



Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
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Simon Gibson
Assistant Director of Medical Education and Workforce
Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

29 April 2022

Dear Sir,

Re: The Statutory Independent Public Inquiry into Urology Services in the
Southern Health and Social Care Trust

**Provision of a Section 21 Notice requiring the provision of evidence in the
form of a written statement**

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to [Personal Information redacted by the USI].

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

[Personal Information redacted by the USI]

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: [Personal Information redacted by the USI]

Mobile: [Personal Information redacted by the USI]

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 46 of 2022]

pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

Simon Gibson
Assistant Director of Medical Education and Workforce
Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 10th June 2022**.

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 3rd June 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 29th April 2022

Signed:

Personal information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry

SCHEDULE
[No 46 of 2022]

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.
2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”), except where those documents have been previously provided to the USI by the SHSCT. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. If you are in any doubt about the documents previously provided by the SHSCT you may wish to contact the Trust’s legal advisors or, if you prefer, you may contact the Inquiry.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person.

Your position(s) within the SHSCT

4. Please summarise your qualifications and your occupational history prior to commencing employment with the SHSCT.
5. Please set out all posts you have held since commencing employment with the Trust. You should include the dates of each tenure, and your duties and responsibilities in each post. Please provide a copy of all relevant job descriptions and comment on whether the job description is an accurate reflection of your duties and responsibilities in each post.
6. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.

Policies and Procedures for Handling Concerns

7. Were you aware of the '*Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance*' published 23 September 2010? If so, when you were aware of concerns, did you implement those Guidelines? If so, please set out in full how you did so on every occasion and with whom you engaged. If not, please explain why not.
8. If you were not aware of the '*Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance*' what was your understanding of the reporting of concerns relating to other doctors practices? How, if at all, did this understanding inform your response to concerns you were aware of regarding urology services?
9. In your role as Assistant Director – Medical Directorate what, if any, training or guidance did you receive with regard to;
 - I. The MHPS framework;
 - II. The Trust Guidelines; and
 - III. The handling of performance concerns generally.

10. Specifically, what if any training or guidance did you receive with regard to:

- I. The conduct of “*preliminary enquiries*” under Section I paragraph 15 of MHPS or the undertaking of an “*initial verification of the issues raised*” under paragraph 2.4 of the Trust Guidelines.
- II. Decision making by the Clinical Manager as to whether to adopt an informal approach or initiate a formal investigation.
- III. Considerations of imposition of Immediate Exclusion or restrictions under Section I paragraphs 18-27 of MHPS.
- IV. The conduct of Formal Investigations under Section 1 paragraphs 28-38 of MHPS

11. Fully describe your role with regard to the establishment, responsibilities and functioning of the ‘Oversight Group,’ as referred to at paragraph 2.5 of the 2010 Guidelines. Further, please outline how your role differed from that of other regular attendees at the ‘Oversight Group’ namely:

- a. Medical Director;
- b. Service Director;
- c. HR Director; and
- d. Medical Staffing Manager.

Handling of Concerns relating to Mr. O’Brien

12. In respect of concerns raised regarding Mr. Aidan O’Brien:

- a. When did you first become aware that there were concerns in relation to the performance of Mr. O’Brien?
- b. If different, also state when you became aware that there would be an investigation into matters concerning the performance of Mr O’Brien?
- c. Who communicated these matters to you and in what terms?
- d. Upon receiving this information what action did you take?

13. Outline the circumstances which prompted you to seek advice from NCAS on 7th September 2016, including when, by what means and in what terms did you become aware of the concerns raised? What, if any, discussions did you have with any individual, including the Medical Director, Service Director, Associate Medical Director's and other Assistant Service Director's, before contacting NCAS and what was the nature of these discussions?
14. Does the letter from NCAS dated 13 September 2016 accurately reflect the nature of the discussions you had and advice you received from NCAS at that time? Was an audit of note-taking commenced by the Trust at that time? If so please provide the outworkings from the same.
15. Outline the circumstances and the process by which you understand concerns in relation to Mr O'Brien came to be discussed by the Oversight Group on 13th September 2016 and address the following:
- From what source did the concerns and information discussed at that meeting emanate?
 - What do you understand to have been decided at that meeting?
 - What if any action did you take on foot of same?
 - If no action was taken, please explain why and refer to all relevant correspondence.
16. Outline when and in what circumstances you became aware of the following Serious Adverse Incident investigations and that they raised concerns about Mr O'Brien, and outline what action you took upon becoming aware of those concerns:
- Patient "Patient 10" (Personal Information redacted by USI)
 - The care of five patients (Personal Information redacted by USI) and
 - Patient "Patient 16" (RCA (Personal Information redacted by USI)).
17. Outline the circumstances and the process by which you understand concerns in relation to Mr O'Brien came to be discussed by the Oversight Group on 22 December 2016 and address the following:

- a. What information was before the Oversight Group on that date, and from what source did the information discussed at that meeting emanate?
- b. What do you understand to have been decided at that meeting, and what action was to take place following that meeting?
- c. What steps did you take as Medical Director to ensure that those actions took place?

18. Outline all the steps undertaken from December 2016 to January 2017 as part of the *“further scoping”* of concerns as referred to in Dr Wright’s letter dated 30 March 2017, see copy attached, in relation to the following four areas:

- I. Un-triaged referrals to Mr Aidan O’Brien;
- II. Patient notes tracked out to Mr Aidan O’Brien;
- III. Undictated patient outcomes from outpatient clinics by Mr Aidan O’Brien; and
- IV. The scheduling of private patients by Mr Aidan O’Brien.

19. With regards to your email of 30th December 2016, see copy attached, outline the actions taken to ensure that a clinical note review of all charts and referral letters returned by Mr O’Brien was undertaken prior to the end of January 2017. Who was involved in ensuring this task was completed? How was this task explained to the consultant urologists? How was the information collated, monitored and assessed and to whom was it communicated?

20. When, and in what circumstances, did you first become aware of concerns, or receive any information which could have given rise to a concern that Mr O’Brien may have been affording advantageous scheduling to private patients.

21. With reference to specific provisions of Section I of the MHPS and the Trust Guidelines, outline all steps taken by the Medical Director’s Office once a decision had been made to conduct an investigation into Mr Aidan O’Brien’s practice in line with that Framework and guidance.

22. With regard to the Return to Work Plan / Monitoring Arrangements dated 9th February 2017, see copy attached, outline your role, as well as the role of any other responsible person, in monitoring Mr O’Brien’s compliance with the Return to Work Plan and

provide copies of all documentation showing the discharge of those roles with regard to each of the four concerns identified, namely:

- I. Un-triaged referrals to Mr Aidan O'Brien;
- II. Patient notes tracked out to Mr Aidan O'Brien;
- III. Undictated patient outcomes from outpatient clinics by Mr Aidan O'Brien;
and
- IV. The scheduling of private patients by Mr Aidan O'Brien

23. What is your understanding of the period of time during which this Return to Work Plan/Monitoring Arrangements remained in operation, and which person(s) were responsible for overseeing its operation in any respect?

24. With specific reference to each of the concerns listed at (22) (I)-(IV) above, indicate if any divergences from the Return to Work Plan were identified and, if so, what action you took to address and/or escalate same.

25. Section I paragraph 37 of MHPS sets out a series of timescales for the completion of investigations by the Case Investigator and comments from the Practitioner. From your perspective as Assistant Director – Medical Directorate, what is your understanding of the factors which contributed to any delays with regard to the following:

- a. The conduct of the investigation;
- b. The preparation of the investigator's report;
- c. The provision of comments by Mr O'Brien; and
- d. The making of the determination by the Case Manager.

Outline and provide all documentation relating to any interaction which you had with any of the following individuals with regard to any delays relating to matters (I) – (IV) above, and in doing so, outline any steps taken by you in order to prevent or reduce delay:

- i. Case Manager
- ii. Case Investigator;
- iii. Designated Board member;
- iv. the HR Case Manager;
- v. Mr Aidan O'Brien; and
- vi. Any other relevant person under the MHPS framework and the Trust Guidelines.

26. Outline what steps, if any, you took during the MHPS investigation, and outline the extent to which you were kept apprised of developments during the MHPS investigation?

MHPS Determination

27. On 28 September 2018, Dr Ahmed Khan, as Case Manager, made his Determination with regard to the investigation into Mr O'Brien. This Determination, inter alia, stated that the following actions take place:

- a. The implementation of an Action Plan with input from Practitioner Performance Advice, the Trust and Mr O'Brien to provide assurance with monitoring provided by the Clinical Director;
- b. That Mr O'Brien's failing be put to a conduct panel hearing; and
- c. That the Trust was to carry out an independent review of administrative practices within the Acute Directorate and appropriate escalation processes.

With specific reference to each of the determinations listed at (I) – (III) above address:

- i. Who was responsible for the implementation of each of these actions?
- ii. To the best of your knowledge, outline what steps were taken to ensure that each of these actions were implemented; and
- iii. If applicable, what factors prevented that implementation.
- iv. If the Action Plan as per 27(I) was not implemented, fully outline what steps or processes, if any, were put in place to monitor Mr

O'Brien's practice, and identify the person(s) who were responsible for these? Did these apply to all aspects of his practice and, if not, why not?

Implementation and Effectiveness of MHPS

28. Having regard to your experience as Assistant Director – Medical Directorate, in relation to the investigation into the performance of Mr Aidan O'Brien, what impression have you formed of the implementation and effectiveness of MHPS and the Trust Guidelines both generally, and specifically as regards the case of Mr O'Brien?
29. Consider and outline the extent to which you feel you can effectively discharge your role under MHPS and the Trust Guidelines in the extant systems within the Trust and what, if anything, could be done to strengthen or enhance that role.
30. Having had the opportunity to reflect, outline whether in your view the MHPS process could have been better used in order to address the problems which were found to have existed in connection with the practice of Mr O'Brien.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

UROLOGY SERVICES INQUIRY

USI Ref: Notice 46 of 2021

Date of Notice: 29th April 2022

Witness Statement of: Mr Simon Gibson

I, Simon Gibson, will say as follows:-

- 1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.**

1.1 I was involved in matters within the scope of the Public Inquiry covering two time periods, from April 2007 – September 2009 as Assistant Director for Surgery & Elective Care and from April 2016 to now, in my role as Assistant Director to the Medical Director.

1.2 In my role as Assistant Director for Surgery & Elective Care, my responsibility was to lead on all aspects of the service provision under my responsibility, including General Surgery, Urology, ENT, Trauma & Orthopaedics, Oral Surgery and outpatients. I attended Senior Management Team meetings with other Assistant Directors across Acute Services, where a wide range of topics relating to performance, finance, HR and governance were considered. I have answered a wide range of questions in relation to this tenure in Section 21 No 17 of 2022, submitted on 27th June 2022.



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1.3 In my role as Assistant Director to the Medical Director, my responsibility was and is to support the Medical Director by leading on a number of key functions:

- a) Undergraduate medical education
- b) Postgraduate medical education
- c) Medical Revalidation & Appraisal
- d) Research & Development
- e) Emergency Planning & Business Continuity
- f) Supporting doctors in difficulty

1.4 My duties include meeting with the teams within each of these areas to take forward issues and opportunities to improve the services provided. I do not in this role have direct responsibility for managing Urology.

- 2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"), except where those documents have been previously provided to the USI by the SHSCT. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.**

2.1 This witness statement includes 26 appendices, which include new appendices provided to the USI.

- 3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there**



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are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you are in any doubt about the documents previously provided by the SHSCT you may wish to discuss this with the Trust's legal advisors, or, if you prefer, you may contact the Inquiry.

3.1 The below text answers the remaining questions in this Notice.

Your position(s) within the SHSCT

4. Please summarise your qualifications and your occupational history prior to commencing employment with the SHSCT.

4.1 My qualifications are:

- a) BSC (Hons) Public Sector Management – 1991 – Sheffield Hallam University
- b) Post-Graduate Diploma Health Economics & Management – 1999 – Queens University, Belfast

4.2 My occupational history prior to commencing employment with the Southern Trust is summarised in the below table:

From	Until	Role	Organisation
1991	1995	Contracts and Marketing Manager	Rotherham Hospitals NHS Trust
1995	2002	GP Fundholding Manager	Bangor Health Centre
2002	2005	Senior Manager	Lisburn Health & Social Care Group
2005	2007	Senior Manager	Newry Health & Social Care Group

5. Please set out all posts you have held since commencing employment with the Trust. You should include the dates of each tenure, and your duties and responsibilities in each post. Please provide a copy of all relevant job



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descriptions and comment on whether the job description is an accurate reflection of your duties and responsibilities in each post.

5.1

From	Until	Job Title
April 2007	September 2009	Assistant Director, Surgery and Elective Care
<p>Duties and responsibilities:</p> <p>To operationally manage the surgical services and specialties within the Southern Trust. These specialties were:</p> <ul style="list-style-type: none"> • General Surgery • Urology • ENT • Trauma & Orthopaedics • Oral Surgery • Outpatients <p>To ensure that all elective targets were achieved and governance issues were managed.</p> <p>The elective targets were:</p> <ul style="list-style-type: none"> • Maximum 9 week waiting time for new outpatient appointments • Maximum 13 week waiting time for day case surgery • Maximum 13 week waiting time for inpatient surgery <p>The governance issues would have included responding to complaints, IR1's and issues identified on the Risk Register.</p> <p>Appendix a1 (Assistant Director of Surgery and Elective Care: Job description. April 2007. This document can be found as an Appendix to this statement) The job description is an accurate reflection of my duties and responsibilities in this post. <i>Relevant document can be located at S21 No 46 of 2022 Attachments, 1. SEC job description</i></p>		



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5.2

From	Until	Job Title
September 2009	November 2013	Assistant Director, Best Care, Best Value and Income Generation
<p>Duties and responsibilities:</p> <p>The duties and responsibilities were to find new ways to address the financial gap within Acute Services and to explore new ways of delivering Acute Services in accordance with best practice, whilst achieving financial balance in the future.</p> <p>(Appendix a2 – JD Best Care, Best Value 2009 This document can be found as an Appendix to this statement) The job description is an accurate reflection of my duties and responsibilities in this post. <i>Relevant document can be located at S21 No 46 of 2022 Attachments, 2. JD Best Care Best Value</i></p>		

5.3

From	Until	Job Title
November 2013	April 2016	Assistant Director, Medicine and Unscheduled Care
<p>Duties and responsibilities:</p> <p>To operationally manage the medical services and specialties which were under my remit within the Southern Trust. The specialties were:</p> <ul style="list-style-type: none"> Neurology 		



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- Dermatology
- Respiratory
- Nephrology
- Stroke
- Acute Geriatric medicine
- Cardiology
- Gastroenterology
- Endocrine/Diabetology
- Rheumatology

To ensure that all elective targets were achieved and governance issues were managed.

The elective targets were:

- Maximum 9 week waiting time for new outpatient appointments
- Maximum 13 week waiting time for day case surgery

The governance issues would have included responding to complaints, IR1's and issues identified on the Risk Register.

(Appendix a3 – AD Acute MUC BC 2013. This document can be found as an Appendix to this statement) The job description is an accurate reflection of my duties and responsibilities in this post. *Relevant document can be located at S21 No 46 of 2022 Attachments, 3. AD Acute MUC BC.*

5.4

From	Until	Job Title
April 2016	Current post	Assistant Director, Medical Directors Office
Duties and responsibilities: The role of this post is to deliver on the strategic and operational priorities of the Medical		



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Directorate, with a focus on, Medical leadership, Medical revalidation & Appraisal, Medical Job planning, Medical leadership development and delivering on the Medical Directors/AMDs identified priorities. It also has responsibility for Medical education (both Undergraduate training and Postgraduate training), as well as Research & Development and Business continuity & emergency planning.

(Appendix a4 – AD Medical Directorate 2022. This document can be found as an Appendix to this statement) The job description is an accurate reflection of my duties and responsibilities in this post. *Relevant document can be located at S21 No 46 of 2022 Attachments, 4. JD Assistant Director – Medical Directorate as at 2022.*

6. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.

Role of Assistant Director, Surgery and Elective Care April 2007 – September 2009

6.1 Within this role, I reported directly to the Director of Acute Services, Jim McCall and his successor, Joy Youart. I had management responsibility for inpatient wards, day case and outpatient activity for the specialities of - General Surgery, Urology, Ophthalmology, ENT, Trauma & Orthopaedics and the Outpatient departments.

6.2 I had line management responsibility for Noeleen O'Donnell (Head of Service for General Surgery, ENT and Urology), Caitriona McGoldrick (Nurse Manager), Roberta Wilson (Head of Service for Trauma and Orthopaedics),



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Louise Devlin (Head of Service for Outpatients and Ophthalmology) and Sharon Glenny (Operational Support Lead).

Role of Assistant Director, Best Care, Best Value October 2009 – July 2011

6.3 Within this role, I reported directly to the Director of Acute Services, Joy Youart and her successors Dr Gillian Rankin and Debbie Burns. I had responsibility across the totality of Acute Services for achieving financial savings within the Acute Services Directorate. I had no line management responsibility for staff in this post.

Role of Assistant Director, Medicine and Unscheduled Care August 2011 – March 2016

6.4 Within this role, I reported directly to the Director of Acute Services, Debbie Burns and her successor Esther Gishkori. I had management responsibility for inpatient wards, day case and outpatient activity for the specialities of Neurology, Dermatology, Respiratory, Nephrology, Stroke, Geriatric Medicine, Cardiology, Gastroenterology, Endocrinology and Rheumatology.

6.5 I had line management responsibility for the Heads of Services who managed these specialties – Kay Carroll (Cardiology, Dermatology, Neurology), Eileen Murray (Nephrology, Respiratory), Caitriona McGoldrick (Geriatric, rehab and Stroke) and Louise Devlin (Endocrinology, Gastroenterology and Rheumatology). This is detailed in Appendix 1 (Medicine and Unscheduled Care Organisational Chart. 2014. This document can be found as an Appendix to this statement). *Relevant document can be located at S21 No 46 of 2022 Attachments 5. MUSC Organisational chart 2014*



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Role of Assistant Director, Medical Education and Workforce April 2016 – to present

6.6 Within this role, I report directly to the Medical Director, Dr Richard Wright and his successors, Dr Ahmed Khan and Dr Maria O’Kane. I have management responsibility for Medical Education, Medical Revalidation and Appraisal, Emergency Planning & Business Continuity and Research & Development. I have line management responsibility for the managers of each of these teams as detailed in Appendix 2. (Medical Directors Office. 2019. This document can be found as an Appendix to this statement). *Relevant document can be located at S21 No 46 of 2022 Attachment, 6. Medical Directors ORG CHART Dec 2018 - July 2019*

Policies and Procedures for Handling Concerns

7. Were you aware of the ‘Trust Guidelines for Handling Concerns about Doctors’ and Dentists’ Performance’ published 23 September 2010? If so, when you were aware of concerns, did you implement those Guidelines? If so, please set out in full how you did so on every occasion and with whom you engaged. If not, please explain why not.

7.1 My recollection is that I became aware of the “Trust Guidelines for Handling Concerns about Doctors’ and Dentists’ Performance” during the initial investigation into Mr O’Brien in August 2016. This is the first time I recall being aware of these guidelines from taking up my role as Assistant Director in April 2016. Whilst I was aware of these guidelines, in my role as Assistant Director, Medical Education and Workforce, I was not responsible for initiating investigations into concerns relating to medical staff. I was aware of the concerns relating to:

- a) Untriaged outpatient referral letters
- b) Outpatient review backlog
- c) Patients notes at home



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d) Recording outcomes of consultations and inpatient discharges

7.2 My role was to assist the Medical Director in his defined role, which was to ensure that the Trust Guidelines were implemented. Therefore, I was not required to implement these guidelines as I had no defined role within these guidelines; my role was to take direction from the Medical Director and act as he or she directed. I acted in this way for all MHPS cases as they arose. This assistance could take the form of minuting meetings, drafting agendas as instructed by the Medical Director or organising the meeting.

8. If you were not aware of the ‘Trust Guidelines for Handling Concerns about Doctors’ and Dentists’ Performance’ what was your understanding of the reporting of concerns relating to other doctors practices? How, if at all, did this understanding inform your response to concerns you were aware of regarding urology services?

8.1 As responded in Paragraph 7.1, my recollection is that I was first aware of these guidelines in August 2016.

9. In your role as Assistant Director – Medical Directorate what, if any, training or guidance did you receive with regard to;

I. The MHPS framework;

II. The Trust Guidelines; and

III. The handling of performance concerns generally.

The MHPS Framework

9.1 On 30th August 2016, I attended training on the MHPS Framework as part of training as a Case Manager by NCAS, the National Clinical Advisory Service (Appendix 3 – Certificate of attendance. This document can be found as an Appendix to this statement). *Relevant document can be located at S21 No 46 of 2022 Attachments, 7. Certificate of Attendance – NCAS training 16th August 2016.* This was the first training I had received on the MHPS



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framework as I came into this post in April 2016. The training was a full day of training delivered by Dr Colin Fitzpatrick from NCAS.

The Trust guidelines

9.2 I participated in Case Investigator training delivered through the Southern Trust in March 2017. The purpose of attending this training was to understand the processes involved in Case Investigator. This was the first training I had received on the Trust guidelines.

The handling of performance concerns generally.

9.3 I don't recall receiving any training on the handling of performance concerns generally.

10. Specifically, what if any training or guidance did you receive with regard to:

I. The conduct of "*preliminary enquiries*" under Section I paragraph 15 of MHPS or the undertaking of an "*initial verification of the issues raised*" under paragraph 2.4 of the Trust Guidelines.

II. Decision making by the Clinical Manager as to whether to adopt an informal approach or initiate a formal investigation.

III. Considerations of imposition of Immediate Exclusion or restrictions under Section I paragraphs 18-27 of MHPS.

IV. The conduct of Formal Investigations under Section 1 paragraphs 28-38 of MHPS

10.1 The training provided at each of these two events referred to in my answer to Question 9 covered the full range of MHPS, including:

- a) Preliminary enquiries and initial verification of the issues raised. This was covered in training around Slide 25 "Preliminary gathering of facts".
- b) Decision making. This was covered in training around Slide 23-24 "When investigation is likely to be appropriate".



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- c) Restrictions and exclusions. This was covered in training around Slide 27 “Exclusions/restrictions/suspensions”.
- d) Conduct of a formal investigation. This was covered in the slides 29 – 80, which covered:
 - i. Investigation roles and responsibilities
 - ii. Starting the Investigation
 - iii. Gathering evidence
 - iv. Gathering evidence from interviews
 - v. Documentation and report writing

10.2 The detail of this training is contained in Appendix 3a and 3b Day 1 and Day 2 CI Secondary. This document can be found as an Appendix to this statement (*relevant documents can be located at S21 No 46 of 2022 Attachments, 8. Day 1 CI SECONDARY 161123 and 9. Day 2 CI SECONDARY 161123*)

11. Fully describe your role with regard to the establishment, responsibilities and functioning of the ‘Oversight Group,’ as referred to at paragraph 2.5 of the 2010 Guidelines. Further, please outline how your role differed from that of other regular attendees at the ‘Oversight Group’ namely:

- a. Medical Director;**
- b. Service Director;**
- c. HR Director; and**
- d. Medical Staffing Manager.**

11.1 My role with regard to the functioning of the Oversight Committee was administrative in nature, assisting with the organisation of the meeting, creating the agenda after taking direction from the Medical Director and taking the action notes at the meeting.



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11.2 My role differed from the roles of Medical Director, Service Director and HR Director as these attendees were “core” members of the Oversight Group, whereas I was not. The Directors had defined roles within the guidelines, whereas I did not. I was not a substantive member of the Oversight Group but was rather noted as being “in attendance”. The roles of the Medical Director, Service Director and HR Director were to consider the cases being presented and make decisions as appropriate. I did not fulfil this role as a decision maker.

Handling of Concerns relating to Mr. O’Brien

12. In respect of concerns raised regarding Mr. Aidan O’Brien:

a. When did you first become aware that there were concerns in relation to the performance of Mr. O’Brien?

12.1 I first became aware that there were concerns in relation to the performance of Mr O’Brien just prior to 18th August 2016 when Dr Richard Wright as Medical Director verbally briefed me on some issues of concern. I am uncertain as to the exact date of this, but to my recollection it would have been shortly before I wrote the email on 18th August 2016. (Appendix 4 Email 20160818 Confidential – Mr A O’Brien. *Relevant document can be located at, Relevant to MDO/Evidence after 4 November MDO/Reference no 77/no 77 - Simon Gibson/20160818 Email CONFIDENTIAL - Dr A O’Brien*)

b. If different, also state when you became aware that there would be an investigation into matters concerning the performance of Mr O’Brien?

12.2 I became aware that there would be an investigation into matters concerning the performance of Mr O’Brien on 13th September 2016, during the Oversight Committee held on that day. Dr Wright as Medical Director made the decision to convene this meeting and chaired the meeting. The HR Director Mrs Vivienne Toal was at the meeting along with Mrs Esther Gishkori as Acute Services Director. I was not there as a formal member of the



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Oversight Committee, but in attendance only in my role as Assistant Director, along with Malcom Clegg, the Medical Staffing Manager (Appendix 5 20160913 Oversight Committee Action notes. This document is attached as an Appendix to this statement). *Relevant document can be located at S21 No 46 of 2022 Attachments, 10. 20160913 Action Note Oversight Committee*

c. Who communicated these matters to you and in what terms?

12.3 Dr Richard Wright communicated these matters to me, in terms of their being in relation to four areas of Mr O'Brien's practice, namely:

- a) Untriaged outpatient referral letters
- b) Outpatient review backlog
- c) Patients notes at home
- d) Recording outcomes of consultations and inpatient discharges

d. Upon receiving this information what action did you take?

12.4 Upon receiving the information that there were concerns in relation to four areas of Mr O'Brien's practice, I wrote to Martina Corrigan on 18th August 2016. I wrote seeking information as, at the same time I became aware there were concerns, Dr Wright requested that I complete a screening report of the range of concerns identified. I completed this screening report on ~~7th~~ September 2016. *Relevant document can be located at, Relevant to HR/Evidence after 4 November HR/Reference 77/ Toal no 77/20160906 Attachment_AOB Screening Report*

Note: As per addendum to this witness statement at TRU-320001 to TRU-320004 the highlighted date should read the 5th and not the 7th. Annotated by the Urology Services Inquiry.

12.5 The purpose of this Screening report was to provide detail on the areas of concern identified and allow Dr Wright to convene an Oversight Committee to consider the content of the Screening report.



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13. Outline the circumstances which prompted you to seek advice from NCAS on 7th September 2016, including when, by what means and in what terms did you become aware of the concerns raised? What, if any, discussions did you have with any individual, including the Medical Director, Service Director, Associate Medical Director's and other Assistant Service Director's, before contacting NCAS and what was the nature of these discussions?

131 As detailed in my response to Question 12a. I became aware of concerns raised shortly before 18th August 2016, when Dr Wright briefed me on a range of concerns. When I completed the screening report on 7th September 2016, I discussed this report informally with Dr Wright as Medical Director, who wished to convene an Oversight Committee to formally consider this screening report and determine the next steps. The date for this Oversight Committee was set for 12th September 2016. To assist the consideration of the Oversight Committee, Dr Wright requested that I seek the advice of NCAS, which I did by telephone on the same day.

Note: As per addendum to this witness statement at TRU-320001 to TRU-320003 the highlighted date should read the 5th and not the 7th. Annotated by the Urology Services Inquiry.

132 I had no discussions with the Service Director, Associate Medical Director's and other Assistant Service Director's.

14. Does the letter from NCAS dated 13 September 2016 accurately reflect the nature of the discussions you had and advice you received from NCAS at that time? Was an audit of note-taking commenced by the Trust at that time? If so please provide the outworkings from the same.

141 From my recollection, the letter accurately reflected the nature of the discussions held with Dr Colin Fitzpatrick at NCAS at that time. Dr Fitzpatrick wrote the letter which confirmed our discussions. In relation to the note-taking audit, this was in reference to one of the four concerns identified, namely:



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a) Recording outcomes of consultations and inpatient discharges

14.2 This audit was to form part of the MHPS investigation which was agreed at the Oversight meeting on 13th September 2016 (Appendix 5). 10. *Relevant document can be located at S21 No 46 of 2022 Attachments, 20160913 Action Note Oversight Committee.* This was included in the draft letter prepared for sending to Mr O'Brien. *Relevant document can be located at, Relevant to MDO/Evidence after 4 November MDO/Reference no 77/no 77 - Simon Gibson/20160913 Email Letter to AOB - first draft*

14.3 I don't believe that the note-taking audit was commenced at that time, as Mrs Gishkori decided as Operational Director to take a different approach to the MHPS investigation recommended by the Oversight Committee.

14.4 The Oversight Committee recommended an action plan with a 4-week timescale to address the 4 main areas of Mr O'Brien's practice that were causing concern i.e., untriaged letters, outpatient review backlog, taking patient notes home and recording outcomes of consultations and discharges.

14.5 Gishkori's approach was instead to ask Dr McAllister and Mr Weir to work locally with Mr O'Brien: "They have plenty of ideas to try out and since they are both relatively new into post, I would like try their strategy first. I am therefore respectfully requesting that the local team be given 3 more calendar months to resolve the issues raised in relation to Mr O'Brien's performance".

14.6 (Appendix 9 20160915 Email Dr R Wright to E Gishkori re Oversight Committee. *Relevant document can be located at Relevant to HR/Evidence after 4 November HR/Reference 77/V Toal no 77/20160915 Email Dr R Wright to EG_re oversight meeting re AOB Appendix 15 Email R Wright to S Gibson not proceeding with MHPS.* This document is attached as an Appendix to this document). *Relevant document can be located at S21 No 46 of 2022 Attachments, 11. Email E Gishkori not proceeding with MHPS.*



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14.7 As a result of this decision, the draft letter was not sent. Dr Wright did seek to clarify the next steps in his email to Mrs Gishkori:

“Before I would consider conceding to any delay in moving forward with what was our agreed position after the oversight meeting I would need to see what plans are in place to deal with the issues and understand how progress would be monitored over the three month period. Perhaps when we have seen these we could meet again to consider.”

14.8 I have no record or recollection of such a plan being received by Dr Wright from Mrs Gishkori in relation to the provision of this plan

15. Outline the circumstances and the process by which you understand concerns in relation to Mr O’Brien came to be discussed by the Oversight Group on 13th September 2016 and address the following:

a. From what source did the concerns and information discussed at that meeting emanate?

15.1 My understanding is that on 9th August 2016 (Appendix 7 Email Confidential This document is attached as an Appendix to this statement) *Relevant document can be located at S21 No 46 of 2022 Attachments, 12. 20160608 Email attachment.* Dr Wright wrote to Martina Corrigan seeking an update on concerns relating to Mr O’Brien. I was not copied into this email, but the response that Martina Corrigan provided to Dr Wright was the basis for Dr Wright approaching me to request that I gather the facts into a screening report. As requested, I gathered the quantitative facts which emanated from this email correspondence in relation to Mr O’Brien’s performance and compiled these into a screening report under the categories of:

- a) Untriaged outpatient referral letters
- b) Outpatient review backlog
- c) Patients notes at home



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d) Recording outcomes of consultations and inpatient discharges

b. What do you understand to have been decided at that meeting?

15.2 It was my understanding that an informal investigation under MHPS would be undertaken.

c. What if any action did you take on foot of same?

15.3 As a result of the decision taken at that meeting, on 13th September 2016 I drafted a letter on behalf of Dr Wright to be sent to Mr O'Brien. This letter, which is attached, outlined the approach to be taken and the steps Mr O'Brien was to address. *Relevant document can be located at, Relevant to HR/Evidence after 4 November HR/Reference 77/S Hynds no 77/20160913 Email Draft letter to AOB_Simon Gibson*

d. If no action was taken, please explain why and refer to all relevant correspondence.

15.4 On 15th September 2016, I was made aware by email (Appendix 15 Email E Gishkori not proceeding with MHPS. This document is attached as an Appendix to this document) *relevant document can be located at S21 No 46 of 2022 Attachments, 11. Email E Gishkori not proceeding with MHPS* that Mrs Gishkori, Director of Acute Services, had made a decision to pursue a different course and resolve these issues informally. Specifically, Mrs Gishkori approach was instead to ask Dr McAllister and Mr Weir to work locally with Mr O'Brien: "They have plenty of ideas to try out and since they are both relatively new into post, I would like try their strategy first. I am therefore respectfully requesting that the local team be given 3 more calendar months to resolve the issues raised in relation to Mr O'Brien's performance".



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15.5 As detailed above, the investigation was not commenced, as Mrs Gishkori decided as Operational Director to take a different approach to the MHPS informal investigation recommended by the Oversight Committee (Appendix 9 20160915 Email Dr R Wright to E Gishkori re Oversight Committee. *Relevant document can be located at Relevant to HR/Evidence after 4 November HR/Reference 77/ Toal no 77/ 20160915 Email Dr Wright to EG_re oversight meeting re AOB* Appendix 15 Email E Gishkori not proceeding with MHPS. This document is attached as an Appendix to this document). *Relevant document can be located at S21 No 46 of 2022 Attachments, 11. Email E Gishkori not proceeding with MHPS*

15.6 Mrs Gishkori wrote to Dr Wright on 15th September 2016:

“Actually, Charlie and Colin Weir already have plans to deal with the urology backlog in general and Mr O’Brien’s performance was of course, part of that.

15.7 Now that they both work locally with him, they have plenty of ideas to try out and since they are both relatively new into post, I would like try their strategy first. I am therefore respectfully requesting that the local team be given 3 more calendar months to resolve the issues raised in relation to Mr O’Brien’s performance.

15.8 I appreciate you highlighting the fact that this long running issue has not yet been resolved. However, given the trust and respect that Mr O’Brien has won over the years, not to mention his life-long commitment to the urology service which he built up singlehandedly, I would like to give my new team the chance to resolve this in context and for good. This I feel would be the best outcome all round”.

15.9 As a result of this decision, the draft letter was not sent. Dr Wright did seek to clarify the next steps in his email response to Mrs Gishkori, also on 15th September 2016:

“Before I would consider conceding to any delay in moving forward with what was our agreed position after the oversight meeting I would need to see what



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plans are in place to deal with the issues and understand how progress would be monitored over the three month period. Perhaps when we have seen these we could meet again to consider.”

15.10 I have no record or recollection of such a plan being received by Dr Wright from Mrs Gishkori in relation to the provision of this plan.

16. Outline when and in what circumstances you became aware of the following Serious Adverse Incident investigations and that they raised concerns about Mr O'Brien, and outline what action you took upon becoming aware of those concerns:

- I. Patient “Patient 10” (Personal Information redacted by USI),
- II. The care of five patients (Personal Information redacted by USI); and
- III. Patient “Patient 16” (Personal Information redacted by USI).

16.1 I became aware of Patient Patient 10 when the RCA was provided as a paper at the Oversight meeting on 22nd December 2016. I became aware of RCA 69120 and 69133 by email from Melanie McClements on 20th February 2020 (Appendix 13 20200213 Email SAI papers as agreed. *Relevant document can be located at Relevant to HR/Evidence after 4 November HR/Reference 77/V Toal no 77/20200213 Email from M McClements with SAI paper attachments*

16.2 Once a formal MHPS investigation was commenced in 2017, I was no longer directly involved in the investigation of Mr O'Brien, and so I took no action on receipt of the Patient 10 RCA, as I was aware they formed part of a formal MHPS process.

16.3 Due to the MHPS investigation, I took no action on receipt of RCA (Personal Information redacted by USI) and (Personal Information redacted by USI)



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16.4 However, I was aware that RCA's were ongoing, as these were reported by the Medical Director to the Employment Liaison Advisor (ELA) of the GMC, at meetings generally held quarterly with them between 2017 and 2020. I attended these meetings, along with the GMC ELA, the Medical Director and sometimes staff from the Medical HR Department.

17. Outline the circumstances and the process by which you understand concerns in relation to Mr O'Brien came to be discussed by the Oversight Group on 22 December 2016 and address the following:

a. What information was before the Oversight Group on that date, and from what source did the information discussed at that meeting emanate?

17.1 There was an Oversight meeting on 12th October 2016 to consider and review a number of ongoing investigations, of which Mr O'Brien's was one. It was agreed to keep the case of Mr O'Brien. ~~under review as he was on sick leave at that time.~~

Note: As per addendum to this witness statement at TRU-320001 to TRU-320003 the words highlighted should be deleted as Mr Gibson accepts that Mr O'Brien was not on sick leave. Annotated by the Urology Services Inquiry.

17.2 As a result of this decision to keep the case under review, there was a subsequent Oversight Group meeting on 22nd December specifically to consider the case of Mr O'Brien. The information before the Oversight Committee is as detailed in Appendix 10 (20161222 Action note 22nd December AOB. This document was provided by Dr Tracey Boyce and Mr Ronan Carroll. *Relevant document can be located at Relevant to Acute/Evidence after 10 December Acute/Document No 77 Esther Gishkori/20170124 Action Note 20161222*

b. What do you understand to have been decided at that meeting, and what action was to take place following that meeting?

17.3 The decision at that meeting was for Dr Wright to make contact with Mr O'Brien and inform him of the decision to exclude Dr O'Brien for the duration of a formal investigation under the MHPS guidelines using an NCAS



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approach. It was also agreed for Dr Wright to make contact with NCAS to seek confirmation of this approach and aim to meet Dr O'Brien on Friday 30th December to inform him of this decision and follow this decision up in writing after the meeting.

c. What steps did you take as Medical Director to ensure that those actions took place?

17.4 In relation to point C of this question, I assume being addressed as Medical Director is a typo and will respond in my role as Assistant Director. I took no steps to ensure these actions took place, as was aware that an HR expert had been appointed to support Dr Wright in the MHPS process.

18. Outline all the steps undertaken from December 2016 to January 2017 as part of the “further scoping” of concerns as referred to in Dr Wright’s letter dated 30 March 2017, see copy attached, in relation to the following four areas:

- I. Un-triaged referrals to Mr Aidan O'Brien;**
- II. Patient notes tracked out to Mr Aidan O'Brien;**
- III. Undictated patient outcomes from outpatient clinics by Mr Aidan O'Brien; and**
- IV. The scheduling of private patients by Mr Aidan O'Brien.**

18.1 I had no involvement in these steps, as they were undertaken by Ronan Carroll and Martina Corrigan, as detailed in the last paragraph of page 3 of Dr Wright’s letter dated 30th March 2017.

19. With regards to your email of 30th December 2016, see copy attached, outline the actions taken to ensure that a clinical note review of all charts and referral letters returned by Mr O'Brien was undertaken prior to the end of January 2017. Who was involved in ensuring this task was completed? How was this task explained to the consultant



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urologists? How was the information collated, monitored and assessed and to whom was it communicated?

19.1 I had no involvement in these actions - as noted in my email of 30th December 2016, this was the responsibility of Ronan Carroll, so I am not aware of the actions undertaken or the other issues being questioned.

20. When, and in what circumstances, did you first become aware of concerns, or receive any information which could have given rise to a concern that Mr O'Brien may have been affording advantageous scheduling to private patients.

20.1 I first became aware of these concerns when ~~considering the Case Manager's determination in September 2018~~

As per addendum to this witness statement at TRU-320001 to TRU-320003 the words highlighted above should read "assisting the Medical Director draft the Terms of Reference in December 2016, and having received an email from Ronan Carroll on 28th December 2016 at 11:15". Annotated by the Urology Services Inquiry.

21. With reference to specific provisions of Section I of the MHPS and the Trust Guidelines, outline all steps taken by the Medical Director's Office once a decision had been made to conduct an investigation into Mr Aidan O'Brien's practice in line with that Framework and guidance.

21.1 Once a decision had been taken to conduct an investigation in December 2016, ~~I was not involved in the subsequent steps of this process.~~

As per addendum to this witness statement the words highlighted above should read "I was involved in some subsequent steps of this process, as I assisted in drafting the Terms of Reference and subsequently in suggesting amendments on 19th January 2017." Annotated by the Urology Services Inquiry.

21.2 In relation to the steps taken by the Medical Director's Office once a decision had been taken to conduct an investigation, these were to appoint a Case Investigator (initially Colin Weir, then Neta Chada), Case Manager (Ahmed Khan) and HR support (initially Lynne Hainey and then Siobhan Hynds).

22. With regard to the Return to Work Plan / Monitoring Arrangements dated 9th February 2017, see copy attached, outline your role, as well as the role of any other responsible person, in monitoring Mr O'Brien's



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compliance with the Return to Work Plan and provide copies of all documentation showing the discharge of those roles with regard to each of the four concerns identified, namely:

- I. Un-triaged referrals to Mr Aidan O'Brien;**
- II. Patient notes tracked out to Mr Aidan O'Brien;**
- III. Undictated patient outcomes from outpatient clinics by Mr Aidan O'Brien; and**
- IV. The scheduling of private patients by Mr Aidan O'Brien**

22.1 I had no role in monitoring Mr O'Brien's compliance with the Return-to-Work plan, as this was undertaken by the operational managers (Esther Gishkori as Acute Services Director, supported by Martina Corrigan (Head of Service) and Ronan Carroll (Assistant Director)), in accordance with the action plan.

23. What is your understanding of the period of time during which this Return to Work Plan/Monitoring Arrangements remained in operation, and which person(s) were responsible for overseeing its operation in any respect?

23.1 I have no understanding of the period of time during which the monitoring arrangements remained in operation. I had no direct knowledge of the monitoring arrangements, as I was not involved in them, but I can't see any timescale noted within the Return to Work plan. From the plan, it appears that Ronan Carroll, Assistant Director was responsible for overseeing its operation, with the Case Manager (Dr Ahmed Khan) informed of any deviation from compliance.

24. With specific reference to each of the concerns listed at (22) (I)-(IV) above, indicate if any divergences from the Return to Work Plan were identified and, if so, what action you took to address and/or escalate same.



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24.1 I was made aware of divergences from the Return-to-Work Plan in an email from Mr Colin Weir on 18th October 2018 (Appendix 11 20181018 Email re Return to work action plan. *Relevant document can be located at Relevant to MDO/Evidence after 4 November MDO/Reference no 77/no 77 Dr Khan and Dr Wright emails/20181018 Email RE Return to Work Action Plan February 2017 FINAL* which related to undictated letters and notes being kept in Mr O'Brien's office. This email was sent to myself and Dr Ahmed Khan who was Case Manager and acting Medical Director. I had no further involvement at this time, as the Case Manager was dealing with this through established HR processes. I was not involved in any meetings and had no interaction with this process.

24.2 I was informed again of divergences from the Return-to-Work Plan by email from Dr Ahmed Khan on 17th September 2019 (Appendix 12 20190918 Email AOB Concerns – escalation. *Relevant document can be located at Relevant to PIT/Evidence after 4 November 2021 PIT/Reference 77/reference 77 - Martina Corrigan/20190918-email AOB concerns escalation* which related to undictated letters and untriaged referrals. This same email was also sent to Dr Ahmed Khan as Case Manager at the same time by Martina Corrigan. I had no further involvement at this time, as the Case Manager was dealing with this through established HR processes.

25. Section I paragraph 37 of MHPS sets out a series of timescales for the completion of investigations by the Case Investigator and comments from the Practitioner. From your perspective as Assistant Director – Medical Directorate, what is your understanding of the factors which contributed to any delays with regard to the following:

- a. The conduct of the investigation;**
- b. The preparation of the investigator's report;**
- c. The provision of comments by Mr O'Brien; and**
- d. The making of the determination by the Case Manager.**



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Outline and provide all documentation relating to any interaction which you had with any of the following individuals with regard to any delays relating to matters (I) – (IV) above, and in doing so, outline any steps taken by you in order to prevent or reduce delay:

- i. Case Manager**
- ii. Case Investigator;**
- iii. Designated Board member;**
- iv. the HR Case Manager;**
- v. Mr Aidan O'Brien; and**
- vi. Any other relevant person under the MHPS framework and the Trust Guidelines.**

25.1 I was not involved in any way with the MHPS investigation, as I had no role within the investigation. I do not recall having any interaction with any of the individuals in relation to the MHPS investigation as it proceeded.

25.2 I was not aware of any factors contributing to any delays, as I had no involvement.

26. Outline what steps, if any, you took during the MHPS investigation, and outline the extent to which you were kept apprised of developments during the MHPS investigation?

26.1 I was not involved in any way with the MHPS investigation, as I had no role within the investigation. I do not recall being apprised by any of the individuals (Case Investigator, Neta Chada and Case Manager Ahmed Khan) in relation to the MHPS investigation as it proceeded, although this case came up in discussions with the Employment Liaison ELA from the GMC during the 2018 – 2020 period. During these meetings, the ELA was informed that the investigation was ongoing. It was noted that the investigation was lengthy in nature, due to delays, but I do not recall the details of these delays being identified.

MHPS Determination

27. On 28 September 2018, Dr Ahmed Khan, as Case Manager, made his Determination with regard to the investigation into Mr O'Brien. This Determination, inter alia, stated that the following actions take place:

- a. The implementation of an Action Plan with input from Practitioner Performance Advice, the Trust and Mr O'Brien to provide assurance with monitoring provided by the Clinical Director;**
- b. That Mr O'Brien's failing be put to a conduct panel hearing; and**
- c. That the Trust was to carry out an independent review of administrative practices within the Acute Directorate and appropriate escalation processes.**

With specific reference to each of the determinations listed at (I) – (III) above address:

- i. Who was responsible for the implementation of each of these actions?**
- ii. To the best of your knowledge, outline what steps were taken to ensure that each of these actions were implemented; and**
- iii. If applicable, what factors prevented that implementation.**
- iv. If the Action Plan as per 27(I) was not implemented, fully outline what steps or processes, if any, were put in place to monitor Mr O'Brien's practice, and identify the person(s) who were responsible for these? Did these apply to all aspects of his practice and, if not, why not?**

27.1 Given the complexity of this question, I have repeated each subsection prior to my response, to provide complete clarity.

The implementation of an Action Plan with input from Practitioner Performance Advice, the Trust and Mr O'Brien to provide assurance with monitoring provided by the Clinical Director;
Who was responsible for this action?



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27.2 Whilst I am aware of the Return-to-Work action plan, which was agreed for Mr O'Brien in February 2017, I am not certain whether there was a distinct and separate Action Plan agreed following the recommendation of the Case Manager to the Chief Executive in September 2018. However, it was my understanding that the main issues within the 2017 Return to Work action plan continued to form the structure for ongoing monitoring of Mr O'Brien, and my subsequent answers in relation to the action plan are based on this understanding.

27.3 It was my understanding that the accountability for monitoring Mr O'Brien was with Mrs Esther Gishkori as Operational Director, supported by Mrs Martina Corrigan (Head of Service) and Mr Ronan Carroll (Assistant Director).

To the best of your knowledge, outline what steps were taken to ensure that this action was implemented;

27.4 It is my understanding that within Acute Services, Martina Corrigan undertook audits of the different elements of the 2017 action plan to ensure that they were being adhered to by Mr O'Brien.

If applicable, what factors prevented that implementation.

27.5 I am aware that during a period of sick leave for Martina Corrigan from June to October 2018 the audit function within the action plan did not take place (Appendix 11 20181018 Email re Return to work action plan. *The relevant document can be located at Relevant to MDO/Evidence after 4 November MDO/Reference no 77/no 77 Dr Khan and Dr Wright emails/20181018 Email RE Return to Work Action Plan February 2017 FINAL*

If the Action Plan as per 27(I) was not implemented, fully outline what steps or processes, if any, were put in place to monitor Mr O'Brien's



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practice, and identify the person(s) who were responsible for these? Did these apply to all aspects of his practice and, if not, why not?

27.6 The inference from this question is that a separate Action Plan as a result of the Case Manager's determination was not implemented. Therefore, the steps outlined above best reflect my answer to this question. It is my understanding that within Acute Services, Martina Corrigan undertook audits of the different elements of the 2017 action plan which were being monitored in relation to Mr O'Brien, to ensure that each of these actions were implemented. These actions related to:

- a) Triaging of referrals
- b) Contemporaneous note keeping
- c) Storage of medical records
- d) Private Practice

***That Mr O'Brien's failing be put to a conduct panel hearing;
Who was responsible for the implementation of this action?***

27.7 It is my understanding that as Dr Khan in his role as Case Manager made his recommendations to Shane Devlin as Chief Executive. The Chief Executive was therefore responsible for the implementation of this action.

To the best of your knowledge, outline what steps were taken to ensure that this action was implemented;

27.8 I am not aware that this action was implemented

If applicable, what factors prevented that implementation.

27.9 I am unaware as to the factors which prevented Mr Devlin implementing this recommendation.



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That the Trust was to carry out an independent review of administrative practices within the Acute Directorate and appropriate escalation processes.

Who was responsible for the implementation of this action?

27.10 It is my understanding that as Dr Khan in his role as Case Manager made his recommendations to Shane Devlin as Chief Executive. The Chief Executive was therefore responsible for the implementation of this action.

To the best of your knowledge, outline what steps were taken to ensure that this action was implemented;

27.11 I am not aware that this action was implemented

If applicable, what factors prevented that implementation.

27.12 I am unaware as to the factors which prevented Mr Devlin implementing this recommendation.

Implementation and Effectiveness of MHPS

28. Having regard to your experience as Assistant Director – Medical Directorate, in relation to the investigation into the performance of Mr Aidan O'Brien, what impression have you formed of the implementation and effectiveness of MHPS and the Trust Guidelines both generally, and specifically as regards the case of Mr O'Brien?

28.1 Since moving to the role of Assistant Director – Medical Directorate in April 2016, the case involving Mr O'Brien is my first experience of a formal investigation under the MHPS and Trust guidelines. Once the investigation was commenced under these guidelines in January, I had no involvement in the case, therefore my impression is restricted to viewing this case from a distance.

As per addendum to this witness statement at TRU-320001 to TRU-320003 the highlighted words above should read "formally launched in late January, I had no further formal". Annotated by the Urology Services Inquiry



Urology Services Inquiry

28.2 The impression I have formed of the implementation of MHPS and Trust guidelines in relation to the Mr O'Brien case was primarily one of surprise that Mrs Gishkori decided to move away from the decision of the Oversight Committee to commence an investigation in September 2016.

28.3 I was also surprised that the formal investigation took from January 2017 to September 2018 to complete. I note from the timeline in the Case Investigators report that there were a number of lengthy delays which accounted for the length of this investigation.

28.4 A final impression I have is one of concern that the Case Managers recommendations were not implemented in a timely manner; I am aware that the Case Manager submitted his recommendation in September 2018.

29. Consider and outline the extent to which you feel you can effectively discharge your role under MHPS and the Trust Guidelines in the extant systems within the Trust and what, if anything, could be done to strengthen or enhance that role.

29.1 I had no formal role within MHPS; my role was administrative in nature in supporting the Medical Director and worked to his or her direction. Therefore, I feel I am able to effectively discharge my role within the existing systems of the Trust.

29.2 On reflection, I do recognise that the screening of concern stage of the MHPS process should have been the undertaken by the clinical manager rather than myself, and that my actions at that stage were outside the agreed guidelines. I undertook the screening of concern as the Medical Director directly asked me to, and the concerns under consideration with administrative and statistical in nature, rather than any concerns requiring clinical consideration. I felt confident in being able to summarise the issues



Urology Services Inquiry

given that they were administrative in nature, but again recognise that this was not following the correct process and should not have been undertaken.

30. Having had the opportunity to reflect, outline whether in your view the MHPS process could have been better used in order to address the problems which were found to have existed in connection with the practice of Mr O'Brien.

30.1 In completing both Section 21's for the Urology Service Inquiry, my main reflection is that the formal MHPS would have been better used if deployed much earlier than September 2016. As I referenced in Section Number 17, I personally should have sought a formal response to Mr O'Brien, rather than persisting with an informal approach.

30.2 With the value that hindsight brings, my reflection is that, had previous Acute Directors used this formal mechanism rather than pursuing informal discussions and requests, Mr O'Brien's practice may have been better managed. I do believe that Mrs Gishkori's decision do not follow the decision of the Oversight Committee in September 2016 was a missed opportunity to manage Mr O'Brien at that time.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed: __Simon Gibson_____

Date: ____13/7/22_____

S21 46 of 2022**Witness statement of: Simon Gibson****Table of Attachments**

Attachment	Document Name
1	Appendix a1 (Assistant Director of Surgery and Elective Care: Job description. April 2007
2	Appendix a2 – JD Best Care, Best Value 2009
3	Appendix a3- AD Acute MUC BC 2013.
4	Appendix a4 -AD Medical Directorate 2022
5	Appendix 1 - Medicine and Unscheduled Care Organisational Chart. 2014
6	Appendix 2 - Medical Directors Office. 2019
7	Appendix 3 – Certificate of attendance.
8	Appendix 3a - Day 1 C1 Secondary
9	Appendix 3b - Day 2 CI Secondary
10	Appendix 5 - 20160913 Oversight Committee Action notes
11	Appendix 15 - Email R Wright to S Gibson not proceeding with MHPS
12	Appendix 7 - Email Confidential



Assistant Director of Surgery and Elective Care

Band 8c (£49,381 – £60,880 per annum)

JOB DESCRIPTION

JOB SUMMARY

The jobholder will be responsible to the Director of Acute Services for the delivery of high quality care to patients in the Trust's Surgery/Elective Care Division. He/She will be responsible for the operational management of all specialties in the division which will incorporate general surgery, urology, trauma and orthopaedics, oral dentistry and waiting list management in Craigavon Area Hospital, Daisy Hill Hospital and other settings as appropriate. He/She will collaborate closely with senior clinicians and other disciplines to implement the objectives of the Trust's Delivery Plan and ensure effective multidisciplinary working. He/She will provide clear leadership to all staff in the division and will be responsible for effective financial management and the efficient use of all resources. The jobholder will also support the Director of Acute Services with long term planning and service reform initiatives.

As an Assistant Director, the jobholder will be a member of the directorate's senior management team and will therefore contribute to policy development in the directorate and the achievement of its overall objectives.

KEY RESULT AREAS

Service Delivery

- lead multidisciplinary teams and oversee the co-ordination of all processes to ensure the delivery of high quality and equitable care to patients in the Trust's surgery/elective care division.
- ensure the successful implementation of all DHSSPS, HSSA and commissioning priorities and targets in the division with a particular emphasis on those relating to waiting times and the establishment of agreed treatment schedules.
- work closely with senior clinicians and other senior managers in the Trust to secure an appropriate balance between hospital and community based services and achieve an integrated approach in reducing inappropriate hospital admissions and lengths of stay.
- contribute to the development of robust clinical and professional networks within the division and across the Trust.

Quality and Governance

- ensure that the needs of patients and their carers are at the core of how all specialties in the division deliver their services and are in accordance with DHSSPS *Quality Standards for Health and Social Care* and other relevant requirements.
- ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's *Safety First* framework.
- ensure the division complies with all professional, regulatory and requisite standards.
- ensure the division meets all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.
- ensure all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
- ensure the management of complaints within the division comply with HPSS Complaints and Trust Procedures and are underpinned by transparency and a culture of continuous improvement.
- lead on the implementation of quality initiatives such as Investors in People and Charter Standards in the division.

Service Planning and Development

- promote innovation and change to underpin the modernisation of the division's services and oversee the implementation of initiatives such as HQS or similar.
- assist the Director of Acute Services with the development of a strategic plan for the delivery of acute hospital care to the Trust's population in line with regional strategies and priorities.
- work closely with commissioners and relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.
- liaise closely with senior planning staff on service and capital development initiatives and ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.
- act as a member of the directorate's senior management team and contribute to its policy development processes.
- represent the division and/or directorate in Trust and/or regional planning teams as appropriate.

Financial and Resource Management

- responsible for the management of the division's budget and the meeting of all financial targets by each specialty.
- ensure the effective implementation of all Trust financial policies and procedures in the division which will include ensuring the safe custody of patients' property and accounts and the use of endowments and gifts.

- participate in contract and service level negotiations with commissioners.
- ensure the effective management, use and maintenance of all physical assets in the division.

People Management

- provide clear leadership to staff within the division and ensure all specialties have a highly skilled, flexible and motivated workforce.
- work closely with senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.
- ensure that management structures and practices in the division support a culture of effective team working, continuous improvement and innovation.
- ensure the effective implementation of all Trust people management policies in the division and the achievement of all relevant targets such as those relating to the management of sickness and absenteeism, turnover etc.
- ensure the effective management of staff health and safety and support in the division.

Information Management

- ensure the effective implementation of all Trust information management policies and procedures in the division.
- ensure the division's systems and procedures for the management and storage of information meet internal and external reporting requirements.

Corporate Responsibilities

- develop and maintain working relationships with other directorate colleagues to ensure achievement of Trust objectives.
- establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.
- contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.
- adhere to the Trust's corporate planning, policy and decision making processes as a member of the directorate's senior management team and ensure the Trust's objectives and decisions are effectively communicated.
- lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

General Management Responsibilities

- participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.
- ensure that the review of performance identified above is performed for all levels of staff within the Trust in accordance with the Trust Board's policy.
- maintain good staff relationships and morale amongst the staff reporting to him/her.
- where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.
- promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Assistant Director of Surgery/Elective Care works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director of Acute Services.

GENERAL RESPONSIBILITIES

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.
- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- comply with the Trust's No Smoking Policy.
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- adhere to equal opportunities policy throughout the course of their employment.
- ensure the ongoing confidence of the public in service provision.
- comply with the HPSS code of conduct.

March 2007



Terms and Conditions

The NHS terms and conditions (Agenda for Change) will apply to this post.

The salary will be Band 8c, £49,381 – £60,880 per annum.

In addition to 10 public holidays, the annual leave allowance will be as follows:-

- On appointment – 27 days
- After 5 years service – 29 days
- After 10 years service – 33 days

He / she may be required to travel throughout Northern Ireland, the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should therefore have access to a form of transport that will permit them to meet the requirements of the post in full and be prepared to travel as required.



JOB TITLE: Assistant Director for Best Care Best Value (BCBV)

DIRECTORATE: Acute Directorate
INITIAL LOCATION: Craigavon Area Hospital
REPORTS TO: Director of Acute Services
ACCOUNTABLE TO: Director of Acute Services

JOB SUMMARY

The post holder will be responsible to the Director of Acute Services for driving forward the BCBV agenda within the Acute Directorate and for identifying and driving forward initiatives to generate income. He/she will provide an embedded challenge function to support Acute Services to utilise information effectively to help highlight and target areas of wastage. They will contribute to corporate and operational strategy, policy and decision making within the Trust by advising the BCBV Program lead (Assistant Director of Performance & Improvement) and the SMT on issues relating to the development, implementation and performance management of BCBV Plans. These Plans will underpin the Trust's achievement of efficiency targets.

The post holder will provide enhanced support and performance improvement expertise and intervention to the Acute Directorate and to corporate projects where required. He/She will provide the organization with a range of intelligent information analyses which demonstrate actual performance against efficiency targets. The post holder will also be required to develop and embed the organization's capacity for continuous improvement including efficiency gains using dynamic leadership and facilitation skills.

KEY RESULT AREAS

1. To work collaboratively with Directors, Assistant Directors, Heads of Service, Senior Managers and Clinicians to determine and agree key areas for productivity and improvement plans.

2. To support the growth of a performance, improvement and efficiency culture within the Trust by assisting staff to maximize use of existing information sources within the Trust, understand and use available performance information, benchmarks and best-practice evidence to inform decision making and the planning of current and future services throughout the Trust. As part of this the post holder will identify gaps in effective management information for the Trust to address.
3. To take the lead in taking forward the following productivity improvement pathway within the Acute Directorate by:-
 - An understanding of how resources are currently utilised to generate outputs and outcomes
 - Identification/benchmarking of how this performance sits against high performing peer groups of providers nationally and internationally
 - Securing agreement on improvement goals aligned to the outcomes from the benchmarking analysis
 - Key milestones identified against which to assess progress including actual delivery of cash-releasing savings
 - Implementation of improvement processes to deliver against each milestone
 - Ongoing review
4. Use expert analytical skills to interpret the broad range of performance information available alongside other relevant data and inform the prioritization of initiatives/ design of new service models that will contribute to maximizing efficiency.
5. To foster good communication and clear lines of accountability relating to productivity and improvement plans within the Acute Directorate including functional support teams (e.g. planning and finance).
6. To provide assistance to directorate teams in diagnosing the issues and factors which are preventing them maximizing the efficiency of all their resources.
7. To provide project management expertise, support, focus and monitoring to ensure specific BCBV project

plans are delivered and result in the intended efficiency saving.

8. To provide project management leadership for specific key projects as required.
9. To provide updates on progress against BCBV plans and keep information systems/processes to support corporate monitoring of progress, updated.
10. To specifically highlight areas of risk/slippage and deviations from expected progress towards efficiency targets, bringing key issues to the attention of the Director of Acute Services / Assistant Director of Performance with recommendations for possible action.
11. To assist in the development of an ongoing and sustainable approach to efficiency gains within the Trust.
12. Assess the outcomes of ongoing projects and facilitate benchmarking exercises and collaborative working across teams, Directorates and other providers.
13. Develop and maintain strong networks with both regional and UK productivity and reform units, keeping up to date with latest thinking and developments.
14. To develop and implement a communication strategy that identifies internal and external stakeholders and establishes appropriate plans for engagement and communication.
15. To secure the information required to support demand assessment and capacity planning.
16. To lead on the analysis of activity, quality and outcome indicators incorporating specifically patient reported outcome measures (PROM'S)
17. To lead on the development of new models of care delivery within the context of regional policy and service frameworks to promote better outcomes, access or value for money.
18. To pursue all opportunities to develop integrated care models involving relevant professional groups in the design and implementation processes.
19. Work collaboratively with Staff Side to ensure they

are fully engaged in all Best Care / Best Value and income generation plans from initial concept through to implementation.

20. Work collaboratively with Clinicians at all levels to ensure clinical engagement and participation in all relevant Best Care / Best Value and income generation projects.
21. Represent the Trust at Service Delivery Unit meetings relating to Definitional Guidance on Discharge and all other processes relating to Patient Flow.

INCOME GENERATION

- To explore opportunities to income generate for Acute Services and report these to Director of Acute Services.
- To research Best Practice in both BCBV Scheme and income generation and provide regular reports to Director of Acute Services.
- To work collaboratively with the Assistant Director providing outcome of research and identifying potential opportunities for BCBV and income generation opportunities.
- To expand the range of information and reports and provide key performance indicators sources for Acute in delivering of BCBV targets.
- To provide update reports to the weekly Acute Services Senior Management Team on progress towards BCBV targets and outcome of research into other potential opportunities.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

- Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
- Maintain staff relationships and morale amongst the staff reporting to him/her.
- Review the organization plan and establishment level of the Acute Directorate to ensure that each is consistent with achieving objectives, and recommend

change where appropriate.

- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
- Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL REQUIREMENTS

The post holder will be required to:

Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents / incidents / equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

Adhere at all times to all Trust policies/codes of conduct, including for example:

- Smoke Free policy
- IT Security Policy and Code of Conduct
- Standards of attendance, appearance and behaviour

All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize

his/her potential and continue to meet the demands of the post.

Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

**PERSONNEL
SPECIFICATION:**

Knowledge, skills and experience required:-

- University degree or relevant professional qualification and worked for at least 2 years in a senior management role in a major complex organization.

OR

- Have worked for at least 5 years in a senior management role in a major complex organization.

AND

- Delivered against challenging performance management programmes for a minimum of 2 years in the last 6 years meeting a full range of key targets and making significant improvements.
- Worked with a diverse range of stakeholders, internal and external to the organization, to achieve successful outcomes for a minimum of 2 years in the last 6 years.
- A proven track record of people management,

governance and organizational skills for a minimum of 2 years in the last 6 years.

- A full current driving licence with access to a car or access to a form of transport to meet the mobility needs of the post.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified. Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework. Particular attention will be given to the following:-

- Self Belief
- Self Management
- Seizing the future
- Drive for results
- Leading change through people
- Holding to account
- Effective and strategic influencing

The following additional clarification is provided:-

“senior management” is defined as experience gained at Director, Assistant Director or equivalent to mean reporting directly to a Director.

“major complex organization” is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders:

“significant” is defined as contributing directly to key objectives of the organization.

October 2009

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

**Successful applicants may be required to attend for a
Health Assessment**

**All staff are required to comply with the Trusts Smoke
Free Policy**

Information on the Trusts policies and procedures can be found on the Trusts website.



**Southern Health
and Social Care Trust**

Job Description

JOB TITLE	Assistant Director of Acute Services - Medicine and Unscheduled Care Division
BAND	8C
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Director of Acute Services
ACCOUNTABLE TO	Chief Executive

JOB SUMMARY

The jobholder will be responsible to the Director of Acute Services for the delivery of high quality care to patients in the Trust's Medicine and Unscheduled Care Division. He/She will be responsible for the operational management of all specialties in the division. This will incorporate older people's medicine, endocrinology, rheumatology, neurology, gastroenterology, dermatology, cardiology, A&E department, renal services, rehabilitation, discharge team, hospital social services and bed management in Craigavon Area Hospital, Daisy Hill Hospital and other settings as appropriate. He/She will collaborate closely with senior clinicians and other disciplines to implement the objectives of the Trust's Delivery Plan and ensure effective multidisciplinary working. He/She will provide clear leadership to all staff in the division and will be responsible for effective financial management and the efficient use of all resources. The jobholder will also support the Director of Acute Services with long term planning and service reform initiatives.

As an Assistant Director, the jobholder will be a member of the directorate's senior management team and will therefore contribute to policy development in the directorate and the achievement of its overall objectives.

KEY RESULT AREAS

Service Delivery

1. Lead multidisciplinary teams and oversee the co-ordination of all processes to ensure the delivery of high quality and equitable care to patients in the Trust's medicine and unscheduled care division.
2. Ensure the successful implementation of all DHSSPS, HSSA and commissioning priorities and targets in the division with a particular emphasis on those relating to waiting times and the establishment of agreed treatment schedules.
3. Work closely with senior clinicians and other senior managers in the Trust to secure an appropriate balance between hospital and community based services



Southern Health and Social Care Trust

and achieve an integrated approach in reducing inappropriate hospital admissions and lengths of stay.

4. Contribute to the development of robust clinical and professional networks within the division and across the Trust.

Quality and Governance

5. Ensure that the needs of patients and their carers are at the core of how all specialties in the division deliver their services and are in accordance with DHSSPS *Quality Standards for Health and Social Care* and other relevant requirements.
6. Ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's *Safety First* framework.
7. Ensure the division complies with all professional, regulatory and requisite standards.
8. Ensure the division meets all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.
9. Ensure all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
10. Ensure the management of complaints within the division comply with HPSS and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement.
11. Lead on the implementation of quality initiatives such as Investors in People and Charter Standards in the division.
12. Ensure that the quality of the patient journey and experience is enhanced and improved by the Patient Support Service, working across all acute services/sites.
13. Provide leadership of the Quality and Patient Support Officer to ensure the Public and Personal Involvement and Health and Wellbeing Strategies are implemented to continually improve the quality of patient/client experience by involving users in shaping services and improving the health of the Trust's clients/patients.
14. Provide an early intervention service in the management of potential patient/client complaints and dissatisfaction by advocating independently on



Southern Health and Social Care Trust

behalf of the patient/client and enhancing experiential learning by interfacing with the Acute Service Governance system.

Service Planning and Development

15. Promote innovation and change to underpin the modernisation of the division's services and oversee the implementation of initiatives such as HQS or similar.
16. Assist the Director of Acute Services with the development of a strategic plan for the delivery of acute hospital care to the Trust's population in line with regional strategies and priorities.
17. Work closely with commissioners and relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.
18. Liaise closely with senior planning staff on service and capital development initiatives and ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.
19. Act as a member of the directorate's senior management team and contribute to its policy development processes.
20. Represent the division and/or directorate in Trust and/or regional planning teams as appropriate.

Financial and Resource Management

21. Responsible for the management of the division's budget and the meeting of all financial targets by each specialty.
22. Ensure the effective implementation of all Trust financial policies and procedures in the division which will include ensuring the safe custody of patients' property and accounts and the use of endowments and gifts.
23. Participate in contract and service level negotiations with commissioners.
24. Ensure the effective management, use and maintenance of all physical assets in the division.

People Management

25. Provide clear leadership to staff within the division and ensure all specialties have a highly skilled, flexible and motivated workforce.



Southern Health and Social Care Trust

26. Work closely with senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.
27. Ensure that management structures and practices in the division support a culture of effective team working, continuous improvement and innovation.
28. Ensure the effective implementation of all Trust people management policies in the division and the achievement of all relevant targets such as relating to the management of sickness and absenteeism, turnover etc.
29. Ensure the effective management of staff health and safety and support in the division.

Information Management

30. Ensure the effective implementation of all Trust information management policies and procedures in the division.
31. Ensure the division's systems and procedures for the management and storage of information meet internal and external reporting requirements.

Corporate Responsibilities

32. Develop and maintain working relationships with other directorate colleagues to ensure achievement of Trust objectives.
33. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.
34. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.
35. Adhere to the Trust's corporate planning, policy and decision making processes as a member of the directorate's senior management team and ensure the Trust's objectives and decisions are effectively communicated.
36. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.



Southern Health and Social Care Trust

Human Resource Management Responsibilities

37. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
38. Maintain staff relationships and morale amongst the staff reporting to him/her.
39. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
40. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
41. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
42. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

GENERAL REQUIREMENTS

The post holder will be required to:

43. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
44. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
45. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
46. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.



Southern Health and Social Care Trust

47. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
48. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



Personnel Specification

JOB TITLE Assistant Director of Acute Services
Medicine and Unscheduled Care Division

Ref No: 73211009

February 2011

Notes to applicants:

1. We will not accept CVs, letters, additional pages or any other supplementary material in place of, or in addition to completed application forms
2. **You must clearly demonstrate on your application form how you meet the required criteria – failure to do so will result in you not being shortlisted.** Please note that whilst the Essential criteria sets out the minimum requirements it may become necessary to make this more stringent by the introduction of other job related criteria as set out in the Desirable Criteria. **Applicants are therefore strongly advised to clearly demonstrate how they meet each element of both the Essential AND the Desirable criteria on their application form.**
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer will be withdrawn.

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. **Applicants should therefore make it clear on their application form how they meet these criteria. Failure to do so will result in you not being shortlisted.** The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

ELIGIBILITY

1. Applicants must provide evidence by the closing date for application that they are employed within a Health & Social Care organisation as defined¹

QUALIFICATIONS / EXPERIENCE

2. Hold a university degree or recognised professional qualification or equivalent qualification in a relevant subject² AND have a minimum of 2 years experience in a senior management³ role in a major complex organisation⁴

OR

Have a minimum of 5 years experience in a Senior Management³ role in a major complex organisation⁴

¹ This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

² 'relevant subject' will be interpreted to mean any business, administrative, corporate function or health related qualification

³ 'senior management' is defined as experience gained at Head of Service level or equivalent or above in a major complex organisation

⁴ 'major complex organisation' is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders



**Southern Health
and Social Care Trust**

AND

3. Have a minimum of 2 years experience in delivering against challenging performance management programmes meeting a full range of key targets and making significant⁵ improvements.
4. Have a minimum of 1 years experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change⁵ initiative.
5. Have a minimum of 2 years experience in high level people management,
6. Have a minimum of 2 years experience in governance related activity
7. Hold a full current driving licence valid for use in the UK and have access to a car on appointment⁶.

The following are essential criteria which will be measured during the interview stage.

KNOWLEDGE, TRAINING & SKILLS

8. Have an ability to provide effective leadership to enable transformation of services.
9. Demonstrate evidence of highly effective planning and organisational skills.
10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.
11. Demonstrate effective communication skills to meet the needs of the post in full.
12. Have an ability to effectively manage a budget to maximise utilisation of available resources.

⁵ 'significant' is defined as contributing directly to key Directorate level objectives of the organisation concerned.

⁶ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.



Southern Health and Social Care Trust

DESIRABLE CRITERIA – whilst the Essential criteria sets out the minimum requirements it may become necessary to make this more stringent by the introduction of other job related criteria as set out in the Desirable criteria. **Applicants should therefore make it clear on their application form how they meet these criteria.** Failure to do so may result in you not being shortlisted.

1. Experience in the management of care services within a health and / or social care setting.
2. Experience of Financial Flows in a major complex organisation⁷

PLEASE NOTE:

It is intended that shortlisted applicants will be assessed against the criteria stated in this specification, linked to the qualities set out in the NHS Leadership Qualities Framework. Whilst candidates should be prepared to provide examples of their competence against any of the leadership qualities, particular attention will be given to the following elements;

- Self Management
- Seizing the future
- Drive for results
- Leading change through people
- Holding to account
- Drive for improvement
- Effective and strategic influencing

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out a Protection of Children and Vulnerable Adults check (POCVA) before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trusts Smoke Free Policy

⁷ 'Major Complex Organisation' will be interpreted as per essential criteria 2.

SOUTHERN HEALTH AND SOCIAL CARE TRUST

JOB DESCRIPTION

TITLE OF POST: Assistant Director – Medical Directorate

DIRECTORATE: Medical Directorate

REPORTS TO: Medical Director

JOB SUMMARY:

The postholder will work closely with the Medical Director, Associate Medical Directors and other Trust Directors to facilitate the implementation of the strategic and operational objectives of the Trust, in line with corporate policies and strategies. In particular the postholder will have lead responsibility on the planning, implementation and progression of specific strategic objectives for which the Medical Director is accountable. The postholder will act on behalf for the Medical Director in all aspects of his role.

JOB ROLE:

The role of this post is to deliver on the strategic and operational priorities of the Medical Directorate, with a focus on:

- Medical leadership
 - Medical revalidation
 - Medical appraisal
 - Medical Job planning
 - Medical leadership development
 - Delivering on the Medical Directors/AMDs identified priorities
 - Medical education
 - Undergraduate training
 - Postgraduate training
 - Research & Development
 - Business continuity and emergency planning
 - Financial management within the Medical Directorate
 - Staff management within the Medical Directorate
-
- Organising and participating in the Acute Services Directorate on-call rota

JOB DETAIL AND KEY RESULT AREAS:Medical leadershipMedical Education, Revalidation and Appraisal

1. Provide managerial support to the designated Responsible Officer for the Trust in the revalidation of the Trust Medical workforce.
2. Development, implementation and on-going management of an effective scheme of medical appraisal which will meet the requirements of revalidation as defined by the General Medical Council.
3. Participation and development of collaborative working channels with regional colleagues, the DHSSPS and the General Medical Council on the development of frameworks to support the implementation of revalidation, including development of MSF, Patient and Client Feedback and on-line appraisal systems.
4. Lead role in the development of corporate responses to consultations linked to professional governance.
5. Lead role in the interpretation of professional regulatory advice in relation to appraisal, revalidation, Good Medical Practice, continuing professional development – and lead responsibility for the development and/or amendment of policies/guidelines to reflect changes.
6. Provide leadership and support for medical job planning within the Trust
7. Work with Medical HR on the development of reports and updates, on behalf of the Medical Director on professional workforce issues to Senior Management Team, Governance Committee and Trust Board.
8. Research and development of audit methodologies that provide assurance to the Responsible Officer on the quality of medical appraisal.
9. Attendance at regional and national conferences to ensure best practice within the field of clinical leadership is applied within the Southern Trust.
10. Where required, lead the development and refinement of in-house bespoke information systems to monitor appraisal processes, professional registration, continuing professional development, study leave and mandatory training of medical staff.
11. Operational responsibility for the undergraduate medical education functions in the Trust.

12. Delivery of the QUB Accountability Framework – including liaison with regional committees, implementation of quality assurance and governance arrangements for undergraduate education.
13. Explore and develop links with other undergraduate suppliers including RCSI where appropriate.
14. Development of appraisal/performance management/response to feedback mechanisms to ensure quality educational experience.
15. Operational responsibility for the Trust postgraduate medical education functions.
16. Ensure that processes exist for effective communication with all junior medical staff, irrespective of working patterns.
17. Work collaboratively with Operational and Medical HR to ensure the aims and targets of the New Deal for junior doctors are implemented and compliance with EWTD for junior doctors and career grade doctors is achieved and maintained.
18. Work collaboratively with Medical HR in the preparation of business cases for Junior doctor EWTD/New Deal compliance and manage the process of obtaining internal and external approvals in line with local and regional policy and standards.
19. Management of the relationship with NIMDTA in relation to Deanery Visits and the associated remedial actions.
20. Lead responsibility for the analysis of General Medical Council – Trainer and Trainee Surveys and development of supporting action plans.
21. Work collaboratively with NIMDTA and Medical HR to support the revalidation of junior medical staff.
22. Responsibility for the development of e-learning and on-site induction programme for junior medical staff.
23. Operational responsibility for the continuing medical education of Consultant and SAS doctors.
24. Develop a comprehensive programme of supervision for new start Consultants and SAS doctors.
25. Oversee the development of a leadership development programme for Consultants and SAS doctors.
26. **Oversee the implementation of the Trust's Specialty doctor Framework.**

Research and Development

1. Operational management of Research and Development support staff.
2. Responsible for the implementation of a clear Research and Development strategy for the Trust.
3. Provide Trust representation at regional and national level on Research and development projects, such as ECME

Business Continuity & Emergency Planning

1. Support the Directorate Management teams in their development of processes and systems to embed business continuity management within the organisation.
2. Ensure the Trust business continuity function satisfies the requirements in relation to accountability, governance and assurance requirements as outlined in the in the context of the NI Civil Contingencies Framework (2005).
3. Support the Directorate Management teams in their development of processes, plans and systems across the Trust for emergency planning, including the achievement of compliance with the Emergency Planning Controls Assurance Standards.
4. Co-ordinate Emergency Planning exercises across the Trust and ensure the successful testing of emergency plans at hospital and bronze levels on a regular basis.
5. Co-ordinate and support Trust-wide IFR and ECR requests.
6. Management of ECRs and drug requests for Southern Trust patients and undertaking the necessary liaison with commissioners.

Financial management

1. Responsibility for the Directorate Budget including the SUMDE Undergraduate Medical Education budget, ensuring the appropriate application of financial governance arrangements

Staff management

1. Responsibility for all staff management issues for staff within the Medical Directorate.
2. Review individually, at least annually the performance of immediately subordinate staff providing guidance on personal development requirements and initiate, where appropriate, further training.
3. Maintain staff relationships and morale among staff within the Medical Directorate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate in the selection and appointment of staff.
6. Develop and maintain effective communication networks and working relationships with key persons both within and outside the organisation.

Acute Services

1. Participating in the on-call rota for AD/HOS within Acute Services, including organising and ensuring the distribution of the on-call rota

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure **the Trust's policy on equality of opportunity is promoted through his/her own** actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own on-going learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

8. **Represent the Trust's commitment to providing the highest possible standard of service to** patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time. It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

PERSONNEL SPECIFICATION

JOB TITLE: Assistant Director – Medical Directorate

QUALIFICATIONS / EXPERIENCE:

1. University degree or relevant professional qualification and worked for at least 2 years in a senior management role in a major complex organisation.

OR

At least 5 years experience in a senior management role in a major complex organisation.

AND

2. Have a minimum of 2 years' experience in delivering against challenging performance management programmes meeting a full range of key targets and making significant improvements

3. Have a minimum of 2 years' experience working with a diverse range of both internal and external stakeholders to achieve successful outcomes.

4. Hold a full current driving license valid for use in the UK and have access to a car or access to a form of transport to meet the mobility needs of the post.

KNOWLEDGE, TRAINING & SKILLS:

5. Have an ability to provide effective leadership at a Strategic level to enable the ongoing development and improvement of services.

6. Demonstrate evidence of high level skills in;

- a) effective planning and organisation
- b) Governance and Risk Management
- c) People Management

7. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.

8. Demonstrate highly effective communication skills to meet the needs of the post in full.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Barry Conway
Assistant Director, Acute Services

Mary Burke

Specialties:

Acute Medicine
Emergency Medicine, CAH

Ward/Departments:

Emergency Department, CAH
Emergency Dental Service
MAU
Minor Injuries Unit
Winter Ward, CAH

Ruth Donaldson

Wards/Departments:

Social Work, CAH
Social Work, DHH
Social Work, Lurgan

Edel Corr

Wards/Departments:

Patient Support, CAH
Patient Support, DHH
Chaplaincy services

Catriona Kavanagh

Wards/Departments:

Patient Flow, CAH
Patient Flow, DHH
Hospital at night services
Phlebotomy services

Simon Gibson
Assistant Director, Acute Services

Kay Carroll

Specialties:

Cardiology
Dermatology
Neurology

Ward/Departments:

Cath Lab
1 North, CAH
Neurology Centre
Dermatology Centre
2 North Haematology

Louise Devlin

Specialties:

Diabetology
Endocrinology
Gastroenterology
Rheumatology

Wards/Departments:

1 South, CAH
DCC, CAH
DCC, DHH

Caitriona McGoldrick **

Specialties:

Acute Geriatric
Ortho-Geriatric
Rehabilitation
Stroke

Wards/Departments:

Level 6, DHH
2 South Medicine, CAH
2 South Stroke, CAH

Eileen Murray

Specialties:

Emergency Medicine, DHH*
Nephrology
Respiratory

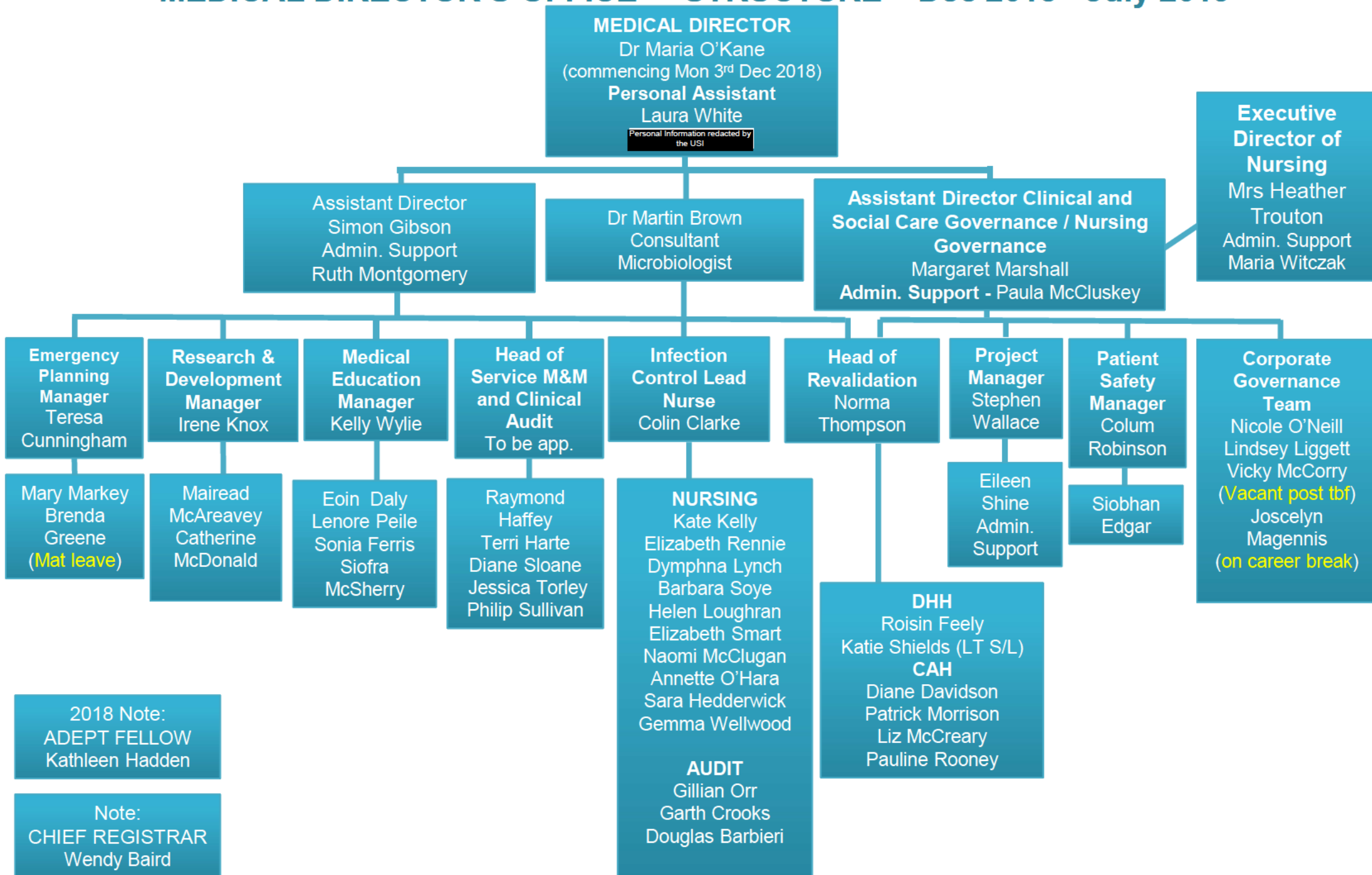
Wards/Departments:

Emergency Department, DHH
Female Medical, DHH
Male Medical, DHH
2 North Respiratory, CAH
Renal Unit, DHH

* - Service responsibility aligned to Barry Conway

** - Location of these specialties within structure for review in spring 2015

MEDICAL DIRECTOR'S OFFICE - STRUCTURE – Dec 2018 - July 2019 WIT-33973



CERTIFICATE OF ATTENDANCE

It is hereby certified that

Mr Simon Gibson

attended

Case manager training workshop

delivered by NCAS

on Tuesday 30 August 2016

This workshop has been approved for 6 CPD credits.

Workshop objectives

- *Explain why the decision to investigate is made*
- *Suggest other options to resolve performance concerns*
- *Describe roles and responsibilities of those involved in investigations*
- *Plan for an investigation which meets national requirements*
- *Describe the principles of robust and meaningful terms of reference and write effective Terms of reference*
- *Recognise the key skills and attributes of a case investigator and case manager*
- *Describe the components of a robust investigation report*
- *Weight an investigation report against other known information*
- *Explain the characteristics of a management case*
- *Explain the role of the panel hearing and the importance of decision making based on fact*
- *Describe what happens after an investigation, including opportunities for remediation and options for interventions*
- *Describe the potential legal challenges to an investigation.*

Case investigator training

Secondary Care

Day 1

Welcome and introductions

Learning objectives

By the end of the workshop, you will be able to:

- Explore how concerns about a doctor's practice arise and identify the most common factors affecting performance
- Explain why the decision to investigate is made and suggest other options to resolve performance concerns
- Describe roles and responsibilities of those involved in investigations
- Plan for an investigation which meets national requirements
- Describe the principles of robust and meaningful Terms of Reference and know how to work within them

Learning objectives (cont)

- Collect, review and weight evidence
- Conduct an investigative interview using a structured approach
- Recognise the key skills and attributes of a case investigator
- Recognise their own limits of competence and access sources of support and expertise
- Reference relevant national/local standards
- Write an investigation report with conclusions
- Describe the potential legal challenges to an investigation.

Programme overview

Day one

- Dealing with concerns about a doctor's practice
- Investigation roles and responsibilities
- Starting the investigation, including TOR, linking with the CM and bias and prejudice
- Gathering evidence including documentary evidence and interview evidence
- Homework

Programme overview

Day two

- Investigative interviewing – interviewing witnesses (workshop)
- Report writing (including exercise)
- Supporting the doctor
- What happens next?
- Responding to legal challenges (including workshop)
- Support for case investigators

Dealing with concerns about a doctor's practice

Dealing with concerns about a doctor's practice

- Definition of a concern
- How concerns arise

Investigation:

- What is it?
 - Why do it?
 - Other options
 - Link with revalidation.
-
- *Maintaining High Professional Standards in the Modern NHS (MHPS)*
 - *Performers List Regulations*

Definition of a concern

“A concern about a doctor’s practice can be said to have arisen where an incident causes, or has the potential to cause, harm to a patient, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice.” (GMC, 2006)

Definition of a concern

Concerns arise from any aspect of a doctor's performance or conduct which:

- Pose a threat or potential threat to patient safety
- Expose services to financial or other substantial risk
- Undermine the reputation or efficiency of services in some significant way
- Are outside acceptable practices, guidelines and standards.

How to conduct a local performance investigation, NCAS

Discussion

- How are concerns raised in your organisation?

Fitness for purpose and fitness to practise

Fitness for purpose:

- Expected standards for specialty/grade
- Set by employer or commissioner.

Fitness to practise:

- Minimum standards for specialty/grade
- Set by GMC and informed by college/faculty.

Triggers for a concern

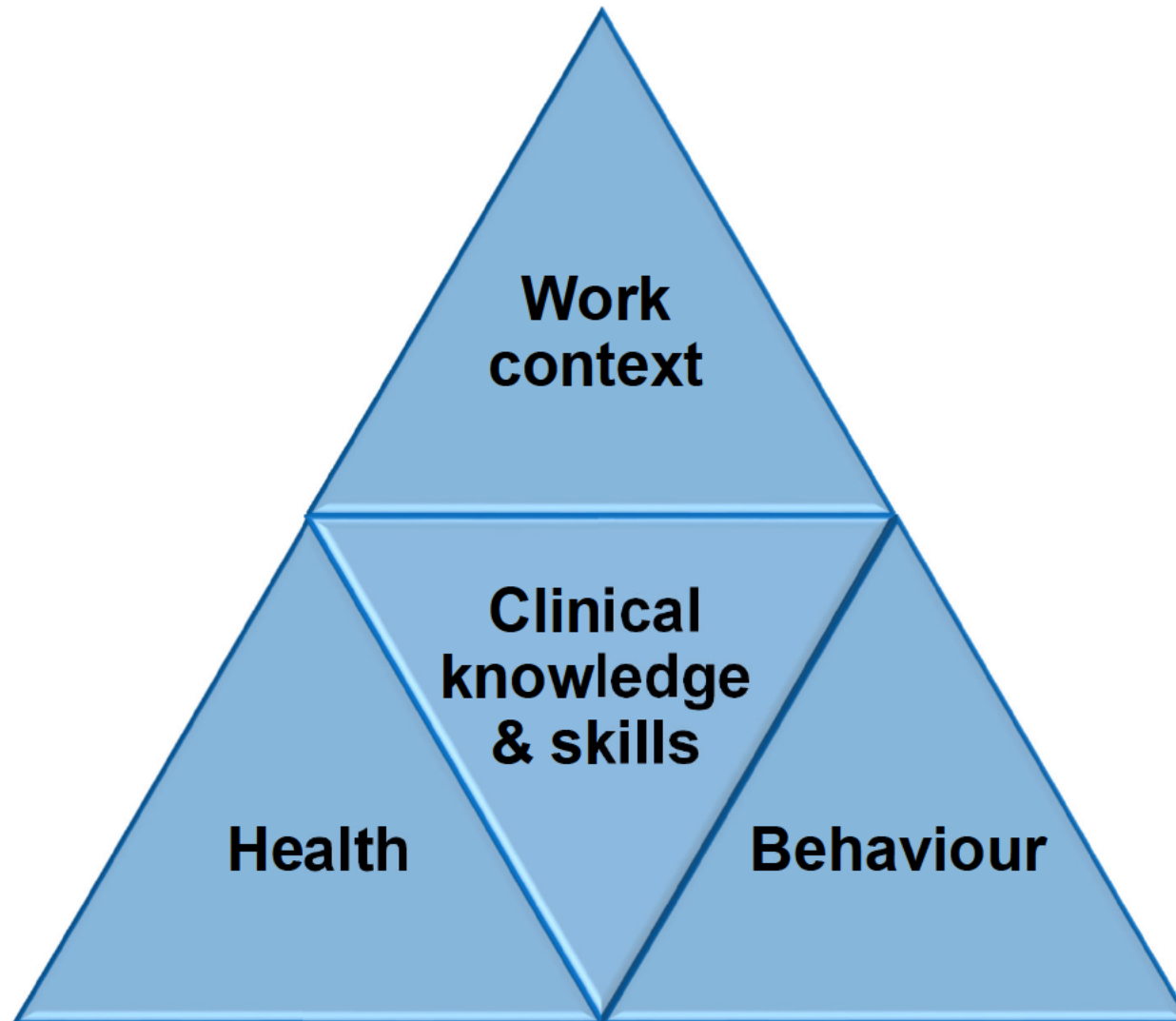
- Colleague concerns
- Clinical incidents
- Complaints
- Data monitoring – mortality
- Quality outcomes
- Clinical audits
- Compliance with national guidance
- Criminal incidents
- Doctor's own concerns
- Feedback
- Whistleblowing

The majority of doctors provide a high standard of care.

All doctors will experience a variation in their level of practice and clinical competence during their career.

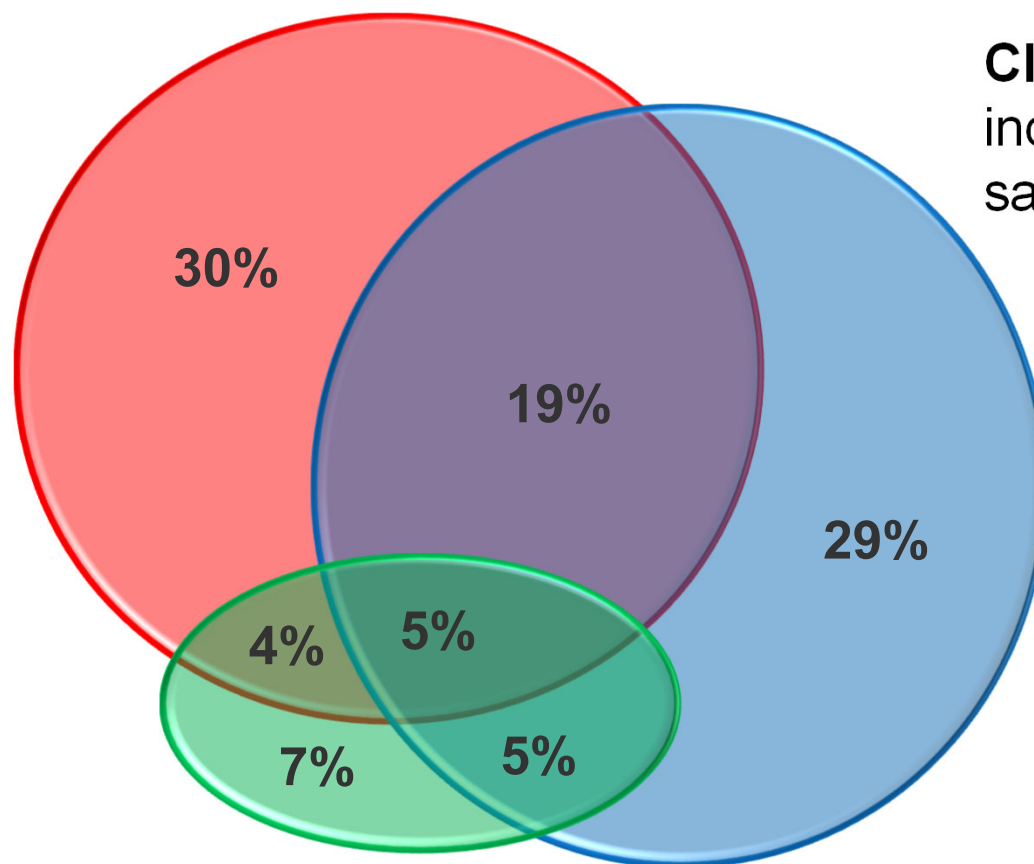
Responsible Officers (ROs) must have corporate governance systems in place to allow early detection of triggers so that concerns about a doctor can be addressed appropriately.

What concerns come forward - the performance triangle



What concerns come forward - three main areas

Behaviour / misconduct – 58%



Clinical concerns
including governance/
safety 58%

Health concerns 21%

Sample - 5634 cases referred to NCAS Dec 2007 – Sept 2013

Procedures and good practice guides for managing concerns (in England)

- **Procedures for NHS Trusts**
 - *Maintaining High Professional Standards in the Modern NHS* (Department of Health, 2005)
- **Procedures for GP Performers Lists**
 - *The National Health Service (Performers Lists) Regulations No 335* (Department of Health, 2013)
 - *NHS England Policy and Procedures 2013*
 - *Primary Medical Performers Lists – Delivering Quality in Primary Care*, (Department of Health, 2004)
- **Good practice guides relevant to all sectors**
 - *Remediation Report – Report of the Steering Group on Remediation* (Steering Group on Remediation, 2011)
 - *Tackling Concerns Locally* (Department of Health, 2009)
 - *Supporting Doctors to Provide Safer Healthcare – Responding to concerns about a doctor's practice* (RST 2013)
 - *Code of practice: Disciplinary and Grievance Procedures* (ACAS 2009)

MHPS

- *Maintaining High Professional Standards in the Modern NHS* (MHPS) describes the procedures which Trusts have to follow for handling concerns about conduct, performance and health
- Detailed process is described with clear separation of roles and responsibilities
- Includes guidance on when to involve NCAS
- Local procedures must comply

MHPS

Contents

- Part I: Action when a concern arises
- Part II: Restriction of practice and exclusion
- Part III: Conduct hearings and disciplinary matters
- Part IV: Procedures for dealing with issues of capability
- Part V: Handling concerns about a doctor's health

Performers List regulations

- Application
- Requirements with which a performer must comply
- Contains disciplinary process including grounds for:
 - Removal (including conditional inclusion)
 - Suspension from the Performers List:
 - Suitability
 - Efficiency.
- Appeals mechanisms

Summary of principles common to all performance frameworks

- Patients must be protected
- Action should be based on proportionate and defensible concern about risk
- All action must be proportionate and defensible if challenged
- The process must be clearly defined and open to scrutiny
- The process should demonstrate equality and fairness
- All information must be safeguarded
- Support must be provided to all those involved

Corporate leadership

- Commitment from the highest level of the organisation
- Policy describing the processes approved at board level
- Quality assurance, for example: process reviewed annually, data collected, case investigations (annual board report)
- Openness, transparency and fairness
- Full integration with clinical/corporate governance systems for early identification of concerns

What is investigation?

- Investigation: identifying facts (what happened and how?) around an event or set of circumstances
- *“It is important to define what I mean by the term ‘investigation’... I mean the gathering of information and evidence relating to the circumstances giving rise to a complaint” – Dame Janet Smith*

When investigation is likely to be appropriate

Investigation will usually be appropriate where case information gathered to date suggests that the doctor may:

- Pose a threat or potential threat to patient safety
- Expose services to financial or other substantial risk
- Undermine the reputation or efficiency of services in some significant way
- Work outside acceptable practice guidelines and standards.

When an investigation may not be necessary

Where:

- It is reasonably certain that all relevant information is directly to hand
- Informal action is agreed
- Reported concerns do not have a substantial basis e.g:
 - Are refuted by other available evidence
 - Are frivolous, malicious or vexatious.
- The case needs to be referred to the Police or NHS Protect
- Confirmed or suspected ill-health which would make an investigation inappropriate
- Concerns are being investigated by another agency
- Sufficient evidence exists to take action or the practitioner agrees with the relevant facts and there is a local procedure that provides for resolution without formal investigation.

Preliminary gathering of facts

- An initial review and assessment of facts to enable the CM to make a decision about whether there is further evidence to gather
- Would usually involve the practitioner
- Does not include Terms of Reference

Protecting and supporting those involved – protect patients from harm

Depending on the level of concern the CM/RO/DMG has to manage risk (including to patient safety) and decide:

- If the doctor should be excluded/suspended
- If the doctor should have practice restricted
- Whether the Regulator should be informed
- Whether others should be informed, for example, police
- Where the doctor becomes unavailable, for example, resigns - referral to the Regulator (consider Healthcare Professional Alert Notices (HPANs)).

CM should contact NCAS as soon as possible when above considered.

CM must document decision process.

Exclusion/restriction/suspension

- The purpose is to manage risk, including protecting patients and staff
- Can also be needed if presence of doctor would impede investigation and gathering of evidence
- It is ostensibly a neutral act, but its impact is unlikely to be
- Inform other organisations where doctor works (RO to RO)
- NCAS should be involved when exclusion considered
- When managing risk, consider alternatives for example restrictions to administrative duties, limited clinical duties
- If practitioner takes a period of sick leave this will supersede exclusion

Workshop A

Investigation roles and responsibilities

Provision of skills

Case managers and case investigators

Case managers and case investigators should be:

- Identified
 - Trained (RO regulations state 'qualified')
 - Developed
 - Supported
 - Accountable.
-
- Note: Can be internal or externally commissioned or shared between organisations

Case investigator

- Appointed by and accountable to the case manager
- Requires appropriate training and experience
- Must not have conflict of interest or appearance of bias
- Works to agreed timescales and agrees variances to this
- Works within the Terms of Reference and refers to case manager for amendments
- Keeps the doctor and the case manager informed of timescales and progress
- Plans the investigation: documents and interviews
- Records the process

Case investigator (cont)

- Collects and identifies relevant evidence
- Collates primary evidence
- Summarises the evidence
- Reports on the findings of fact
- Writes conclusions
- Is not involved in decision on outcome of case or what happens next
- May be required to give evidence at a panel hearing or employment tribunal
- May be required to represent witnesses at a panel hearing or employment tribunal

Case manager

- Nominated by decision makers in the organisation
- Ensures investigation is conducted efficiently
- Acts as co-ordinator between the doctor, case investigator and others interviewed. Should not be involved
- Ensures confidentiality, proper documentation of the process and ensures access to any documentation required by the case investigator
- MHPS normally requires this to be the Medical Director/RO for cases involving consultants or clinical directors, though it is often delegated
- Ensures the doctor has appropriate support
- Makes judgments on the basis of the report and other information
- No conflict of interest or appearance of bias
- Is not involved in investigation detail itself
- Determines next steps on receipt of report

Responsible officer

Among their duties, and in the context of responding to concerns about a doctor's practice, the responsible officer must:

- Identify concerns through corporate governance processes
- Initiate investigations and ensure they are carried out with appropriately qualified investigators separate from the decision-making process
- Initiate further monitoring
- Initiate measures to address concerns which may include re-skilling, retraining, rehabilitation services, mentoring or coaching
- If necessary exclude/suspend a doctor or place restrictions on their practice pending further investigation
- If necessary refer to the GMC and comply with the conditions applied by the regulator and provide appropriate information as required
- Address any systemic issues within the designated body which may have contributed to the concerns identified.

Provision of skills

Decision Making Group - DMG

- If present, this is a group which helps RO and/or CM with decision making around concerns management including the need for and outcomes of investigations
- Who could be on this group? HR manager, deputy RO, director of education, appraisal and revalidation lead, lay member (non-executive director of the board), doctor representatives
- People with the right skills should be selected for the DMG
- Legal representation or access
- There should be Terms of Reference for the DMG
- DMG's connection with the relevant policies should be clear, for example, remediation, disciplinary policies

Decision Making Group (DMG) - Decision makers

If present, remit could include:

- Agreeing or writing Terms of Reference
- Preliminary decision on category and level of concern
- Deciding on action required and who else to involve, for example, commissioning of an investigation
- Consideration of practice restriction/suspension/exclusion
- Appointing case manager and case investigator and providing timescales
- Deciding with the RO on further action at conclusion of the investigation.

Others who may be involved in investigation process

May include:

- Human resource director – advises on process and helps responsible officer and others make the decisions
- Occupational health consultant – gives case manager (not CI) reports on assessments of doctor
- Designated board member (most often non-executive director) - oversees the process, makes sure timelines are met and doctor is kept informed throughout
- Director of education – advises on educational remedial processes
- Dean if trainees are involved
- Appraisal and revalidation lead – advises on revalidation issues with RO
- Clinical experts or other subject matter experts.

Other stakeholders

May include:

- Colleagues
- Police
- Counter Fraud Service/NHS Protect
- GMC (including Employer Liaison Adviser (ELA))
- Medical defence organisations – may be representing the doctor in investigation and panel hearings
- Professional associations, for example, BMA – may be representing the doctor in investigation and panel hearings
- NCAS – may be contacted by DB and/or doctor for advice
- Patients/families/carers – should be kept informed of processes whilst preserving confidentiality of the doctor and others involved
- Public – there may be a need to speak to the press BUT this needs to be controlled by the organisation with limited responses stating process and protecting those involved.

Protecting and supporting those involved

Organisations should, as appropriate:

- Protect patients from harm
- Protect people raising concerns
- Keep patients informed
- Support the doctor
- Protect the organisation.

If the case investigator discovers any risk to patient safety at any stage they should discuss with the case manager.

Supporting the doctor

- Doctor entitled to confidentiality
- Case manager meets with doctor to inform him or her of investigation, the Terms of Reference and timescales
- At any stage the doctor has the right to be accompanied (*Employment Relations Act 1999*). This may be by friend, partner, BMA rep, defence organisation or lawyer
- Processes need to be explained to the doctor
- The need to avoid influencing witnesses and investigation
- Personal support for doctor should be offered, for example via occupational health and/or GP, MDO, BMA, Deanery etc

Protecting those involved – people raising concerns

- Whistleblowers should be protected under Public Interest Disclosure Act 1998
- Difficult to protect identity of witness in a small team
- Remind doctor and others to avoid action which may be seen to influence investigation
- Witnesses may want to be anonymous (may be necessary, case investigator may have to appear at panel hearing for them and must protect identity of witness in report)
- Offer other support if stressed, for example mentor, occupational health

Protecting and supporting those involved – keep patients informed

- Patients/families who have made the complaint should receive information on organisation's complaint process
- A 'look back' exercise may require an announcement and the patient may be told there is an investigation
- The proposed information release should be discussed with doctor first and he or she should be protected

Protecting and supporting those involved – dealing with the media

- Media enquiries dealt with by organisational processes and confidentiality of patients and doctor protected
- Any media release should be discussed with doctor first and he or she should be able to contact defence society for advice

Protecting and supporting those involved – protect the organisation

- Those involved in making the decision to investigate, or in the investigation itself should not be involved in decision making at subsequent disciplinary hearings or appeals
- Case investigators are not involved in decisions to take formal action
- If doctor raises a grievance or complains of bullying and harassment this must be assessed using local policies and overseen by a manager not in the current investigation

Starting the investigation

Terms of Reference

Terms of Reference are agreed by the case manager, issued to the case investigator, and should define the:

- Issues to be investigated
 - Boundaries of the investigation
 - Period under investigation
 - Timescale for completion of investigation and submission of a report
 - Issues which are not disputed
-
- The TOR document will reference information which has been provided by the case manager

Terms of Reference – top tips

- ToR should prevent unfocused or ‘general’ investigation
- ToR should be seen and reviewed by the doctor
- ToR may need to change during an investigation to broaden or narrow the scope

Planning the investigation

- DMG (if present) appoints CM and CI
- Terms of Reference agreed with CM
- CM may meet doctor (accompanied) to explain process, ToR and who is CI. CM confirms this in writing
- CM and CI meet to confirm process and timescales
- CI supported by CM to have time to complete investigation in four weeks and report completed five days after that (*MHPS*)
- CI plans investigation, based on information about concern already known, for example, who to interview and other evidence needed
- It may be helpful to have help

Liaising with the CM

It is important to agree the following ground rules before undertaking an investigation (remembering to confirm them in writing):

- Terms of Reference
- The time frame of the investigation
- Dates of attendance at the unit, where you will be working and what will be told to other people working in the unit
- How patient consent is to be treated
- Access to the records (such as passwords for computerised records)
- What to do if there are issues of immediate concern / patient safety issues
- Payment (how much/how long (reviewing evidence and producing the report)/by when/whether a contract is required)
- Indemnity
- That there is no conflict of interest
- Who keeps copies of the report and for how long you will keep a copy.

Principles of investigation

Investigations should be:

- Fair
- Relevant
- Impartial
- Timely.

Maintain your own personal integrity and professionalism.

Fairness

- Doctor is entitled to know what is said against them and to comment before a decision is made
- Doctor should be able to expect the decision maker is impartial
- All involved should have training
- All policies relating to this process - for example, organisational disciplinary and remediation policies - should receive an equality impact assessment
- Equality and diversity issues cover:
 - Gender
 - Race
 - Disability
 - Age
 - Religion/belief
 - Sexual orientation and gender reassignment
 - Marriage/civil partnerships.

Fairness

Be aware that looking at referrals and suspensions NCAS found associations with:

- Age and gender:
 - Male > female
 - Older > younger.
- GP v hospital/community doctors:
 - GPs are about twice as likely to be suspended from work as hospital/community doctors
 - GP suspension episodes last about twice as long as H&C (44 weeks compared with 19 weeks).
- Ethnicity and place of qualification associations:
 - Place of first qualification is a risk factor for progression through FTP irrespective of ethnicity
 - Place of qualification both inside and outside EEA
 - Among those qualified in the UK ethnicity was not a source of additional risk.

Perceptions/bias case studies

Which of these case studies would you find most difficult to investigate?

- A. 65 year old viewing pornography at work.
- B. 35 year old reported with sexist attitudes.
- C. 30 year old who persistently turns up late, uses his mobile phone at work.
- D. Senior consultant who is clinically brilliant but refuses to wash his hands.
- E. GP who refuses to refer for termination of pregnancy due to her own religious beliefs.
- F. Any more?

What is conflict of interest?

Conflict of interest

A situation in which someone in a position of trust has competing professional or personal duties, loyalties, obligations or interests that would either make it difficult to fulfil their duties fairly, or would create an appearance of impropriety or a loss of impartiality that could undermine public confidence.

Bias or the appearance of bias

A predisposition, prejudice or preconceived opinion that prevents impartial or objective evaluation or the appearance of such based on reasonable grounds.

Composite definition from several sources

Conflict of interest or appearance of bias

- Where there is or has been a **personal** relationship (marriage, partnership) between a responsible officer and a doctor or where the two are related in any other way
- Where there is a **financial** or business relationship between a responsible officer and a doctor
- Instances where a **third party** is involved for example an affair or marriage breakdown
- Where there is a known and **long-standing personal animosity (or friendship)** between a responsible officer and a doctor

Workshop B

Gathering evidence

Sources of potential evidence

- Documentary evidence
- Evidence collected from witnesses
- Other forms of evidence

- Negative
- Positive
- Benchmarking

Index of evidence

- Date evidence obtained (documentary or from interviews)
- Source (department obtained from; Name of the person providing evidence)
- Description of evidence
- Notes (including weighting comments)
- ToR reference
- Further information needed

If removed from investigation:

- Date removed
- Reason for removal.

Documentary evidence

- Need to ensure reliability – the more sources and items of evidence the greater the reliability
- Ensure you include sources of information with the potential to support or refute the allegations
- Ensure all aspects of the Terms of Reference are covered
- Check your evidence by asking these questions at the start and end of the review:
 - Does the evidence cover all the Terms of Reference?
 - Does the evidence address the matters of concern?
 - Does the selection of the evidence ensure a lack of bias?
 - Does the evidence exclude items which are not relevant?

Documentary evidence

- Be familiar with how the documentary evidence is stored, its format and how it should be accessed (if not provided directly by the CM)
- Agree somewhere private for you to work if you need to be within the organisation
- Know how to identify the doctor's contribution, for example, within a MDT or clinical audit data
- Be clear about how to respond if immediate action is required (part of the agreement process with the CM)
- Ensure documentary evidence reviewed as part of the investigation is passed back to the CM and the CI does not retain – agree how this will happen at the same time as the ToR

Patient consent

- How you will handle gaining patient consent is the decision of the CM and should be agreed at the same time as the ToR
- Ensure that all patient information in the report is treated with strict confidence

Evidence/comments from the doctor

- Doctor should know what documentary evidence is being reviewed (ToR)
- Doctor should be encouraged to submit **relevant** additional evidence and comments in line with the ToR

National and peer standards and guidance

- Consider the good practice guidance relevant to the doctor you are reviewing:
 - National (NICE, Royal College, Faculty etc)
 - Local (need to be gained from CM)
 - BNF
 - *Good Medical Practice* and relevant specialty guidance, for example, *Good Medical Practice for General Practitioners* or *Good Psychiatric Practice*.
- Ensure you have access to the good practice guidance relevant to the doctor during the investigation

The robustness of the evidence – factors to consider

- Format of evidence
 - Timeliness of evidence (time collected and time since incident)
 - Patterns of evidence
 - Directness of evidence
 - Credibility of evidence
 - Consistency of evidence
 - Technical competency of evidence giver
 - Likelihood of evidence to be challenged successfully.
-
- Standard of proof is the civil standard – the balance of probabilities (more probable than not)

Workshop C

Gathering evidence from interviews

Collecting evidence from interviews

- To obtain a detailed and accurate account in a way which is fair and is acceptable for the investigation report

Inviting witnesses to interviews

- Consider timing of interview (with demands of the investigation)
- Provide sufficient notice to attend
- Always suggest interviewee can bring a supporter
- Give the interviewee notice of the areas you want to talk about (linked to TOR)
- State the purpose of the interview
- Who will be present
- Location of interview
- How long likely to take
- General structure of the interview (including confidentiality) and any ground rules
- The practitioner is treated the same as all witnesses in the investigation i.e. afforded the same rights

Inviting witnesses to interviews

- Doctor should be written to explaining:
 - Investigation process, what is being investigated, confidentiality
 - Invitation to be interviewed with reasonable notice to meet at a mutually convenient time and venue
 - Their right to be accompanied
 - Copy of Terms of Reference, list of witnesses and disclosure file.

Structured approaches to interviews

- Five main phases:
 - Plan
 - Establishing rapport
 - Initiating and supporting a free narrative account
 - Questioning
 - Closure.
- Start with a free narrative phase
- Gradually become more and more specific in the nature of the questioning to elicit further detail

Planning

- Provide guidance to the interviewee about what might be expected
- Plan key detailed questions which cover all areas of the ToR
- Ensure the venue is suitable
- Plan arrangements for taking notes and how interview transcripts and statements are dealt with *(more later....)*

Establishing rapport

- Welcome interviewee
- Confirm who is present
- Summarise the reason for the interview in a neutral tone
- Consider need to ask neutral questions not related to the event
- Explain what is expected of the interviewee
- Provide outline of interview (include confidentiality)
- Explain if the interviewer asks a question they do not understand or that they do not know the answer to, they should say so
- Explain if the interviewer misunderstands what they have said or incorrectly summarises what has been said, interviewee should point this out
- Encourage sharing of detail during the interview

Free narrative account

- Ask for a free narrative account of the incident or event(s)
- Try not to interrupt the interviewee too early
- Encourage interviewee to provide an account in their own words by non-specific prompts:
 - Did anything else happen?
 - Is there more you can tell me?
 - Can you put it another way to help me understand it better?
 - How would you describe...
 - Tell...
 - Explain...

Free narrative account

- Display active listening, letting the interviewee know what they have communicated has been received
- Reflect back to the interviewee what they have just said, for example “*I didn’t like it when he said that*” (interviewee) then “*You didn’t like it*” (interviewer)

Questioning

- Ask appropriate questions which assist further recall or explain reasoning/rationale
- Explain you will now be asking some questions, based on what has already been communicated, in order to expand upon and clarify what the interviewee has said
- Divide areas of questioning into manageable topics:
 - Introduce an open-ended invitation to focus on and recall the subject matter of the topic-area in detail
 - Probe systematically using open-ended ('tell me', 'describe', 'explain' – enable interviewee to control the flow of information) and specific-closed questions ('why', 'what', 'where', 'when', 'who').
- Avoid topic hopping

Questioning

- Move on to deal with any case-specific information identified as important when planning the interview:
 - Organise case-specific information into topic-areas.
- Do not introduce case-specific questions until general questioning has been undertaken to avoid confusing the recollection of the incident

Closing the interview

- Summarise what the interviewee has said, using the words and phrases used by the witness as far as possible
- Tell interviewee to correct you if you have missed anything out or if information is incorrect and to add information if they remember more details
- Thank interviewee for attending, their time and effort
- Remain neutral – do not congratulate or convey disappointment in the interviewee
- Explain next steps but do not make false promises
- Ask interviewee if they have any questions
- Provide contact details if interviewee wishes to contact you with further information along with sources of support

Top tips for interview

- Keep the questions short, simple, neutral, plain language, only one question at a time
- Avoid jargon and clinical language wherever possible
- Try to keep the questions open – so the answer isn't just 'yes' or 'no'
- Signpost the particular patient and/or incident you wish to question
- Keep the language neutral
- Ensure your questions cover all issues in the ToR
- Go at the pace of the interviewee
- Vary intensity for vulnerable interviewees
- Convey respect, sympathy and professionalism

Top tips for interview – conducting the interview

- If you need to probe, ensure you remain within the scope of the ToR
- If the interviewee doesn't understand, then repeat or rephrase the question as closely as you can to the original wording
- Don't give feedback and be aware of non-verbal signals
- Tell interviewee at start of interview you are impartial and won't be giving them a reaction
- Record the responses in full
- After the interview, add to index of evidence and link to ToR

Workshop D

Homework (approx 1 hour)

- Prepare for the interview skills session:
 - As an interviewee (Dr Maroon, Staff Nurse Red OR Dr Purple)
 - As the case investigator.

IN GROUPS OF 3

	DELEGATE 1	DELEGATE 2	DELEGATE 3
Scenario 1	Dr Maroon	Investigator	Observer
Scenario 2	Observer	Staff Nurse Red	Investigator
Scenario 3	Investigator	Observer	Dr Purple

- Each scenario lasts 30mins: 20min interview plus 10mins reflection/feedback

Case investigator training

Secondary Care

DAY 2

Review of learning points from Day 1

Remember

**Purpose of the investigation is
to identify relevant evidence in
an objective and impartial way
and
produce a report**

Workshop E – Role plays

	DELEGATE 1	DELEGATE 2	DELEGATE 3
Scenario 1	Dr Maroon	Investigator	Observer
Scenario 2	Observer	Staff Nurse Red	Investigator
Scenario 3	Investigator	Observer	Dr Purple

- Observer forms (pink paper): ***Use this form to record observations about the case investigator role:***
 - The CI has prepared effectively for the interview
 - The CI establishes rapport
 - The CI initiates and supports a free narrative account
 - The CI questions effectively
 - The CI closes the interview effectively.
- Self-reflection forms (blue paper): ***Use this form to reflect on your own performance as a case investigator from the role plays***

Workshop E

Learning points from interviewing role plays

Documentation and report writing

Documentation and witness statements

- Interviews should be recorded in writing and a note taker may be provided
- Interviews may be recorded (use with care) but the witnesses must be told what will happen to the recorded material. Usually used to transcribe the interview

Documentation and witness statements

- Witness statements are prepared after the interview:
 - Format:
 - Numbered paragraphs
 - Statement of truth, for example: *“This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a disciplinary hearing. I understand that I may be required to attend any hearing as a witness.”*
 - Signed and dated
 - Introductory paragraph:
 - Name and job role
 - Why statement being given (reference local policy)
 - Use “I” and the interviewee’s exact words and phrases wherever possible
 - Cross reference to documents and attach them as exhibits
 - Witness statements contain evidence relevant to ToR – may be narrower than transcript of evidence
 - Be consistent
- Transcript of interview is separate from statements
- Supplementary statements may be necessary e.g. if TOR change

Weighting evidence

- Weighting evidence means making judgements about it. A case investigator needs this skill which must be applied consistently and impartially in order to come to findings
- Weighting the evidence means understanding the balance of probabilities and taking as true anything which appears more probable than improbable
- The more serious the concerns about the doctor, the greater the need for the investigators to satisfy themselves that the evidence supports their findings of fact

Considering the evidence

- Avoid starting the investigation with preconceived ideas about the doctor
- State both satisfactory and unsatisfactory practice
- Corroborate individual examples of evidence with other individual examples
- Check your analysis with the Terms of Reference to ensure you are answering the questions the CM wished to address

Report writing - discussion

- Have you written a report?
- What were the challenges?

Report writing

- The report should be self contained
- The report should reference witnesses
- All evidence should be appended to report wherever possible
- The report should not allow individual patients or members of the public to be identified by name
- The report and all other evidence and records should be kept secure and handled in accordance local and national guidance, *Data Protection Act 1998 and the NHS Code of Practice on Confidentiality (Department of Health 2003)*
- There are no nationally set rules for retention periods but this needs to be determined by organisational policies (agree at same time as ToR)

Report writing

- Cover page
- Contents
- Introduction
- Background
- The investigation
- Methods
- Findings of fact
- Conclusion
- Appendices
- Name and biography of case investigator(s) (*date and signed*)

Report writing - structure

Introduction

- Give a brief introduction to the investigation, its relationship with any investigations by other bodies and the procedures and regulations governing the present investigation
- You should include references to organisational policies being followed

Background

- Include relevant career information about doctor, work and role within the organisation
- Reasons for the investigation in more detail

Report writing - structure

The investigation

- Specific allegations for investigation
- Describe the team carrying out the investigation (with names, job titles and qualifications)
- The terms of reference as set initially plus any subsequent amendments

Methods

- This should include for example:
 - Review of documentary evidence, including patient records
 - Interviews with specified patients and/or colleagues.
- Details of expert witnesses (including qualifications and biography)
- State what has happened in the investigation process and explain any delays

Report writing - structure

Findings of fact

- Set out in detail all relevant evidence
- Under each ToR set out the chronology of the incident (where possible) and link to exact items of fact from the supporting evidence
- Where the fact-finding includes the opinion of case investigators or other experts on a standard of care, the required standards of care should be quoted (and included as an Appendix)
- Draw attention to any conflicts of evidence and whether it was necessary to resolve the conflicts in order to complete the investigation. Rationale should be given for preferring one version of events to another

Report writing - structure

Conclusions

- Summarise evidence in respect of each of the points listed in the Terms of Reference
- Cross-referenced to the findings of fact

Appendices include relevant evidence

All the relevant evidence should form the appendices:

- Terms of reference
- Witness statements
- Standards used
- Physical evidence may include:
 - *Medical records*
 - *Letters of complaint*
 - *Clinical incidents*
 - *Computer records e.g. e-mail, social networks*
 - *CCTV and telecommunications data.*

Appendices: Examples of standards

- Refer to appropriate national standards whenever possible e.g.
 - *College guidance*
 - *NICE guidance*
 - *GMC guidance*
 - *NHS England*
 - *Department of Health guidance.*
- National policy and procedures
- Local policies and clinical pathways in organisations, for example, if the incident is about poor note keeping look for local policy as well as national

Errors and types of errors

- Check your own work thoroughly, considering:
 - Has the evidence been transcribed correctly?
 - Is the evidence set out clearly in appropriate language?
 - Is the evidence coherent?
 - Is it clear why the allegations have been accepted or dismissed?
 - Is the report internally consistent?
 - Are all the facts described and accurate?
 - Are any assumptions or inferences substantiated?
 - Is the report comprehensive covering all relevant evidence?

Report writing – top tips

- Be objective and give rationale for any decisions
- Keep the tone of the report neutral
- Report areas of both satisfactory and poor practice/conduct
- Do not introduce personal bias
- Be succinct but comprehensive
- Write in Plain English and avoid jargon
- Needs to be evidence-based
- Needs to be internally coherent.
- Needs to be defensible:
 - Against potential challenge from the doctor
 - Against potential challenge from the CM

Workshop F

Read additional information (witness statements and site visit)

Draft findings of fact and conclusion sections for ToR1

Supporting the doctor

- The CM is responsible for ensuring the doctor is supported throughout the investigation (including through BMA and Defence Organisations, OH, Counselling etc)
- CIs should be aware of support which is available for the doctor and:
 - Remain unbiased and objective
 - Ensure principles of investigation are maintained
 - Follow principle that doctor should know everything that is said about them
 - Follow principle that doctor should know the evidence upon which the investigation conclusions are based.

What happens next?

Consideration of report

- Circulation is limited to the case manager and, where present, members of the DMG
- Doctor does not receive drafts of the report in case they interfere with the process
- Doctor should see final draft of the report and be invited to correct any errors of fact (NB Check local policy)
- Consider confidentiality of sharing
- The CM with the DMG makes the decision for further action
- Once the decision is made the case manager should meet the doctor to explain the outcome

Discussing the case with the CM

Provide an overview of the investigation:

- ToR
- Investigation process, including methods, sources of evidence
- Findings of fact against each of the ToR
- Any outstanding areas of doubt.

Outcomes

CM will decide:

- If no further action is needed
- If there is a case of misconduct that should go to panel
- If there are capability concerns (NCAS to be involved and/or panel)
- Restrictions in practice should be in place or if in place should be reviewed
- If there are serious concerns that should be reported to Regulator
- If there are health concerns
- If the matter should be progressed informally
- Organisational matters that need to be addressed, for example, policies.

NCAS can be consulted for advice at any stage.

Consider organisational learning.

Responding to legal challenges – the role of the case investigator

Process of disciplinary panel hearing

- Disciplinary panels follow process (MHPS), members are specified and must not have been involved in investigation
- Case manager usually presents the case of the employer
- Doctor or representative can present their case
- Case investigator may be called as a witness and will be if a witness wants to remain anonymous
- Two stage process:
 - Findings of fact
 - Sanction
- Possible outcomes:
 - No action
 - Written warning (usually with conditions)
 - Final written warning (usually with conditions)
 - Termination of contract.

Process of appeal (MHPS)

- Doctor can appeal decision within 25 days and must state the grounds on which they are appealing
- Appeal panel consists of members not involved in disciplinary panel
- Hearing takes place within 25 days and decision in five days
- Panel decides if procedures have been followed in arriving at decision and:
 - There was a fair and thorough investigation
 - Sufficient evidence was presented to make decision
 - The decision was fair and reasonable, based on evidence.

Process of appeal (MHPS)

- Process is similar to disciplinary panel with case manager presenting employer's case
- The appeals panel can call witnesses of its own volition
- It can hear new evidence submitted by the doctor
- It should not rehear the entire case
- The appeal panel can decide:
 - The disciplinary panel decision was correct
 - To vary the disciplinary panel decision
 - Order a rehearing of the case (if processes were not followed correctly).
- The decision of the appeals panel is final

Employment Tribunals

- A doctor who is dismissed can take the case to an employment tribunal where the reasonableness of the employer's actions will be tested
- Employment tribunals examine organisational processes in coming to their decision
- The case investigator may be called to give evidence on process followed
- The ACAS code of conduct is taken into account and if the tribunal feels the employer has not taken the code into account they can adjust the award by 25%

ACAS code of conduct

When concerns are dealt with formally:

- Employers and employees should raise and deal with issues promptly and should not unreasonably delay meetings, decisions or confirmation of those decisions
- Employers and employees should act consistently
- Employers should carry out any necessary investigations, to establish the facts of the case
- Employers should inform employees of the basis of the problem and give them an opportunity to put their case in response before any decisions are made
- Employers should allow employees to be accompanied at any formal disciplinary or grievance meeting
- Employers should allow an employee to appeal against any formal decision made.

Workshop G

Why do investigations go wrong?

- Inconsistency, variation in quality, lack of transparency
- Variability of capacity/ability
- Delegation to staff who are too junior
- NCAS under-used, delays in seeking advice
- Wide differences in timescales
- Not always sufficiently objective, conclusions not always sound
- PCOs refer to regulator too readily instead of handling locally
- Complainants not kept in touch with what is going on
- Employers refer to regulator if contract of employment ends when in mid-investigation
- When registrant is line managed by a non-registrant the professional significance of concerns can be misunderstood

Expertise/support to the investigative process

- Remember your role is as CI – not as a doctor or a specialist
- Where clinical judgement is required, must involve a clinical adviser
- Clinical advice may be needed for area of specialty, for example internal senior clinician or Royal Colleges may be able to help
- Advice may be needed if you do not have the knowledge in certain areas, for example, computer skills to retrieve data
- When you believe the case needs escalation, get advice from the CM (who could seek advice from NCAS or GMC ELA)
- Seek legal advice, for example, if unsure how to treat a piece of evidence

What support is available for investigators?

- Peer support and networking:
Organisations should consider how case investigators can get support from each other by having meetings of trained investigators, (case investigator support group, CISG, mentor).
- Quality assurance:
Needs to be considered. Feedback from RO (or senior manager) and case manager after an investigation, anonymous feedback from witnesses.
- Maintaining and developing skills:
Case investigators should keep up to date by incorporating feedback/reflections/courses in their appraisal and PDP.
- NCAS:
NCAS can advise CI at any stage.

Learning/feedback

Please respond to email sent this afternoon

- Workshop evaluation

Please provide your feedback on the content of this workshop online at:

<http://www.ncas.nhs.uk/events/workshops/case-investigator-training-workshop/evaluation/>

- NCAS and NHS England useful reading, templates and examples for case investigators and case managers:

<http://www.england.nhs.uk/revalidation/ro/resp-con/cit/reading/>

Contact NCAS

England (Scotland and Wales)

- Tel: 020 7811 2600 Email: casework@ncas.nhs.uk
- Address: NCAS, NHS Litigation Authority 2nd Floor, 151 Buckingham Palace Road
London SW1W 9SZ

Northern Ireland

- Tel: 028 90 690 791 Email: northernireland.team@ncas.nhs.uk
- Address: NCAS Northern Ireland Office, HSC Leadership Centre, The Beeches, 12
Hampton Manor Drive, Belfast, Co Antrim, BT7 3EN

NCAS Adviser Team: <http://www.ncas.nhs.uk/about-ncas/ncas-within-nhs/our-advisers/>

Oversight Group Meeting

Tuesday, 13th September 2016 @ 10:00am in
The Chief Executive's Office, Trust Headquarters, Craigavon Area Hospital


NOTES & ACTION POINTS

Present: Dr Richard Wright
Mrs Vivienne Toal
Mrs Esther Gishkori

In attendance: Mr Simon Gibson
Mr Malcolm Clegg

Medical MHPS Cases, Doctors in Difficulty, GMC & NIMDTA Issues

Irrelevant information redacted by the USI



AOB:

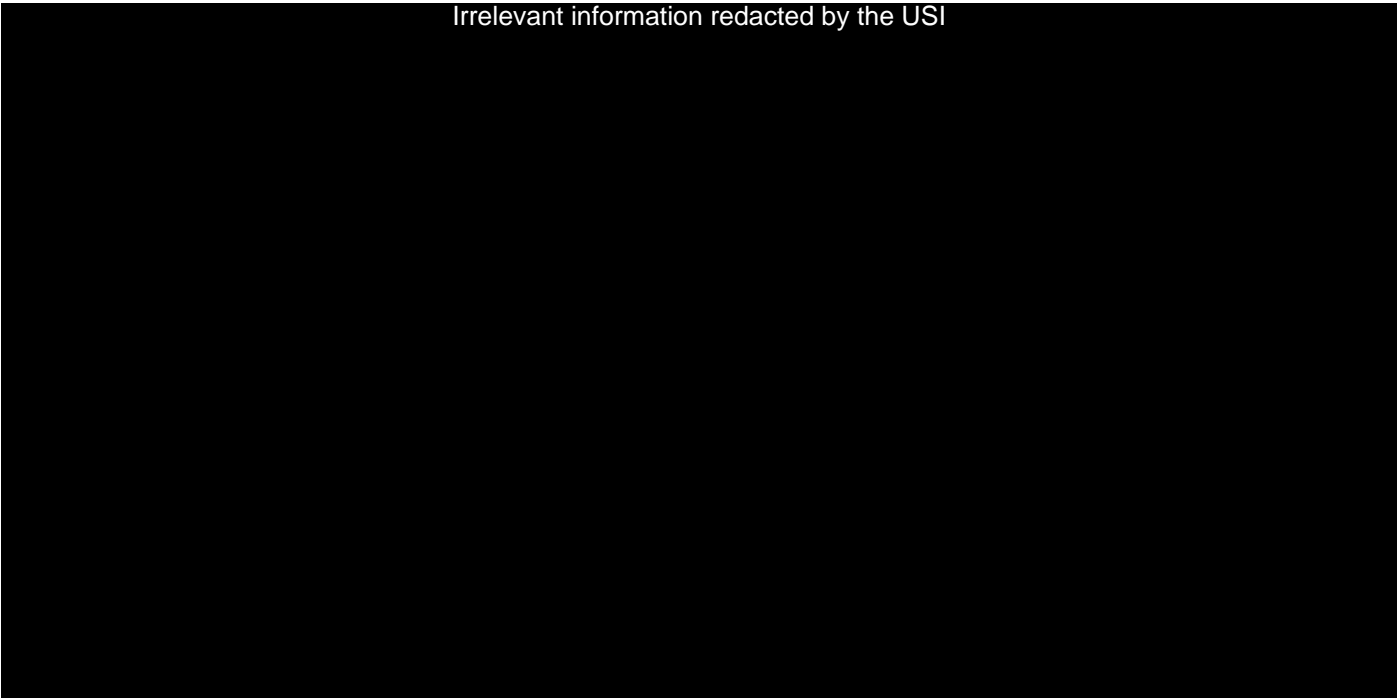
The oversight group was informed that a formal letter had been sent to AOB on 23/3/16 outlining a number of concerns about his practice. He was asked to develop a plan detailing how he was intending to address these concerns, however no plan had been provided to date and the same concerns continue to exist almost 6 months later. A preliminary investigation has already taken place on paper and in view of this, the following steps were agreed;

- Simon Gibson to draft a letter for Colin Weir and Ronan Carroll to present to AOB
- The meeting with AOB should take place next week (w/c 19/9/16)
- This letter should inform AOB of the Trust's intention to proceed with an informal investigation under MHPS at this time. It should also include action plans with a 4 week timescale to address the 4 main areas of his practice that are causing concern i.e. untriaged letters, outpatient review backlog, taking patient notes home and recording outcomes of consultations and discharges
- Esther Gishkori to go through the letter with Colin, Ronan and Simon prior to the meeting with AOB next week
- AOB should be informed that a formal investigation may be commenced if sufficient progress has not been made within the 4 week period


ACTIONS:

1. **Simon Gibson to draft a letter for Colin Weir and Ronan Carroll to present to AOB next week**
2. **Esther Gishkori to meet with Colin Weir, Ronan Carroll and Simon Gibson to go through the letter and confirm actions required**

Irrelevant information redacted by the USI



Irrelevant information redacted by the USI



Gibson, Simon

From: Wright, Richard <[Redacted]>
Sent: 15 September 2016 18:05
To: Gibson, Simon
Subject: Re: *HOLD* Meeting with Simon, Colin Weir and Ronan re Investigation

Classic Esther. About turn after the meeting. I've asked her to outline her plans in detail for us to consider. We haven't agreed to any change yet. R

Sent from my iPad

On 15 Sep 2016, at 15:33, Gibson, Simon <[Redacted]> wrote:

Dear Richard

Please see below – has there been an update in relation to the meeting regarding Dr O'Brien?

Kind regards

Simon

Simon Gibson
 Assistant Director – Medical Directors Office
 Southern Health & Social Care Trust

[Redacted]
Mobile: [Redacted]
DHH: [Redacted] **Ext:** [Redacted]

From: Stinson, Emma M
Sent: 15 September 2016 15:30
To: Gibson, Simon
Subject: RE: *HOLD* Meeting with Simon, Colin Weir and Ronan re Investigation

Dear Simon

Yes – I understand that Esther spoke to Dr Wright

Many Thanks
 Emma

Emma Stinson

PA to Mrs Esther Gishkori
Director of Acute Services
SHSCT, Admin Floor, Craigavon Area Hospital

<image001.png> **Direct Line:** [Redacted] **Direct Fax:** [Redacted]
 <image002.png> [Redacted]



Please consider the environment before printing this email

Click on the link to access the [Acute Services Page](#)

<image003.png><image004.png><image005.png>

From: Gibson, Simon
Sent: 15 September 2016 15:25
To: Stinson, Emma M
Subject: FW: *HOLD* Meeting with Simon, Colin Weir and Ronan re Investigation
Importance: High

Dear Emma

Please see below – is this meeting not proceeding?

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

Personal Information redacted by USI

Mobile:

Personal Information
redacted by USI

DHH:

Personal Information redacted by USI

From: Carroll, Ronan
Sent: 15 September 2016 13:31
To: Gibson, Simon; Weir, Colin
Subject: FW: *HOLD* Meeting with Simon, Colin Weir and Ronan re Investigation
Importance: High

I received an email from Esther to say this meeting was cancelled

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care

Personal Information
redacted by USI

Gibson, Simon

From: Corrigan, Martina
Sent: 17 August 2016 17:07
To: Wright, Richard
Subject: RE: confidential

Hi Richard,

See updated position below:

1. Untriaged outpatient referral letters

There are currently 174 untriaged letters dating back to May 2016

2. Current Review Backlog up to 31 July 2016

Total in Review backlog = 679

2014	243
2015	244
2016	180

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: Personal Information redacted by the USI
Mobile : Personal Information redacted by the USI

From: Wright, Richard
Sent: 09 August 2016 09:21
To: Corrigan, Martina
Subject: confidential

Hi Martina. Did we ever make progress with regard to the issues raised re Urology which Eamon had been dealing with? Regards Richard