



Evaluation of the CHI investigation into Gosport War Memorial Hospital

Introduction

1. This paper presents the results of the evaluation of the CHI investigation into the Gosport War Memorial Hospital, which was published in July 2002.

Aim

The evaluation is aimed to answer the following questions:

- Did the combination of methodology, activity and administrative arrangements lead to a successful investigation?
- What worked well?
- What did not work well?

Objective

3. To improve and develop CHI's investigation process

Lessons from investigation evaluations to date

4. The evaluation process is an important part of the continuous quality improvement of CHI's investigations, and is integral to CHI's commitment to ensure that the methods and processes adopted are robust, evidence based, fair and effective.

5. As a result of the most recent evaluations of St George's NHS Trust, Loughborough and the West of London Breast Screening Service investigations, and discussion between investigation managers, some processes have been refined. These are:

5.1 Issue: It was suggested that IM's need to be firmer about securing commitment to set dates from potential team members.

IM's now provide team members with set dates (training and briefing days and site visit) for which they will need to be available before they commit to joining the team.

5.2 Issue: Earlier advice from CHI analysts would have assisted the investigation process and helped to reduce the

volume of evidence by identifying material essential to the understanding of the service.

Analysts are now involved in the investigation process from the start and input into the document request sent to the trust. Analysts also now provide the investigation manager and team with a briefing summary of evidence received. Analyst support is now provided throughout the investigation in order to analyse additional evidence received and other analytical work as required.

5.3 Issue: *Anxiety created by a press release, which was "clearly designed to create headlines", and which those commenting on felt was misleading*

Investigation Managers now have more opportunity to input to the draft press release and the draft question and answers for the press conference.

5.4 Issue: *Case notes were so extensive; it was difficult to assess them rigorously.*

Expert advice is now taken on sampling approaches for case note reviews. The project planning and management for investigations now takes account of any additional features, such as review of case notes/statistical advice.

5.5 Issue: *There was a suggestion that there should have been an opportunity for the group to discuss their conclusions with the clinicians involved in the care of the patients.*

The CHI investigation at Ashford and St Peter's includes a review of case notes and arrangements have been made to discuss the findings of the review with lead clinicians

5.6 Issue: *the delay and timing in sending out the evaluation forms*

Evaluation forms are now sent to arrive within two to three days after the individual has received a copy of the investigation report.

- **Method used for the evaluation of Gosport War Memorial Hospital**

6. The evaluation is designed to concentrate on the key stages of the investigation process canvassing the views of:

- Stakeholders
 - Patients, public, voluntary organisations, patient groups attending meetings
 - Patients, public, voluntary organisations, patient groups commenting by telephone/letter
- A sample of staff (from the organisation being investigated) interviewed during the course of the investigation
- Investigation team members
- Chief Executives, Chairs, Liaison Officers from the organisation being investigated
- CHI Investigations manager and coordinator
- CHI Investigations and Fast Track Clinical Governance Reviews Programme Board

7. Each of these groups were asked to comment using a specifically tailored questionnaire approximately 2 days after publication of the report. Each questionnaire was designed to elicit quantitative information, with additional space provided for written feedback and open comment. Responses were made against a five point Lickert scale (strong agree to strongly disagree). All information was treated in confidence and respondents were told that they did not need to include their names.

8. The lead investigation manager was also asked to comment (using a different questionnaire) and the key points from that are also considered in this report.

Key themes emerging from the evaluation

Detailed analysis of the questionnaires are attached as appendices A-F. Key themes can be summarised as follows:

8.1 Stakeholders (detailed analysis appendix A)

Of the 25 questionnaires circulated to stakeholders attending meetings, 25 were returned. All responded positively to their involvement and the process. Following previous evaluations, questionnaires were sent out the week of publication resulting in much greater feedback.

Of the 27 questionnaires circulated to stakeholders who spoke to CHI on the telephone, or wrote to CHI, 11 were

returned. The responses were mainly of a positive nature. Some of the comments from open questions are as follows:

- **Value of the report** - all the comments were positive except one that stated it was bad value as it promoted a negative image of a hospital that provides excellent care. This respondent also felt that the staff needed support and sympathy, not blame. One person felt that patients would feel safer and more secure since the report was published.
- **The way the patient experience was incorporated in the report** - there were varied thoughts. Two respondents felt that their comments were noted, although one commented that the 'good' was not shown equal to the 'bad'. One person commented that their concerns were not accountable in the report, that they entered the process at a late stage and were told that CHI didn't need any more information as they couldn't look at individual cases. This person also said that they could not express concerns effectively over the telephone.

Suggestions to improve the process for stakeholders

- CHI's work should be publicised more widely, with leaflets in local & national papers & TV (especially for people who are hearing impaired).
- All Trust staff should be informed of CHI's role in the NHS.
- It should be made clearer to relatives what exactly CHI does and what they can expect from a CHI investigation.
- The venue could be further away from the hospital as it holds bad memories.
- Large interview (3:1) can cause intimidation, 1:1 or 2:1 would be better

General comments

- CHI should have reassessed the police input following the removal of the lead investigating police officer's removal from the case
- Part of CHI's remit should be to refer individuals back to the police or GMC
- Report should not be the end, CHI should do unannounced visits to check uptake of new policies & procedures

- A committee of people from all sections could form a best-value group where all items could be discussed and reported
- Pleased with treatment and experience
- Possibly too much information in the report, useful to CHI and health experts but too much for a lay person. The report is too long and it would have been helpful to have a short document containing key points and findings.
- General lack of communication among staff and between hospitals needs to be resolved and between staff and relatives as well
- Still have lack of trust in hospital's treatment
- Positive, helpful outcome, professional, unfailingly courteous team from CHI.
- Stakeholders should meet prior to CHI visit to discuss and see if there are any general patterns in occurrences
- The hospital was given too much notice of the investigation & were consequently too prepared
- There is nowhere else to turn as CHI can't investigate the deaths.
- Investigation helps improve for future but fails in addressing questions of the past.

8.2 External agencies:

2 questionnaires were circulated to external agencies and 1 was returned. In the main, the comments from the one returned form were positive, although the respondent did comment they disagreed that working relationships between their communications team and the CHI communication team was good. They thought that clear links should be identified early on in the process which would ensure the smooth running of actions. General comments were that CHI's working relationship with the police made it difficult for the Regional Office to act appropriately or to be fully aware of any consequences.

8.3 Trust staff (detailed analysis appendix B)

Of the 53 questionnaires circulated, 34 were returned.

Of all the comments received, those from trust staff were the least positive. This is a common theme in the evaluations to date.

For example, with regard to information provided before interview, 15 agreed they received adequate information from CHI before their interview, 9 felt they did not. In

response to the question about the final report containing no surprises six individuals disagreed with this statement, but 21 agreed it did not contain any surprises.

There are several concerns noted from trust staff the key ones of which are grouped into the headings below:

Interview questions

- Interviewer "put words in my mouth". Felt team pursued pre-determined, narrow-minded line of questioning and did not open up questioning in response to information staff member interviewed was providing
- Questions at one point appeared to be steered towards possible negligence of Clinical Assistant
- Gave answers and information only by force of determination - was not encouraged
- Advance knowledge of specifics of questioning would have been helpful rather than cramming on everything that might be covered

Information provided

- Would have liked more practical information before interview - e.g. number of interviewers, range of skills in CHI team, whether it was possible to have a record of what was said etc.
- Clarity about purpose of investigation. Felt team unsure of its role and/or found it difficult to adhere to ToR
- More information prior to interview. Instead had to talk to colleagues already interviewed to gain greater understanding of what would be involved and required. Would have felt ill prepared had he/she not spoken to others first.

Knowledge of interviewers

- Lack of knowledge among interviewers, one of the interviewers should have been from a pharmacy background

On the other hand there was a much more positive response about the manner of team members, e.g. made people feel relaxed, were thoughtful and sympathetic. It was felt that interviewers made people feel relaxed with their thoughtful questioning approach and were attentive to comments. 21 people agreed that the site visit went well.

Recommendations made:

- Where Directors have moved on/retired, they should receive a draft copy of the investigation report to comment on
- Fact and opinion should be kept clearly separate in the CHI report
- Where CHI frames a recommendation as an opinion, this is made clear

8.4 Investigation team members (appendix C)

All 5 team members returned the questionnaire and responded very positively about their experience of being a CHI investigation team member. The team strongly agreed that they functioned well during the investigation, were well briefed before the visit, had the appropriate skills needed and their experience of being involved in the investigation was positive.

The team praised the investigation manager's approach and efforts to make all team members feel equal and were thankful for the opportunity to participate.

Recommendations:

- Earlier access to patient records
- During the site visit, investigation team had information from police and expert witnesses that the trust did not. This does not assist in promoting openness and honesty
- More time needed, but understand people will always feel there is not enough time

8.5 Chief Executives, Chairs, Liaison Officers of organisation being investigated (appendix D)

5 questionnaires were circulated and 4 were returned.

- 3 respondents agreed that information requested by CHI prior to the site visit was difficult to collate and 2 of these respondents disagreed that the interval between receiving the request for information to supply to CHI and the deadline was sufficient. It was felt that the aims and objectives of the start-up meeting were made clear and arrangements for the start-up meeting went well. There were many positive comments, such as it was felt that arrangements for the site visit went well, the information provided by CHI was adequate, and the investigation team interviewed the appropriate staff.

- 3 respondents felt that CHI's handling of the media during the process was satisfactory. All 4 respondents agreed that the structure, layout and content of the report were clear and 3 agreed that the report reflected fairly the information produced by the trust, with 1 respondent neither agreeing or disagreeing.
- It was also commented that CHI staff were sympathetic, helpful and pleasant to work with.
- Overall it was felt that they had learned from the experience and used the report to aid the action plan.
- General comments were that CHI was very professional and the investigation manager was "great" to work with.

Concerns:

- An earlier copy of final report (e.g. 48 hours before) would be helpful
- CHI should try to keep to draft report deadlines
- CHI should bear in mind that trust staff have full-time roles as well as a requirement to assist CHI. Deadlines for information were unreasonable and put unnecessary pressure on staff. More warning would be useful wherever possible.
- CHI's spending of public money. Felt it was extravagant - e.g. venue, expensive restaurants and lots of taxis. This was made worse when the trust were informed they were to foot the bill.

8.6 Investigation manager & coordinator

The comments of the lead investigation manager and the coordinator are categorised as follows:

- **Use of Winmax (now MaxQDA)** - (software system used in Clinical Governance Reviews (CGR's). This was piloted in the Gosport investigation and has worked well as a method of collation and aggregation of interview information. Practical lessons have been learnt and shared with colleagues to develop the tool further. MaxQDA is now routinely used for CHI investigations.
- **Observation work** - Used extensively in this investigation, worked well following the development of an observation tool based on Clinical Governance Review format.

- **Use of older person as lay member** - this was invaluable, though more consideration needs to be given to the intensity of the work and demands of the week.
- **Working with the police** - Mutual sharing of information, including expert witness reports. This worked well and has led to the development of a Memorandum of Understanding with police forces nationally. CHI was able to encourage the police to share their expert witness reports with the trust. Methods of joint working developed at Gosport have been shared with detectives leading work at Ashford & St Peter's.

8.7 Investigations Programme Board (appendix E)

Of the 5 questionnaires circulated, 1 was returned.

The respondent felt that the Terms of Reference for the investigation were relevant and clear, the report structure, layout and content were good and it was easy to understand. It was felt that the report failed to meet the expectation of being able to clearly say why patients had died. The respondent also felt that CHI has learned the importance of clinical reports and the importance of getting to the story and asking the relevant questions. It was also felt that the final handling of the press could have been better.

Proposed next steps

10. Many very positive comments have been made in this evaluation. However, it is important to ensure that areas of concern raised are considered in more detail and taken forward appropriately.

10.1 **Issue:** *Felt team pursued pre-determined, narrow-minded line of questioning.*

Action/response: Training of team members to reinforce need to use open-ended questions and space in interviews for interviewees to express their views.

10.2 **Issue:** *Would have liked more practical information before interview - e.g. number of interviewers, range of skills in CHI team, whether it was possible to have a record of what was said etc.*

Action: Review information sent to interviewees in advance. Ensure that interviewees received ToR and details of team membership. In notes for interviewers, ensure that it is made clear, if asked, that interviewees can receive notes of interviews.

10.3 **Issue:** *The stakeholder venue could be further away from the hospital as it holds bad memories.*

Action/response: Ensure that venues are appropriate and take into consideration proximity to site where services are provided.

10.4 **Issue:** *Stakeholder interviews are too large (3:1) can cause intimidation, 1:1 or 2:1 would be better*

Action/response: Ensure that if one person is being interviewed on their own that there are no more than two interviewers and that the person being interviewed is provided with explanation as to why there are two interviewers (good practice, need note taker).

10.5 **Issue:** *Too much information in the report, useful to CHI and health experts but too much for a lay person*

Action/response: Continuously review accessibility of information provided in report to lay people. Consideration of establishment of a reader's panel within CHI?

10.6 **Issue:** *Where CHI frames a recommendation as an opinion, this is made clear*

Action/response: Continuously review language used in CHI reports to ensure fact and opinion are clearly delineated.

10.7 **Issue:** *Clear links should be identified between the RO (DHSC) and CHI early on in the process, which would ensure the smooth running of actions*

Action/response: Investigations Managers to ensure that early contact is made with the relevant DHSC and communication channels are established.

10.8 **Issue:** *CHI's working relationship with the police made it difficult for the RO to act appropriately or to be fully aware of any consequences*

Action/response: CHI has to respect the decisions made by the police when a police investigation is running alongside a CHI investigation. CHI can ensure that there are discussions around the sharing of information as appropriate, as was the case in this investigation.

10.9 **Issue:** *Earlier access to patient records (mentioned in previous evaluation reports)*

Action: As indicated, case note reviews are now being factored into the project planning and management for investigations.

10.10 **Issue:** *An earlier copy of final report (e.g. 48 hours before) would be helpful*

Action/response: CHI has reached a clear policy decision not to routinely share the full report in advance of publication although has also agreed that there is flexibility according to the circumstances of a particular investigation. Each investigation should consider this on a case by case basis.

10.11 **Issue:** *CHI should bear in mind that trust staff have full-time roles as well as a requirement to assist CHI. Deadlines for information were unreasonable and put unnecessary pressure on staff.*

Action/response: CHI should reinforce messages at the start up meeting with the trust that the role of the liaison officer is a demanding one for the entire course of the investigation and also requires additional administrative support. CHI should share project plans as early as possible with organisations being investigated. Organisations being investigated will then be able to project manage their input for the course of the investigation.

Recommendations

11. The Programme Board is asked to NOTE the contents of this report and to APPROVE the proposed next steps outline in section 10.