

## THE MORECAMBE BAY INVESTIGATION

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

Friday, 1 November 2013

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

### Before:

DR BILL KIRKUP CBE - Chair  
MR JULIAN BROOKES - Expert Adviser, Governance

Ms Oonagh McIntosh, Secretary to the Investigation  
Mr Tom Bacon, Deputy Secretary to the Investigation

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PUBLICATION OF THE METHOD STATEMENT OF THE INVESTIGATION

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Record from the Stenographic notes  
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1 DR BILL KIRKUP: I am not going to say very much.

2 I was going to say rather than me going  
3 through all of this, I think the best way for  
4 us to approach this part of the day is to let you  
5 have a look at the written version of the Method  
6 Statement and then if we can have a talk about  
7 that and you can tell me how you respond  
8 to that. A few other families are expected and if  
9 they manage to make it we will pass them  
10 copies as they come here.

11 (Pause)

12

13 Hello there. Come in.

14 We have got a written version of the  
15 statement and rather than me going through  
16 that and reading it (because that is what I am  
17 going to do at one o'clock), we thought we  
18 would just let you have a look at the written  
19 version and we will have a talk about it when  
20 you have had a chance to go through it. We  
21 have got a slight head start on you at this  
22 end of the room.

23 (Pause)

24 I wanted you to have the chance to see  
25 that first so, for one thing, there is no

1       surprises in it for you when we do it  
2       formally. Secondly, so that you can react to  
3       it now; you can ask me about anything that is  
4       not clear, or you can tell me if you have got  
5       any objection to any particular part of it.

6   JAMES TITCOMBE: My reaction is that it seems  
7       really well thought out and structured. It  
8       seems to have covered all the key points. So,  
9       thank you for doing that. I mean there is no  
10      instant area that I am worried about -- I do  
11      not know what anybody else feels.

12   SIMON BRADY: There is nothing there that flags up  
13      from that reading.

14   DR BILL KIRKUP: Okay.

15   CARL HENDRICKSON: Nothing.

16   DR BILL KIRKUP: Good. It is going to be short  
17      and sweet then.

18   JAMES TITCOMBE: It is going to be short and  
19      sweet.

20   DR BILL KIRKUP: Sorry to have got you here so  
21      early, you could have had another half hour.

22   JAMES TITCOMBE: The Ombudsmen are not on the  
23      list. Is that just because it is something  
24      that you will look at if the evidence points  
25      you in that way.

1 DR BILL KIRKUP: There is a slightly dusty  
2 constitutional point around the Ombudsman  
3 being accountable to Parliament and being  
4 slightly picky about being accountable to  
5 Parliament. However, I am confident that if  
6 the trail leads there, then we will go to the  
7 Ombudsman and include them in that way. But  
8 they were slightly picky about being named as  
9 an organisation at this stage. But, as I have  
10 said a couple of times, there are no  
11 ringfences; we will take it as far as we need  
12 to take it.

13 JAMES TITCOMBE: They would be picky. But it is  
14 not ringfenced in anyway?

15 DR BILL KIRKUP: No.

16 JULIAN BROOKES: No.

17 JAMES TITCOMBE: Because the whole bit about the  
18 way the CQC and the Ombudsman worked together  
19 and the stuff that was in the Grant Thornton  
20 report -- if there is anything you feel that  
21 is not answered within the Grant Thornton  
22 report you are happy to look at them?

23 DR BILL KIRKUP: Yes.

24 JAMES TITCOMBE: I think it is an important part.

25 DR BILL KIRKUP: I agree with you, yes. You will

1 see that we have highlighted the Department of  
2 Health as part of that as well -- in two roles  
3 because clearly they are involved in setting  
4 the framework for the regulators and all of  
5 that, but also because they are the successor  
6 body to some of the local organisations who  
7 are there.

8 JAMES TITCOMBE: Some of the staff who have left  
9 the Trust, like some of the key players, are  
10 you confident that they will be willing to  
11 come and give evidence -- the former Chief  
12 Executive of Morecambe Bay Trust?

13 DR BILL KIRKUP: Yes. I do not anticipate any  
14 difficulties there but obviously the proof of  
15 the pudding is in the eating. Usually people  
16 have either moved to other related-NHS posts,  
17 or they have got some aspirations to do so in  
18 the future and obviously it is part of  
19 people's professional and employment duties to  
20 co-operate with investigations like this. I  
21 cannot guarantee it, but I do not anticipate  
22 any problems at this stage.

23 JAMES TITCOMBE: In terms of the timescales, Bill,  
24 is there any estimate at the moment? I think  
25 last time we spoke you were hoping for 2014.

1       Is it quite open, it is --

2   DR BILL KIRKUP:   By summer 2014.

3   JAMES TITCOMBE:   That is literally seven months

4       away.

5   DR BILL KIRKUP:   You have to bear in mind that the

6       civil service definition of "summer" is a

7       little flexible, but, yes, that is the target.

8   JAMES TITCOMBE:   Right.   From people's experience

9       of other inquiries that seems a very short

10      period of time.

11  DR BILL KIRKUP:   It certainly is by comparison

12      with the kind of public inquiry that has got

13      legal representation and all of that because

14      it takes us seven months to brief the lawyers

15      and bring them up to speed.   But I think in

16      terms of one of these investigations, where we

17      do not have lawyers involved (at least not in

18      that sense), I do not think that it is

19      unrealistic.

20           However, the caveat that I always express

21      in these situations is:   It is more important

22      that we get it right than we get it done to

23      time and if necessary we will overrun a bit if

24      that is needed to get it right.

25  JAMES TITCOMBE:   That is good to know.   So it is

1 not fixed in any way -- that is the target and  
2 if it means longer --

3 DR BILL KIRKUP: That is it. Yes, that is it.

4 CARL HENDRICKSON: What happens if I am in Court  
5 in June next year? Am I allowed to talk to you  
6 about that and what went on because I know my  
7 solicitor has been talking to me carefully  
8 about who I talk to; what happens in that  
9 situation?

10 DR BILL KIRKUP: Well, once anything goes to Court  
11 then, as far as I am aware, that is in the  
12 public domain at that point so you can  
13 certainly talk about --

14 CARL HENDRICKSON: After June?

15 DR BILL KIRKUP: -- what happened to you in a  
16 Court hearing unless there is some kind of  
17 legal process that is contingent on, in which  
18 case it might.

19 CARL HENDRICKSON: Would that stop me speaking to  
20 you in any way?

21 DR BILL KIRKUP: You might need to speak to us on  
22 the basis that it is confidential information.  
23 If it informs us, but we are not allowed to  
24 make that evidence, but if that situation  
25 arises then we will take appropriate advice



1 and make sure that we do not put you in a  
2 difficult position.

3 CARL HENDRICKSON: Right.

4 DR BILL KIRKUP: We would like to get as much  
5 information as we can, so hopefully that will  
6 not happen.

7 CARL HENDRICKSON: Right.

8 JAMES TITCOMBE: Just on the police investigation  
9 that is ongoing. What is the -- I think you  
10 mentioned there was going to be a memorandum  
11 of understanding between the police and the  
12 Investigation, what is the thinking on that at  
13 the moment?

14 DR BILL KIRKUP: We have seen people from the  
15 Cumbria Constabulary a couple of times now and  
16 they are very keen that we have access to as  
17 much as we possibly can. And I do not think  
18 there will be any difficulty at all. I think  
19 the MOU is pretty much finalised it just has  
20 not formally been signed.

21 OONAGH McINTOSH: It is being signed today. DI  
22 Marshall is coming and, on behalf of the Chief  
23 Constable, we are signing it today. That will  
24 enable us to transfer the evidence to the  
25 Investigation so we can start our work.

1 DR BILL KIRKUP: What I can say is that we have  
2 had absolutely full co-operation from them;  
3 they could not have been more helpful.  
4 JAMES TITCOMBE: Because obviously there is a lot  
5 of information that may have crept in over the  
6 years; has that information been given to you  
7 already to start to look at, or is that what  
8 is being --  
9 DR BILL KIRKUP: We have started looking at it,  
10 yes. I am not confident we have seen all of  
11 it --  
12 OONAGH McINTOSH: No.  
13 DR BILL KIRKUP: -- but we have started to look at  
14 it.  
15 OONAGH McINTOSH: Yes.  
16 JAMES TITCOMBE: Is the website live at the  
17 moment?  
18 OONAGH McINTOSH: Yes.  
19 JAMES TITCOMBE: I am sure we will be having a  
20 look at that as soon as we can. That is good.  
21 DR BILL KIRKUP: Yes, I have to make an apology  
22 for the state of the front page. We are  
23 constrained by what the Government Information  
24 Service will let us put on the front page and  
25 it is a bit "Janet and John". I apologise for

1       that.  However, all the stuff that will then  
2       go on subsequently will be in the form of  
3       publications and so they do not have any  
4       control over that at all, we do; it is  
5       entirely within our gift.

6   JAMES TITCOMBE:  When you are interviewing people,  
7       somebody will take a transcript of that won't  
8       they?  Okay.  The full transcript will not be  
9       published, it will be a summary.

10  DR BILL KIRKUP:  It will be an account of who we  
11       have spoken to and what the subject areas  
12       were, yes.

13       What I do not want to do is get into the  
14       business of "drip feeding" bits of evidence  
15       out.  I think that the reason for that is that  
16       people start to construct their own version of  
17       what the outcome will be if you do that and I  
18       think you have to be fair to everybody in this  
19       process and I do not want the outcome to go --  
20       for people to go, "How on earth did they  
21       decide that?" because they have seen select  
22       bits.

23  JAMES TITCOMBE:  Having said that, the transcripts  
24       that are there in your files, at some point  
25       will be data -- Freedom of Information-able.

1 DR BILL KIRKUP: Subject to the usual rules about  
2 these things, yes, which usually means -- I  
3 mean, my fairly strong view about this is that  
4 nothing goes out until the Investigation is  
5 completed and then it all does.

6 JAMES TITCOMBE: Yes.

7 DR BILL KIRKUP: I think if you start to drip feed  
8 information out then you know it I very easy  
9 for people in the best --

10 JULIAN BROOKES: The FOI (the Freedom of  
11 Information Act) makes provision for that, so  
12 while the Investigation is ongoing it would  
13 not be.

14 JAMES TITCOMBE: I think everyone agrees that  
15 makes sense, especially if the families are  
16 able to be there.

17 DR BILL KIRKUP: There maybe some things that  
18 people want to say to the Panel in confidence  
19 and they are not prepared to discuss it  
20 otherwise and we would have to take a view on  
21 that. We do that on a case-by-case basis. I  
22 mean, you know, I am aware that there are some  
23 families who are very concerned about their  
24 relative not being identified, for example.  
25 We have to be very careful to make sure that

1       if that was the case we could comply with  
2       that.

3             I am not suggesting that is a way for  
4       staff or managers to hide evidence because we  
5       would not accept it in those circumstances,  
6       but I think there are legitimate reasons why  
7       some people might want to be able to say  
8       information is confidential to us.

9   JAMES TITCOMBE: One of the problems I have found  
10       over the years is that nobody is able to tell  
11       me how many babies have died, or how many  
12       because of this issue about transfers and the  
13       Trust doing a bit of work, as you know, on  
14       trying to do that, do you have an idea at the  
15       moment what the figures are, the total number  
16       of cases that you will be investigating?

17   DR BILL KIRKUP: Not yet but we do have an analyst  
18       who has just started work for us who is very  
19       experienced in looking at these things. She  
20       has worked for the College of Obstetricians  
21       and Gynaecologists previously on researching  
22       perinatal information. I am confident that if  
23       we can get to the bottom of this we will get  
24       to it through her; she's very good.

25   JAMES TITCOMBE: Okay.

1 DR BILL KIRKUP: Okay.

2 SIMON BRADY: I know you cannot go into too much  
3 detail, but have you been contacted by many  
4 more families apart from this circle?

5 DR BILL KIRKUP: I cannot go into many more  
6 details and the answer is "not a whole lot",  
7 but we are hopeful that some of the publicity  
8 surrounding this might actually be a spur to  
9 more people coming forward. Okay.

10 Thank you very much. That has been really  
11 helpful. We will reconvene at 1.00 p.m..  
12 Thank you.

13 (Later)

14 OONAGH McINTOSH: I want to say welcome. I am  
15 Oonagh McIntosh. I want to say thank you for  
16 taking the time and effort to join us today.  
17 Dr Kirkup will announce a method statement  
18 shortly.

19 I would like to go through a few  
20 domestics, if you don't mind. There should  
21 not be a fire alarm but in the event there is  
22 one we will need to evacuate the building. It  
23 will be a continuous bell. We go out through  
24 either of the doors and take a left. We will  
25 help you find your way out.

1           The running order is that the Chairman  
2       will make his statement, he's then going to  
3       answer questions that anybody would like  
4       to ask and then when that is concluded we're  
5       going to ask you to leave the room because  
6       there have been a number of requests for  
7       interviews. So the Chairman is going to  
8       conduct those himself in this room quietly.  
9       So there is a running order and my colleague,  
10      Tom, will be making sure that everybody gets a  
11      chance. If somebody who is here has not requested  
12      an interview and wants one that's fine. Please  
13      have a word with Tom as you leave.

14           I will look to introduce Julian Brookes,  
15      the expert adviser to the Panel on governance  
16      matters, and Julian will be assisting the  
17      Chairman in the question and answer session.

18           When it comes to questions I am going to  
19      remind you again to speak one at a time, give  
20      your name and which organisation you are  
21      representing so that my colleagues, the  
22      stenographers, can make sure that they capture  
23      everything accurately for the investigation.

24      Thank you.

25   DR BILL KIRKUP: Thanks Oonagh. Good afternoon. My

1 name is Bill Kirkup.

2 On 12 September, the Secretary of State  
3 for Health, Jeremy Hunt, explained in his  
4 written statement to Parliament that I would  
5 set out the methods to be used for the  
6 Morecambe Bay Investigation.

7 I am pleased to have the opportunity today  
8 to explain to you how the Investigation will  
9 proceed.

10 The Morecambe Bay Investigation was  
11 established following a high number of serious  
12 untoward incidents in the maternity and  
13 neonatal services provided by the University  
14 Hospitals of Morecambe Bay Trust (UHMBT).  
15 Many of the families of those who were harmed  
16 or died under the care of the Trust have  
17 persistently and courageously sought a full  
18 and independent investigation into the  
19 circumstances surrounding these incidents. In  
20 response to the concerns of the families the  
21 Secretary of State for Health established this  
22 Investigation.

23 As Chair of the Investigation, I would  
24 like to be clear at the outset about the  
25 principles that will be adopted.



1           Firstly, the Investigation will be  
2 entirely independent.

3           Secondly, it will carry out a complete and  
4 thorough examination of all the evidence.

5           And third, it will operate as  
6 transparently as is possible.

7           To ensure that we keep those principles at  
8 the forefront of our minds during the  
9 investigation, I intend to continue liaising  
10 with the families that have been affected  
11 directly by the events at Furness General  
12 Hospital, as has been the case since the  
13 outset. This will enable them to put their  
14 views directly to me, and I will take them  
15 into account as far as possible while  
16 remaining strictly impartial and objective.

17           The Terms of Reference were also published  
18 on 12 September and shape the way in which the  
19 Investigation will undertake its duties.

20           In summary, the Investigation has been  
21 charged with:

22           (1) reviewing clinical outcomes between  
23 January 2004 and June 2013;

24           (2) reviewing the Trust Board's actions  
25 and governance procedures and the relationship

1 and communication between the Trust and  
2 patients and families and other agencies;

3 (3) reviewing the Trust Board's responses  
4 to previous reports, and action taken as a  
5 result;

6 (4) making findings as to the adequacy of  
7 actions taken by the Trust to mitigate safety  
8 concerns;

9 (5) assessing the Trust's ability to  
10 discharge its duties in delivering maternity  
11 services; and

12 (6) making recommendations on the lessons  
13 to be learned for both the Trust and the wider  
14 NHS to secure the delivery of high quality  
15 care.

16 These are important and complex areas to  
17 investigate. To ensure that they are  
18 addressed thoroughly and that all concerned  
19 will have confidence in the outcome, I will  
20 need a Panel providing specialist expertise in  
21 the relevant areas: governance, obstetrics,  
22 midwifery, paediatrics, ethics and neonatal  
23 nursing.

24 We will hold the initial panel meeting  
25 later this month. I would like to start that

1 meeting by asking all of the families affected  
2 to be able to attend to tell us about their  
3 experiences. I have had the opportunity to  
4 hear many families' experiences, which  
5 underlie the setting up of the Investigation,  
6 and I think it is important that all Panel  
7 members have got the opportunity to share  
8 this.

9 The Panel will then concentrate on three  
10 linked tasks: completing a full review of the  
11 existing documentation; we have already  
12 started that and we need to complete that,  
13 identifying what further information we will  
14 need to obtain; and specifying who we will  
15 interview. It is important that we complete  
16 these early tasks thoroughly so that we can  
17 conduct interviews effectively.

18 In consultation with affected families, I  
19 have undertaken to hold all Panel meetings and  
20 interviews in the presence of those family  
21 members able to attend, and that will ensure  
22 that the investigation process is transparent  
23 and open to their scrutiny. We will post a  
24 summary of proceedings as soon as practicable  
25 on a publicly accessible website.

1 I am conscious that this is an onerous  
2 investigation, and the patience and  
3 co-operation of all involved will be required  
4 in order to complete the task. The objective,  
5 however, is an important one, and I am  
6 determined that the work of the Panel will  
7 contribute to improving the future management,  
8 delivery and outcomes of care provided by the  
9 maternity and neonatal services at the Trust,  
10 and in the wider NHS.

11 I hope you will find it helpful to hear  
12 about work that has already been undertaken to  
13 establish the Investigation.

14 We have appointed an independent  
15 secretariat to support the work of the  
16 Investigation.

17 The Secretary to the Investigation is  
18 Oonagh McIntosh, who you have met, and her  
19 Deputy is Tom Bacon, who you have met.  
20 Additional staff have been recruited to assist  
21 with the management of documents and evidence,  
22 the oral hearings and the administration of  
23 the Investigation.

24 In addition we have engaged the services  
25 of an analyst who will assist me to review and

1 compare the statistical evidence the  
2 Investigation must consider in conjunction  
3 with other evidence that we will consider.

4 As I referred to earlier, I have selected  
5 and appointed a team of expert advisers in the  
6 following fields:

7 Ethics

8 Nursing

9 Governance, including clinical governance

10 Midwifery

11 Obstetric care and.

12 Paediatrics.

13 We have Professor Jonathan Montgomery,  
14 Chair of the Health Research Authority,  
15 Professor of Health Care Law at University  
16 College London, Chair of the Nuffield Council  
17 on Bioethics and of the Advisory Committee on  
18 Clinical Excellence Awards providing expert  
19 advice on matters of ethics. Until March 2013  
20 he chaired the cluster of primary care trusts  
21 that commissioned services for Southampton,  
22 Hampshire, the Isle of Wight, and Portsmouth  
23 and had previously chaired a Strategic Health  
24 Authority and two provider trusts.

25 Geraldine Walters, who is the Director of

1       Nursing at Kings College Hospital in London,  
2       will provide expert advice on nursing matters.

3             Julian Brookes, who Oonagh has already  
4       identified, an established senior health  
5       executive with over 27 years management  
6       experience (he doesn't look old enough) both  
7       in central government and all levels of the  
8       NHS will advise me on governance, including  
9       clinical governance.

10            Anne Thomas who is the Head of Midwifery  
11       and Gynaecology at Northampton General  
12       Hospitals NHS Trust will advise on midwifery.

13            Dr Catherine Calderwood, will advise me on  
14       obstetrics. Dr Calderwood is a highly  
15       experienced senior obstetrician practising in  
16       Scotland who also advises the Scottish  
17       Government.

18            Finally, Professor Stewart Forsyth, who  
19       has been closely involved in establishing  
20       neonatal standards within Scotland over the  
21       last three years as Chair of the Scottish  
22       Government Neonatal Expert Advisory Group and  
23       the former Medical Director of NHS Tayside  
24       will advise on paediatrics.

25            This team of expert advisers bring a

1 wealth of both operational experience in  
2 clinical areas of the Investigation and of  
3 senior leadership roles within the NHS.

4 I am pleased to announce that the  
5 Investigation has secured office and hearing  
6 room accommodation in Preston. We are here  
7 in this building and the offices are up three  
8 flights of stairs away, which is good for the  
9 health of those who will be trooping up and  
10 down the stairs.

11 It has always been our intention to secure  
12 a base in the North West to enable the  
13 families to attend the oral evidence sessions.  
14 This is the accommodation that we have  
15 secured; it is managed by Lancashire County  
16 Council and the part we are using is  
17 temporarily surplus to their requirements.

18 The postal address will be on the website  
19 The telephone number is also on the website.

20 To date communication with the families  
21 and interested parties has been directly with  
22 me and, more latterly, with Oonagh. We do now  
23 have a website. Again, the website is on the  
24 documentation which you have, so I will not  
25 waste time reading it out now. The details of

1       how to contact the Panel can be found there.

2               I think it's important to make sure that  
3       we can maintain a consistent approach to  
4       communication that people can use. It doesn't  
5       mean that nobody has direct access to me. You  
6       will have direct access to me but I think it's  
7       important that it goes through the  
8       Investigation website.

9               The website is hosted by the Government's  
10       information service and that means that we're  
11       rather constrained about the content as to  
12       what can appear on the front page and I  
13       apologise that it's not probably how you would  
14       have set it up but I really want to stress to  
15       you that that only affects the front page.  
16       Everything else is entirely within the  
17       Investigation's control and will be put on  
18       there as a publication, so there is no input  
19       from the Government information service.  
20       Purely an independent panel.



1           I would ask that, from today, all  
2       communication via e-mail is channelled through  
3       the Investigation's e-mail address or, in  
4       writing, to the Investigation Secretary at the  
5       Investigation's office here in Preston. This  
6       will enable us to co-ordinate responses and  
7       maintain comprehensive records.

8           E-mails regarding the Investigation have  
9       to date been sent directly to me, and I have  
10      previously given an undertaking to the

1 families that I will be readily available to  
2 them. Asking that communication should now be  
3 directly with the Investigation will not alter  
4 this, but will enable us to track all  
5 communications and ensure that they are  
6 properly taken into account. The Secretariat  
7 will work with me to ensure we maintain strong  
8 communication links with all those involved in  
9 the Investigation, particularly the families.

10 Progress regarding evidence gathering.

11 I have begun to have meetings and  
12 discussions with representatives of the  
13 organisations who will be asked to provide  
14 evidence to the Investigation.

15 With the Panel and the Secretariat, I am  
16 determining what evidence I will require them  
17 to supply and the practical arrangements for  
18 the safe transfer of that material to the  
19 Investigation.

20 The list of organisations includes:

21 The University Hospital Morecambe Bay  
22 Foundation Trust;

23 The Department of Health (also in their  
24 role as the legacy body responsible for the  
25 records of the Strategic Health Authority and

1 Primary Care Trusts);

2 NHS England (as the co-ordinating body for

3 the successor CCGs referred to in the terms of

4 reference);

5 Monitor;

6 The Care Quality Commission;

7 The Health and Safety Executive;

8 Public Health England (as the co-ordinator

9 for public health services referred to in the

10 terms of reference); and

11 Cumbria Constabulary.

12 Additional organisations may need to be

13 approached once evidence is reviewed and we

14 will do that.

15 Once evidence is submitted to the

16 Investigation it will be reviewed by the

17 secretariat to establish which of the 6 terms

18 of reference it relates to and it will need to

19 be indexed appropriately to ensure that the

20 Investigation reviews all associated evidence

21 relating to events, procedures and actions

22 taken.

23 All evidence will be seen by me and by the

24 expert adviser(s) as appropriate, and

25 considered in light of related evidence

1 submitted by other organisations.

2 If we then find should further and/or  
3 related evidence be required this will be  
4 commissioned and assessed.

5 All of this evidence will inform the  
6 questions that I, and the expert advisers,  
7 will put to witnesses who will give oral  
8 evidence to the Panel.

9 The Investigation will make every effort  
10 to contact those families who have not yet  
11 come forward to talk about their experiences  
12 in the maternity unit at Furness General  
13 Hospital. They may well not have had the  
14 opportunity to participate in any of the  
15 earlier reviews that have taken place.

16 I consider it is important that all of the  
17 families and relatives affected are given the  
18 opportunity to express their views to an  
19 independent panel, if they wish to do so and I  
20 would like to take this opportunity to invite  
21 those families to make contact with the  
22 Investigation as soon as they feel able to do  
23 so.

24 However, I am also mindful that some  
25 families and relatives will not wish to

1 participate in the work of the Investigation  
2 and their privacy will of course be respected.

3 All of the oral evidence sessions will be  
4 open to family members at this venue. This  
5 process will form an important element of  
6 evidence the Panel will consider to help shape  
7 the findings, recommendations, and my report  
8 to the Secretary of State.

9 I have written to the Chief Executives of  
10 all of the organisations listed and asked them  
11 to advise their staff of the approach the  
12 Investigation is taking to evidence gathering.  
13 I have also asked them to make contact with  
14 any member of staff who has retired or left  
15 the organisation.

16 The Investigation will provide the  
17 families and interested parties with progress  
18 updates via its website. These updates will  
19 provide the definitive record of progress for  
20 those who are following the work of the  
21 Investigation - setting out who has been  
22 interviewed, the role and responsibilities the  
23 individual was undertaking for the period the  
24 Investigation will cover and the areas that  
25 the Panel has questioned them about - in short

1 a summary of the proceedings.

2 In conclusion, I am encouraged by the  
3 assurances I have received from those included  
4 in the scope of this investigation and I am  
5 anticipating their full co-operation and  
6 support. This will assist the process of  
7 evidence gathering and make the arrangements  
8 for the oral hearings more straightforward.

9 We will place a timetable for oral  
10 hearings in advance on the Investigation's  
11 website.

12 We will place a copy of this statement on  
13 the Investigation's website.

14 I hope this is helpful and if you have any  
15 questions resulting from my sharing this  
16 statement of methods with you, I will take  
17 them now.

18 OONAGH McINTOSH: Tom is handing out copies of the  
19 statements so that you have got one to take  
20 away. Its on the website obviously. But its  
21 handy to have. If there are any questions.

22 DOMINIC HUGHES: Dominic Hughes, BBC. You said  
23 you anticipate full co-operation. To what  
24 extent do you have any leverage or powers of  
25 compulsion to get people who might be

1       reluctant to give evidence to you, for  
2       example, senior management figures from the  
3       former management team of the hospital?

4   DR BILL KIRKUP:  We don't have legal powers of  
5       compulsion but it is part of the professional  
6       and employment duties of NHS staff to  
7       co-operate with investigations such as this.  
8       I don't anticipate any problems and in my  
9       experience of doing investigations previously  
10      I haven't come across those kind of problems.  
11      Partly because people are generally keen to  
12      contribute what they can.  Partly because I  
13      think people are either moving on to other  
14      posts on the NHS or have aspirations to move  
15      on to other posts in the NHS and they want to  
16      fulfil their professional and employment  
17      duties.

18   PAUL O'GORMAN:  Paul O'Gorman, BBC Lancashire  
19       Cumbria and North West Tonight.  How do you  
20       envisage the arrangement with the families  
21       will actually work at a practical level?  You  
22       are saying all the interviews will be  
23       conducted with them present but on a  
24       day-to-day basis how will that work?

25   DR BILL KIRKUP:  The Panel will sit here and

1 interview, not necessarily in exactly in this  
2 location but within this room, and will  
3 interview people as a Panel and any of those  
4 Panel meetings and interview sessions are open  
5 to as many of the families members who can  
6 attend. If they can't attend in person  
7 because obviously people have other things to  
8 do and can't necessarily make every session,  
9 then they are welcome to send a representative  
10 as long as it's somebody nominated in advance  
11 so we know who is coming.

12 PAUL O'GORMAN: Will the family members be able to  
13 ask questions directly or does it have to  
14 come through you?

15 DR BILL KIRKUP: No, they would need to be part of  
16 the Panel to do that and clearly they are not,  
17 but what they can do is liaise with me about  
18 the areas that we're covering and what they  
19 will do is be able to scrutinise each session  
20 to make sure we are covering that to their  
21 satisfaction and I'm sure they will let me know  
22 if they do not think we are.

23 PAUL O'GORMAN: Thank you.

24 DOMINIC HUGHES: I have another question. To what  
25 extent will people be able to have legal --



1 will they need legal representation or legal  
2 advice?

3 DR BILL KIRKUP: No, because we're not -- the  
4 route we have taken to ensure transparency is  
5 the one that we have just been talking about  
6 where family members attend and can scrutinise  
7 the proceedings. If we had the sessions open  
8 to the public then people would naturally be  
9 entitled to legal representation and would  
10 probably insist on it. We would then have a  
11 much more complex, costly and time consuming  
12 procedure but as we have set it up, no, we  
13 don't anticipate that people will be legally  
14 represented and I will not countenance them  
15 being legally represented.

16 DOMINIC HUGHES: Open to the family but not open  
17 to the public?

18 DR BILL KIRKUP: Correct.

19 DOMINIC HUGHES: Thinking selfishly, where does  
20 that leave the media? Press coverage?

21 DR BILL KIRKUP: It's not open to the press  
22 because that's exactly the thing that would  
23 immediately put everybody onto their legal  
24 defensive and they would insist naturally on  
25 being legally represented.

1 JOHN COWDELL: Dr Kirkup, My name is John Cowdell  
2 and I am currently the Chairman of the  
3 Morecambe Bay Foundation Trust. You mentioned  
4 earlier on in your statement -- and thank you  
5 for that, it is very comprehensive and very  
6 interesting to hear what you have already been  
7 doing. You mentioned having produced a list  
8 of witnesses, those people you want to  
9 interview. Did I hear you correctly when you  
10 said that?

11 DR BILL KIRKUP: Not quite. I said that would be  
12 one of the first jobs that we would want the  
13 Panel to do in considering all of the  
14 evidence. We have got some idea, clearly, of  
15 who some of the key parties will be but I want  
16 to take some time to finalise that in the  
17 light of the documentation and the Panel's  
18 approach to this as well.

19 JOHN COWDELL: Supplementary, if I may. Would  
20 that list, when it is produced, be shared with  
21 the families and the NHS?

22 DR BILL KIRKUP: It will be part of the  
23 proceedings of the Panel, yes.

24 PAUL O'GORMAN: How much do you consider that this  
25 investigation relates mainly to Barrow or are

1       you going to be looking at the other sites in  
2       the Trust's regime to see whether the same  
3       sorts of problems are not present at, for  
4       example, Lancaster?

5   DR BILL KIRKUP:  The main focus of the  
6       Investigation will be on the maternity and  
7       neonatal services at Barrow but we don't have  
8       a ring fence.  We will pursue the evidence  
9       where it takes us.  If we receive evidence  
10      that needs to be followed up elsewhere, that  
11      might be another organisation, that might be  
12      another part of the Trust then we will do that  
13      but we start out with Barrow Maternity  
14      Services.

15  SALLIE GEORGE:  Sallie George from BBC News.  How  
16      many families have you heard from already?  
17      How many do you expect to attend the Panel  
18      hearing?

19  DR BILL KIRKUP:  I don't think I ought to say,  
20      because I think that's potentially  
21      confidential information, exactly how many  
22      families we're in contact with.  What I would  
23      say is that we want to hear from as many  
24      people as possible because the more evidence  
25      that we have, the more that we have to follow

1 up the better for the Investigation and we  
2 will accommodate whoever wants to come along.

3 JULIAN BROOKES: Can I add to that as well. One  
4 of the things we just want to be clear on is  
5 that if families wish the information they  
6 give us to be held confidentiality we will  
7 accommodate that. So that's one of the  
8 reasons we can't say how many have come  
9 forward at the moment. Some may not wish  
10 their details to be made available but we will  
11 consider information from families in a  
12 confidential way.

13 JOHN WOODCOCK: John Woodcock, I am the Member of  
14 Parliament for Barrow and Furness. You  
15 obviously have many of the interested parties  
16 and organisations in the room now. Is there  
17 any particular request that you could give  
18 them to be able to get the message out to  
19 families who maybe haven't yet been contacted?

20 DR BILL KIRKUP: Yes. In a way, as I say, we are  
21 keen to hear from as many people as we can  
22 because that will broaden the amount of  
23 evidence that we can follow up. So if anybody  
24 does know of anybody please do tell them that  
25 they would be very welcome to get in touch

1 with us, organisations, family members, other  
2 interested parties. We won't turn anybody  
3 away and we're very keen to hear from them.

4 OONAGH McINTOSH: Any further questions or  
5 comments. No?

6 DR BILL KIRKUP: Okay.

7 OONAGH McINTOSH: Thank you very much. Everybody  
8 to leave the room and then Tom will invite  
9 back in those who have put in a request to  
10 interview the Chairman but there is a wide  
11 corridor with plenty of seats if people want  
12 to take some time, they are welcome to do so.  
13 Okay.

14 (Later)

15 PAUL O'GORMAN: Tell me first of all what are the  
16 most important features so far as you are  
17 concerned of this inquiry, briefly if you  
18 could?

19 DR BILL KIRKUP: I think it's clear that there  
20 have been a number of reviews of these  
21 services over the past few years and despite  
22 that there is no sense that the people who  
23 have been most affected by this feel that they  
24 have got to the bottom of it. That's why this  
25 independent investigation was set up. My

1       intention is to make sure that we satisfy  
2       their needs to get to the bottom of this  
3       independently, openly, transparently and  
4       effectively.

5   PAUL O'GORMAN:  What part will the families play?

6   DR BILL KIRKUP:  They are observing the  
7       proceedings to make sure that the Panel sets  
8       out about its job effectively and addresses  
9       the questions that they want to see addressed  
10      and they will be making sure that we do our  
11      jobs properly.

12  PAUL O'GORMAN:  What form will the investigation  
13      take?  What will you do?

14  DR BILL KIRKUP:  Start out by reviewing all the  
15      documentation there is available and there is  
16      lot that we've got to go through from one  
17      source or another.  That will enable us to  
18      work out firstly where the misinformation is  
19      that we need to pursue and, secondly, who are  
20      the people that we need to interview to get  
21      that first-hand evidence underlying all of  
22      this.

23  PAUL O'GORMAN:  Realistically how willing are some  
24      people likely to be to give that you  
25      information?

1 DR BILL KIRKUP: It's part of their professional  
2 and employment duties of anybody who works for  
3 the NHS or has aspirations to work for the NHS  
4 in the future. I have haven't found this to  
5 be a problem in the past and I don't  
6 anticipate it being a problem here.

7 PAUL O'GORMAN: What leverage do you have to  
8 compel people to take part?

9 DR BILL KIRKUP: If they don't comply they will be  
10 in trouble with their professional  
11 organisation, their regulatory body and in  
12 terms of their current and future employment.  
13 If you work for the NHS there are some things  
14 that you have to sign up to and being frank and  
15 open when things like this happen is one of those  
16 key principles.

17 PAUL O'GORMAN: You also said that you want this  
18 investigation to be as transparent as possible  
19 yet it's not a public inquiry and neither are  
20 journalists going to be allowed in. Why?

21 DR BILL KIRKUP: If you set up a full public  
22 inquiry like that then the first thing you  
23 have is that everybody has to be legally  
24 represented. That means the time scale  
25 stretches off way into the future, it would

1 take years to complete and it's vastly  
2 expensive and people actually don't  
3 necessarily open up as much as they would if  
4 they have a bit more freedom and what we have  
5 set up to do, we are subject to scrutiny as a  
6 Panel from the family members but without it  
7 everybody needs to be legally represented and  
8 that is not what this six month review is  
9 about.

10 PAUL O'GORMAN: Neither will the families be  
11 allowed to ask questions directly. Surely  
12 that is far from ideal?

13 DR BILL KIRKUP: I don't think the families would  
14 want to ask questions directly, that's the  
15 Panel's job. What they do want to see is that  
16 we are doing it correctly.

17 PAUL O'GORMAN: Finally, how much is this  
18 investigation focussed solely on what happened  
19 at Barrow and the tragedies there or are you  
20 going to look more widely into the maternity  
21 services in the Trust?

22 DR BILL KIRKUP: Well, it is focused on what  
23 happened in maternity services based at Barrow  
24 because that's where these incidents relate to  
25 but we don't have a ring fence and if the



1 evidence starts to come in that we need look  
2 more widely to look other organisations and  
3 other sites then we will do.

4 PAUL O'GORMAN: Thank you very much.

5

6 (Pause)

7

8 PAUL O'GORMAN: I am going to ask you for your  
9 name and title for the record first of all.

10 DR BILL KIRKUP: Dr Bill Kirkup. I am the lead  
11 investigator in the Morecambe Bay independent  
12 investigation.

13 PAUL O'GORMAN: Dr Kirkup, just tell me: What are  
14 the main features of this inquiry?

15 DR BILL KIRKUP: The main features are that there  
16 have been a series of untoward incidents and a  
17 series of reviews into the untoward incidents  
18 and yet, despite that, that there is a real  
19 sense amongst those most affected by those  
20 incidents that they have not got to the bottom  
21 of it. The intention -- it is commissioned by  
22 the Secretary of State for Health -- is to  
23 make sure that we do get to the bottom of it  
24 and so to conduct a full, thorough,  
25 independent and transparent investigation to

1 do that.

2 PAUL O'GORMAN: What part will the families play in  
3 this?

4 DR BILL KIRKUP: The families have agreed with us  
5 that what they will do is attend all of the  
6 Panel sessions and interview sessions as  
7 observers so that they will be able to  
8 scrutinise the work of the Panel and make  
9 sure that we are doing our jobs effectively.

10 PAUL O'GORMAN: But, the families will not be able  
11 to ask questions of the people providing the  
12 evidence as I understand. Why not? Surely  
13 that defeats the point, doesn't it?

14 DR BILL KIRKUP: It is not necessarily the most  
15 effective use of the families. It is the  
16 Panel's job to ask the questions, but what the  
17 families will do is make sure that we are  
18 asking the right questions in the right kind  
19 of way.

20 PAUL O'GORMAN: You said that you want this  
21 investigation to be as transparent as  
22 possible, yet it is not a public inquiry,  
23 neither are journalists allowed in. Why not?

24 DR BILL KIRKUP: If you set up an inquiry like  
25 that, first of all it takes an awful long time

1 to do it and it is very costly, but also the  
2 people insist on legal representation. That  
3 is right -- if people are be subject to  
4 that kind of scrutiny in public then they are  
5 entitled to legal representation. It just  
6 means the thing spirals in terms of time and  
7 costs. We have not set it up that way; we  
8 have a different mechanism to ensure  
9 transparency.

10 PAUL O'GORMAN: What powers do you have to compel  
11 people to give evidence?

12 THE CHAIRMAN: We do not have legal powers to  
13 compel people to give evidence, but, bearing  
14 in mind that all of the relevant staff are NHS  
15 staff, or have aspirations to be NHS staff in  
16 the future, they have a professional duty and  
17 an employment duty to co-operate with  
18 investigations like this and, to be frank,  
19 complete in the evidence that they give to us.  
20 I do not anticipate any problems with that.

21 PAUL O'GORMAN: Where are you looking for evidence  
22 because I know that you want to appeal to  
23 people who have so far not yet come forward.

24 DR BILL KIRKUP: Yes. Clearly there is a range of  
25 documents and a range of people who we want to

1 interview, but I am very keen that anybody who  
2 has been affected by any of the events at the  
3 University Hospitals Morecambe Bay Trust can  
4 come forward and talk to us. If they want to  
5 do that in confidence, they are very welcome  
6 to do that. There are ways to get in touch  
7 with the Investigation through the website, or  
8 directly at this address, which will be  
9 available to people. We are very keen to hear  
10 from them.

11 PAUL O'GORMAN: How much do you anticipate that  
12 there is far more evidence to come forward?

13 DR BILL KIRKUP: We do not know what we do not  
14 know. If there is anybody there who wants to  
15 come and tell us, we are keen to hear that so  
16 that we have as much as we can.

17 PAUL O'GORMAN: Most of these cases relate to  
18 Barrow; why hold the Investigation hearing  
19 here in Preston? That is quite a journey,  
20 isn't it, especially if you have got the  
21 families here.

22 DR BILL KIRKUP: Yes. We tried to come to a  
23 compromise. I do not think that it is  
24 necessarily a good idea for it to be in the  
25 exact location. I think it is sometimes

1 helpful to get a little bit of a distance  
2 between you and the location where these  
3 untoward incidents occurred.

4 What we have attempted to do is set up a  
5 compromise -- I hope it is a good one --  
6 between being reasonably local to Barrow, but  
7 also very accessible to expert Panel members,  
8 for example, and representatives of other  
9 organisations who have to travel from all  
10 parts of the Country to get to Preston.

11 PAUL O'GORMAN: Finally, given what you have said,  
12 how confident are you that you will get to the  
13 bottom of what has happened and you will  
14 prevent this happening again; and also that  
15 you will satisfy families who have had several  
16 years of the most depressing trauma possible.

17 THE CHAIRMAN: My objective is to come to conduct  
18 a formal, independent, and open investigation  
19 here. If we get to the end of it and people  
20 say, "Well, you have not really done this  
21 right", then clearly I will not have done that  
22 and I will be very disappointed. That has not  
23 been my experience so far, because I have been  
24 in investigations; I hope that this one is not  
25 going to be the exception.

1 PAUL O'GORMAN: One more, if I may. How  
2 significant is it that many managers have  
3 actually moved on? What effect could that  
4 have on the inquiry?

5 DR BILL KIRKUP: I think that is to be expected  
6 for, one, there is quite a turn over of  
7 managers in the NHS at the moment anyway for  
8 all sorts of reasons; secondly, under these  
9 circumstances you might expect that. Yes, it  
10 will make a little bit hard to make sure that  
11 we have contacted all of right people, but I  
12 believe that we have the mechanisms to ensure  
13 that we do get in touch with everybody we  
14 need.

15 PAUL O'GORMAN: Thank you very much. Thank you.

16 (Pause)

17

18 GILES BROWN: I will explain who I am working for.

19 I work for the Daily Mail on a freelance  
20 basis, but I also file my stories to some of  
21 the local newspapers in Cumbria. So, yes, it  
22 is going to go in a few different outlets just  
23 to let you know.

24 The main question I have got really is  
25 around the transparency of it. I know that

1       you said something about that before, but it  
2       is something where the intention is that  
3       lessons are going to be learned from what is  
4       said in evidence and what the conclusions are.  
5       How are you going to balance the need for the  
6       wider community and the public to know about  
7       what is happening, with the fact that  
8       something is held in private that is obviously  
9       respecting the wishes of the families at the  
10      same time. How can that be achieved, do you  
11      think?

12   DR BILL KIRKUP: I mean we will make sure that we  
13      keep the website up-to-date with what we are  
14      doing, who we are seeing and what the areas  
15      are. I do not think that going further than  
16      that is sensible, or helpful. I think that if  
17      we have got a process set up, which  
18      demonstrates transparency by the presence of  
19      family members, then it is better if we can  
20      conduct our processes on that kind of basis  
21      and produce a report at the end of it that  
22      everyone can see has been done honestly and  
23      is completely transparent.

24   GILES BROWN: How regularly is the website going  
25      to be updated with the information of what is

1       going on? Is that going to be everyday or --

2   DR BILL KIRKUP: Well, only if there is some new  
3       information. Every time there is new  
4       information then it will be updated because  
5       certainly if we have a Panel meeting, if we  
6       interview a group of people it will be  
7       updated. I think the intention will be within  
8       24 hours of that.

9   GILES BROWN: The essential arbiters of what is  
10       new information is who? Is it the Panel, I  
11       suppose?

12   DR BILL KIRKUP: Yes.

13   GILES BROWN: Yes. Okay. You have talked a  
14       little bit about the bodies that might be  
15       called to give evidence. Have you got any  
16       individuals in mind who will definitely be  
17       called or are definitely on the list at the  
18       moment?

19   DR BILL KIRKUP: We have not completed the  
20       interview schedule, that is one of the first  
21       jobs that the Panel will be looking at when we  
22       have our first meeting later this month.

23       Yes, I know who some of the individuals  
24       are but it would be invidious to identify them  
25       at this stage because it would be a big list.



1 But when we have a complete list we will  
2 share.

3 GILES BROWN: That will be shared with the wider  
4 public as well in advance of when the, yes,  
5 full process begins. Right. Okay.

6 The scope of the investigation and how far  
7 it might begin looking. I mean obviously it  
8 is focused upon FTH initially, but when it  
9 comes to reviews such as the Department of  
10 Health involvement and the CQC, I mean you  
11 have already said, I think, that nothing is  
12 off the agenda.

13 THE CHAIRMAN: There is no ringfence, there is  
14 nothing where we say, "Well, you cannot look  
15 at that". We have got the freedom to pursue  
16 the evidence where it takes us and that is  
17 what we will do.

18 GILES BROWN: Even -- because I know in the  
19 initial document it said about the police  
20 investigation and having a memorandum of  
21 understanding produced -- has that been  
22 produced yet, that actual memorandum of  
23 understanding? I have not seen it myself,.  
24 probably my failing.

25 DR BILL KIRKUP: No. It is actually in the

1 process of being signed as we speak. Yes, it  
2 is being produced; yes, it has been discussed  
3 and finalised; and it is being signed off  
4 today.

5 GILES BROWN: Is there going to be some  
6 information that potentially -- or some areas  
7 of inquiry that potentially might be precluded  
8 because of the police investigation?

9 DR BILL KIRKUP: No. We have had a very helpful  
10 response from the police and they are very  
11 keen to co-operate with us and to share  
12 whatever information they believe they can.  
13 The only reason I said "believe" is if they  
14 prejudice any of their own proceedings but I  
15 do not think that is a problem.

16 GILES BROWN: All right. Overall what is your  
17 hope for this process? What would you most  
18 like to see coming out?

19 DR BILL KIRKUP: A set of findings and  
20 recommendations that (a) will satisfy the  
21 families that they have got to the bottom of  
22 this finally after all this time, and that  
23 they know what happened; and, secondly, that  
24 will be of use to the Trust and the wider NHS  
25 in minimising the chance of things going wrong

1       like this again.

2   GILES BROWN: Right. Is there a specific date for

3       when it is going to start? Again this might

4       be something I have missed in the process of

5       things, I am not sure.

6   DR BILL KIRKUP: We have started in effect. What

7       we have not had until today is the formal

8       appointment of the Panel. We have that now

9       and the first Panel meeting will be later this

10      month. We have already started assembling

11      documents and identifying visitors.

12   GILES BROWN: You have not got a specific date of

13      when you know the families will be in the room

14      watching what is going on?

15   DR BILL KIRKUP: It will be some time this month.

16      We need to make sure that all of the Panel

17      members can be present and obviously, you

18      know, if you were here you heard the kind of

19      backgrounds of some of them and they are very,

20      very busy people and we have to make sure that

21      they can be here on the date.

22   GILES BROWN: The process. It is not going to be

23      like if you have an inquest or Court case,

24      every single day. People are going to be

25      available when they can be available, but it

1 is all going to take place within this  
2 building.

3 DR BILL KIRKUP: The meetings and the interviews  
4 will take place here. The work on assembling  
5 the documentary evidence and analysing it and  
6 assessing it and so on is three floors up from  
7 here.

8 GILES BROWN: Okay. That will be a fascinating  
9 process. It will be nice to be able to watch  
10 it.

11 Okay, just to be clear, if I am a  
12 journalist covering it then what I need to do  
13 is keep an eye on the website and wait for the  
14 alerts to crop up of what is new.

15 DR BILL KIRKUP: Yes, but, of course, if you have  
16 any questions in the mean time then you are  
17 very welcome to contact Oonagh and ask about  
18 this and talk about this. I am not saying we  
19 can always do it because I do not want to do  
20 something that will prejudice the process. If  
21 it is within the constraints of that then I am  
22 not saying we will shift you out until next  
23 month.

24 GILES BROWN: We can say, you know, what happened  
25 on this day and then it is up to you whether

1       you tell us or not? .

2   THE CHAIRMAN: I probably would not say because  
3       what we do not want to do is prejudice the  
4       next lot of people coming in. If you have a  
5       question about what is going on, or if there  
6       is a story arising in relation to it then you  
7       are very welcome to come back.

8   GILES BROWN: All right. That is interesting to  
9       see. Thank you for your time.

10   DR BILL KIRKUP: Thank you.

11   GILES BROWN: Thank you.

12

13   (Pause)

14

15

16

17   JONATHAN HUMPHRIES: Just to start with I was  
18       wondering how you are going to communicate  
19       with the media and keep this investigation  
20       transparent as it goes forward.  
21   DR BILL KIRKUP: The process of demonstrating  
22       transparency is the presence of the families  
23       when we have interviews and we talk to people.  
24       That is to make sure that the Panel is doing  
25       an effective job.

1           In terms of communicating with the wider  
2       world, that will be through the website where  
3       we will post an updated version of what has  
4       happened. I do not intend that to be going  
5       into all the details of the evidence because I  
6       do not think that is the way it is presented  
7       and the way it is presented is to write a  
8       proper report at the end of it. But I  
9       certainly do intend that you know who we are  
10      talking to and what subject areas. Of course  
11      if there are things that arise in the mean  
12      time, then I am not saying we are going to  
13      refuse to talk to everybody. You're very  
14      welcome to 'phone the Secretariat and say,  
15      "Can we come and talk about the proceedings or  
16      whatever?"

17 JONATHAN HUMPHRIES: Are you expecting more  
18      families to come forward based on the wide  
19      publicity that you have already had?

20 DR BILL KIRKUP: If there is anyone in that  
21      position I would really like them to come  
22      forward because the more evidence we have the  
23      better.

24 JONATHAN HUMPHRIES: Why is Preston chosen when  
25      most of the families are based in Barrow and

1       around that area?

2   DR BILL KIRKUP: Two reasons. One, I think it is

3       better to have it slightly removed from the

4       exact location and we would not do this in

5       Furness Hospital, for example; it has got all

6       sorts of wrong associations for people.

7       Secondly, having decided that we have to have

8       a compromise between somewhere reasonably

9       accessible for people from that part of the

10      Country, but also there are other

11      organisations and family members who are based

12      all around the Country and they have to be

13      able to get here as well so Preston, to us,

14      seemed to offer a good balance between the

15      two.

16   JONATHAN HUMPHRIES: How are you going to be

17      working alongside the police with the

18      investigation?

19   THE STENOGRAPHER: Can you speak up? I cannot

20      hear what you are saying.

21   JONATHAN HUMPHRIES: Sorry, sorry. I was asking

22      how are you going to work alongside the

23      investigation with Cumbria Constabulary and

24      how are you going to share information and

25      break through any dishonesty there might be

1           that comes forward from members of the Trust?

2   DR BILL KIRKUP: We have had a couple of meetings  
3           with Cumbria Constabulary. They have been  
4           very helpful and are very keen to share as  
5           much information about this as they are able  
6           to so we can conduct an effective  
7           investigation. We have finalised and are in  
8           the process, absolutely now, of signing a  
9           memorandum of understanding to share with  
10          them. I am confident that they will fully  
11          share everything that they have unless that  
12          might be prejudicial to anything that they are  
13          doing. That would be the only reason why they  
14          would not and I do not think that will affect  
15          more than a small minority of people.

16   JONATHAN HUMPHRIES: Is your focus on hearing what  
17          the families have to say, rather than  
18          interviewing staff members?

19   DR BILL KIRKUP: No, it is equal focus on both. I  
20          am very keen to interview all of them -- from  
21          staff managers and anybody else who has a  
22          bearing on the events that happened.

23   JONATHAN HUMPHRIES: Will Tony Halsall be called  
24          to give evidence?

25   DR BILL KIRKUP: I am not going to go into who is



1 on the individual list of interviewees, but we  
2 will interview anybody who is relevant to the  
3 investigation. Draw your own conclusion  
4 there.

5 JONATHAN HUMPHRIES: I think that is it. Thank  
6 you very much.

7 DR BILL KIRKUP: Okay. Thank you.

8 (Pause)

9

10 AMY SCARISBRICK: I have gone through this. Thank  
11 you very much. It is a big flagship story for  
12 us so I was like "I am getting here at all  
13 costs". It is all being recorded and I will  
14 send it back to the office and we will just  
15 talk about what has happened, if that is okay,  
16 and the investigation going forward.

17 For the tape, can I have your name and  
18 title, please?

19 DR BILL KIRKUP: Sure. It is Dr Bill Kirkup and I  
20 am the lead investigator for the Morecambe Bay  
21 Investigation.

22 AMY SCARISBRICK: You have made your statement  
23 today about what you set out to do in the  
24 investigation, the Morecambe Bay  
25 Investigation. Just briefly, can you tell our

1 listeners at home what that statement was all  
2 about and the six principles?

3 DR BILL KIRKUP: The statement was about how we  
4 are going to set about doing this  
5 investigation. The principles that it is  
6 founded on, three principles: One is that it  
7 will be a complete and thorough investigation;  
8 the second is that it will be entirely  
9 independent; and the third is that it will be  
10 transparent.

11 The way we are going to ensure that this  
12 investigation is transparent is that all the  
13 Panel meetings and all of the interview  
14 sessions, when we are interviewing people  
15 about what happened at Morecambe Bay, will be  
16 open to the family members to attend where  
17 they will make sure that the Panel is doing  
18 its job properly.

19 AMY SCARISBRICK: The first Panel meeting is later  
20 this month where families will be invited to  
21 discuss and you will interview them.

22 DR BILL KIRKUP: Yes, I thought it was important.  
23 I have had the privilege of hearing some of  
24 these accounts myself; it is very important to  
25 hear that because where the Investigation

1 started out from was the difficult and  
2 persistent and courageous work that these  
3 families have done in bringing this to public  
4 attention. I thought it was very important  
5 that all of the Panel members had the  
6 opportunity to hear from them directly  
7 themselves right at the start.

8 AMY SCARISBRICK: Just to distinguish as well for  
9 listeners at home, they know that a Cumbria  
10 police investigation is going on. It is  
11 completely separate from what you are doing,  
12 isn't it?

13 DR BILL KIRKUP: It is a separate investigation  
14 that we are doing. They are interested in  
15 whether there are any criminal proceedings  
16 that might come out of this. We have had a  
17 couple of meetings with Cumbria Constabulary.  
18 They have been very helpful and they are very  
19 keen to share as much information as they can  
20 with us to make sure that we can carry out an  
21 effective investigation so long as it does not  
22 prejudice what they are doing. I believe that  
23 we have got a good understanding to move forward  
24 with.

25 AMY SCARISBRICK: In your statement you have also

1 listed the names of the organisations that you  
2 will be interviewing and, you know, speaking  
3 to. Could you tell us some of those  
4 organisations who will be interviewed?

5 DR BILL KIRKUP: We are starting out with the  
6 focus of the investigation at the Hospital  
7 Trust -- University Hospitals of Morecambe Bay  
8 Trust -- but we will follow the evidence to  
9 the other organisations that have been  
10 involved in this as far as we need to, there  
11 is no ringfence around it. We will be looking  
12 at the Department of Health, we will be  
13 looking at Monitor, the Care Quality  
14 Commission, the Health and Safety Executive --  
15 anybody who is relevant we will involve in  
16 this investigation.

17 AMY SCARISBRICK: An interesting part of this I  
18 also saw as well, you are inviting the  
19 opportunity for families who haven't had the  
20 chance to speak or haven't felt at this point  
21 that they have been able to speak about  
22 perhaps suspicions or experiences and you are  
23 allowing them. How important is it for them  
24 to have their voice heard at this stage?

25 DR BILL KIRKUP: I want to offer everybody the

1 opportunity to come forward if they have  
2 anything they want to say to us. Clearly the  
3 more information that we from that source the  
4 more evidence we can look at the better it  
5 will be for the purposes of doing a thorough  
6 investigation.

7 AMY SCARISBRICK: The time is almost a decade that  
8 you are covering here, there is a lot of stuff  
9 to get through. So what do you expect? How  
10 long do you think the investigation will take  
11 or do you think it's too soon to tell now?

12 DR BILL KIRKUP: We would like to produce a report  
13 for the Secretary of State which will be then  
14 published in summer of 2014. I always say in  
15 these circumstances, and I will again, that it  
16 is more important to get it right than it is  
17 to get it done to time. If it takes a little  
18 bit longer we will make sure we do it properly  
19 and get it right.

20 AMY SCARISBRICK: When the Secretary of State gave  
21 you this position after your work on  
22 Hillsborough, is your aim to really - what is  
23 your aim? What do you want to achieve? To be  
24 open and transparent you have set out. Is it  
25 for the families more than anything, more than

1 the NHS Foundation Trust learning from it?

2 Which is more important or is both important?

3 DR BILL KIRKUP: Both are equally important. I

4 think from the point of view of the families

5 there is a real sense that despite a number of

6 reviews in the past they haven't got to the

7 bottom of it either, to them specifically or

8 in terms of the general operation of the

9 clinical services and the management of the

10 Trust and the regulatory bodies and so on, but

11 equally I think it's very important that we

12 draw lessons that are there to be drawn for

13 the Trust and for the wider NHS to make sure

14 that the chances of something like this

15 happening again are reduced to an absolute

16 minimum.

17 AMY SCARISBRICK: This story has captivated the

18 Bay's listeners, it's one that really has

19 touched us. We have covered it for years. It

20 is so important and really has affected

21 people. How can you stop this from ever

22 happening again and so many people are so

23 upset and may never, ever get over this?

24 DR BILL KIRKUP: I don't want to pre-empt what the

25 Investigation is going to find. What I will

1 say on the basis of previous work of this  
2 nature that I have done is that usually one of  
3 the fundamental principles is that if people  
4 are open and honest when something goes wrong  
5 in the first place we don't get into this  
6 predicament. It is very hard to do, it is  
7 very difficult but if people own up and say,  
8 "Look, we're sorry, something has gone wrong  
9 here. We'll get to the bottom of it and make  
10 sure it doesn't happen again" in 2004 or 2010  
11 or whenever it happened, then we won't get  
12 into this position. Clearly that hasn't  
13 happened here.

14 AMY SCARISBRICK: Thank you very much. I cannot  
15 appreciate your time more. Thank you.

