13 Board, that was actually not considered an
14 evidence-gathering session; it was an
15 information-gathering session. Actually
16 this gives the Trust the opportunity, now
17 they have got the different management
18 regime in place and different individual
19 being appointed. They can report to you
20 on that so that you can address those
21 terms of reference too.

22 Bill is thinking about that and that,
23 again, will have an impact on availability
24 in October and November.

1 PROFESSOR MONTGOMERY: That covers a
2 little of the ground. It does not cover
3 the sort of things about things being done
4 done by us independently. Are we going
5 to --

6 MS McINTOSH: Keep our eye on that.

7 There are other things like
8 Healthwatch put a report out earlier in
9 the year about how difficult it is for
10 people to still navigate the complaints
11 process. It is about making sure that we
12 know, as best as we can, what else is
13 going on.

14 MR BROOKES: There is always the potential
15 for something. It is best endeavours
16 again, ensuring that we have covered the
17 ground.

18 I have got a query around sharing the
19 report -- two bits to it. Firstly is:
20 Can I be clear, that is just about factual
21 accuracy of their evidence?

22 MS McINTOSH: When we talk about "sharing
23 the report", we talk about sharing
24 sections of the report. If it is a
25 criticism it might actually only be a

1 paragraph or two paragraphs.

2 MR BROOKES: I understand. That is what I
3 am trying to clarify. Are we talking
4 about -- there is a difference between
5 sharing what they said in evidence, that
6 is for a factual accuracy, and sharing
7 elements of the report that will include
8 opinions from the Panel.

9 MS McINTOSH: They will not be getting
10 that. It will be factual accuracy checks.

11 MR BROOKES: Fine, thank you. That is
12 helpful.

13 The second is that I would be
14 surprised if nobody appeals against five
15 working days.

16 MS McINTOSH: I know.

17 MR BROOKES: I think that we need to be
18 comfortable with our legal position not --

19 MS McINTOSH: Absolutely.

20 MR BROOKES: We have taken advice about
21 the appropriateness of that, so we can be
22 robust because if we are not, and it
23 starts getting into 10 days, or 15 days,
24 then our ability to deliver to the
25 Secretary of State becomes compromised.

1 Better to know that five days is not
2 viable now, if it is not, than to find out
3 as we go through the process. It will be,
4 from past experience, something which I
5 know people will baulk at. Okay.

6 MS McINTOSH: Thank you, I will look at
7 that.

8 MR BROOKES: Is there anything else about
9 report writing and timetable we need to
10 cover?

11 MS McINTOSH: I do not think so at this
12 stage.

13 MR BROOKES: Jacqui, anything?

14 MS FEATHERSTONE: No.

15 MR BROOKES: We can talk about
16 this later. I am interested in we need to
17 make sure that we have got the version
18 control absolutely, but we also need to be
19 sure we have got confidential exchanges of
20 information. We need to be clear on how
21 we do that.

22 MS McINTOSH: We might have to do some of

1 it -- quite likely we will have to do some
2 of it via Huddle to actually ensure
3 that -- especially when it comes to the
4 work of the clinical sub-group --

5 PROFESSOR FORSYTH: Yes.

6 MS McINTOSH: That will be anonymised.

7 PROFESSOR FORSYTH: I was going to make
8 the point to make sure that we are
9 anonymising data, but at the moment it is
10 not anonymised because we want to be able
11 to go through it and analyse it.

12 MR BROOKES: Yes.

13 MS McINTOSH: At the moment the other
14 piece of work that I need to talk to you
15 and Jonathan about, possibly separately,
16 is about the feedback to families and the
17 process for that and quite what -- the
18 Chairman thinks it needs a conversation
19 about that. You, with your ethics hat on.

20 MR BROOKES: That is incredibly important.
21 We need to build that into the timetable
22 as well. We need to be thinking as well
23 about the time; what happens after 15th
24 November. There is going to be an awful
25 lot of work that will still need to be

1 done. There will be the whole issue of a
2 move towards publication; some advice from
3 the Secretariat around that will be
4 helpful and work with the Chair on that.

5 MS McINTOSH: We need to also think about
6 the conversation that was some months ago
7 about the ongoing support that might be
8 offered to the Trust about ensuring that
9 they do fully understand the
10 recommendations and their responsibility.

11 There was an offer from the Panel,
12 which we may have an opportunity
13 to discuss with the Trust when we meet
14 them in October, about what, if anything,
15 can the Panel do to support making the
16 service stronger.

17 MR BROOKES: Okay. If there is nothing
18 else can we move to any other business? I
19 think, there is one item. Do you want to
20 do it?

21 MS McINTOSH: No.

22 MR BROOKES: It is to note there was some
23 notification sent to Huddle about some
24 media coverage around "50 deaths" at the
25 hospital to be further explained. I want

1 to make sure that everybody has seen that.

2 Do you know how this arose?

3 MS McINTOSH: They arose because the note
4 of the Panel meeting in which we discussed
5 the in excess of 200 cases had been looked
6 at and the figure of approximately
7 25 percent were looked at for more a
8 detailed case review, the media have
9 interpreted that as there are 50
10 suspicious deaths. I think it is safe to
11 say that Nick and Paul have had a lot of
12 conversations with the media recently, as
13 has Bill.

14 We have had some queries from relatives
15 saying, "Where did you get that
16 number from?" We have also had some
17 questions from interviewees saying,
18 interestingly, "That is a ridiculous
19 figure, you cannot possibly be looking
20 at 200".

21 Until the report actually explains
22 the process you have gone through, and how
23 you have looked at those figures, it
24 remains a bit of a mystery. Bill is not

1 prepared, as he explains, as you all do in
2 every interview, that we are not going to
3 give out information bit by bit; it will
4 be contained in the report but if anyone
5 has got any questions, if they are
6 concerned or distressed they can come to
7 us.

8 The media has shown a flurry of
9 activity about it. ITN, for example,
10 yesterday rang up with the question, "We
11 are quite surprised to know the
12 investigation is starting work tomorrow.
13 Can you tell us what is happening?"

14 Some arms of the media are
15 well informed, the local media in
16 in particular. Some, you know, are
17 not well informed and are just picking
18 things up.

19 There is going to be a Panorama
20 programme. Nick, you might like to say
21 what the Panorama programme is about
22 stillbirths, isn't it, in a couple of
23 weeks.

24 MR HEAPS: Yes. In a week or two. Yes.

25 MS McINTOSH: It is about looking at how

1 the number of stillbirths can be reduced
2 so, you know, Panorama were interested in
3 what we were doing. We have made the
4 front page of the Daily Telegraph; it has
5 made lots of other papers; and we have had
6 some queries but not a disproportionate --
7 MR HEAPS: No. Most queries on Tuesday
8 and we have not had any more yesterday
9 or today. The only thing yesterday
10 was the investigation starting. It is
11 completely unrelated. Hopefully it
12 is --
13 MS McINTOSH: Also, you know, by getting
14 that figure out in that way, hopefully it
15 will mean that the detail of what you have
16 put in your report is reviewed, rather
17 than the excitement about the number;
18 actually looking at what is behind that.
19 Getting that figure out into the public
20 domain now hopefully, hopefully is
21 helpful.
22 MR BROOKES: Yes. Just to emphasise it

1 was a figure that we all agreed and
2 this has been picked up from the
3 information, that we are quite
4 appropriately putting onto the
5 Investigation's website.

6 PROFESSOR FORSYTH: I think we have been
7 open and transparent and it is reflecting
8 the comprehensiveness of the
9 Investigation. I think it will become more
10 evident what these figures mean when the
11 report is finally published.

12 MR BROOKES: Absolutely.

13 Then there was a further
14 announcement, which I am pleased to note,
15 around changes in senior management at the
16 Trust. Has everybody seen that as well?

17 I think that is going to be helpful.
18 I assume we will have an opportunity to --
19 or will we have an opportunity to meet the
20 new appointments as part of the
21 discussions with the Trust?

1 MS McINTOSH: I do not know whether the
2 Improvement Director will be. I sincerely
3 hope -- it will be good if you could meet
4 with the Improvement Director while we are
5 there. I will try to find out about that.
6 The Medical Director is not taking up his
7 post until December. It is possible that
8 you will not get to meet the new Medical
9 Director, but you are interviewing the
10 existing -- current Medical Director and
11 previous Medical Director.

12 PROFESSOR MONTGOMERY: Just reflecting
13 what you were saying earlier on about us
14 saying it will be helpful and reflecting
15 what we had in interviews about the
16 Fielding Report. One way of tackling the
17 incoming Medical Director is to say; "The
18 Panel would you like to have an
19 opportunity to discuss this as part of his
20 induction".

21 MR BROOKES: That is a good idea. Yes.

22 Has anyone else got any other
23 business?

24 No. The date of the next meeting is
25 9th October here at ten o'clock.

1 MS McINTOSH: It is.

2 MR BROOKES: With that I will close the
3 meeting.

4 MS McINTOSH: Thank you.

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