

## **Stakeholder work – purpose to inform investigation process**

### **Fixed points**

**Week of 19/11 & week of 7/1**

### **Two types of stakeholder**

1. Individual patients/relatives & staff
2. Statutory - other trusts/hospitals, local GPs, patient groups etc.

Invite them to describe their/relatives experience of care at the hospital and to offer suggestions for improvement. Notes taken of all interviews, not recorded. Information given in confidence though CHI can be instructed by GMC /UKCC to disclose information

### **Possible outcomes**

*Criminal allegation – such as??*

CHI informs police – do we have to make clear that we are going to do this with interviewee?

What if criminal investigation begins during course of CHI investigation?

Who informs trust & GMC/UKCC

*Professional misconduct allegations*

CHI informs UKCC & GMC

*Concerns over conduct/outcome of police investigation*

???

### **Information**

Written information containing patient/staff (?) identifiable information should be anonymised. Presume all information is disclosable.

## Questions for TsoL

Is information gathered prior to deciding to investigate disclosable?

How closely can we work with police before seen as colluding?

Under what circumstances should CHI inform police of what it believes to be criminal allegations?

What would happen if police decide to undertake criminal investigation during the CHI investigation, either based on information given to CHI as above, or other wise?

As in the Loughborough (Peter Green) investigation, I am seeking anonymised police interview etc. records, is this the correct way to proceed given there has been no conviction?

Professor Livesley (now retired) Professor of Elderly Medicine at Chelsea & Westminster Hospital acted as expert advisor to police on first investigation. He has been advised by the MDU to release his report to named CHI staff only. Presumably, we can treat in confidence to the team, though this report could be disclosable.

1. Sharing Information
  - anonymised
  - disclosable
  
2. Stakeholder work
  - non-statutory (patients/relatives & staff)
  - statutory
  
3. Potential issues
  - criminal allegations
  - fitness to practice
  - police investigation
  
4. Report
  
5. Action planning
  
6. Publication