

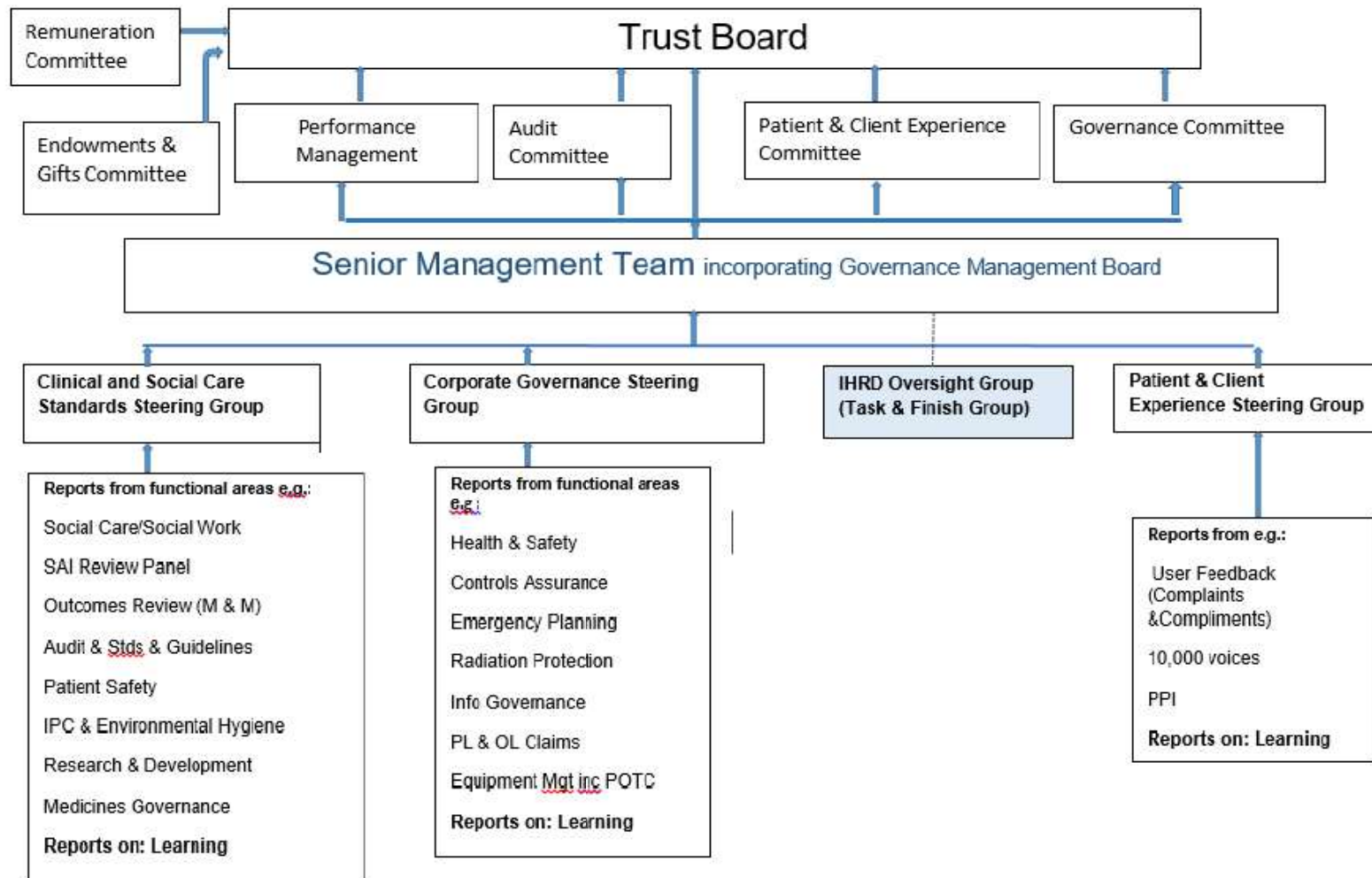
Theme/ Rec No	Recommendation	Timescale ⁴⁰
20	The management of the Board Assurance Framework and Corporate Risk Register should be delegated to the Executive Medical Director in line with the Risk Management Strategy.	M-L
21	A standardised Directorate risk register template should be considered when Datix risk register module is implemented.	M
Management of Adverse Incidents including SAIs		
22	A Trust flow chart should be developed to underpin the Regional Adverse Incident Reporting Policy/Procedure (when disseminated) which accurately reflects local/ Trust roles and responsibilities especially at Executive Director level.	L
23	Corporate oversight of the management of adverse incidents should be strengthened to include a quality assurance component which will be dependent upon the resources and skills available within the Clinical and Social Care department (see Section 4.23.1)	S-M
24	The Trust should constitute an SAI Review Group and/or SAI Rapid Review Group [or similar] which should provide independent scrutiny and challenge to the SAI process including review of level of investigation, independence of review panel and approval of terms of reference when SAIs are initiated. In addition, the Review Group should oversee completed reports before submission to the HSCB. The Review Group should be chaired by the MD or his/her Deputy and will report to a Trust Board Sub Committee. The Review Group should meet on a four weekly basis initially.	S
25	The Trust should develop a database of SAI Review Panel Chairs who have undertaken SAI/Systems Analysis Training.	L
26	The Trust should develop an SAI RCA/Systems Analysis toolkit based on the training provided by external provider.	L
27	The Trust should consider developing the role of a Service User Liaison Officer [or similar] for engagement with families throughout the SAI process.	S
Management of Health & Safety		
28	The Trust Health and Safety Committee should review their Terms of Reference and submit to the relevant Board Sub Committee for approval.	S
29	The Trust should review and revise the existing H & S audit tool for use as outlined above in Recommendation 16.	M-L
30	The Trust should undertake an organisational audit of	M

Theme/ Rec No	Recommendation	Timescale ⁴⁰
	compliance with COSHH Regulations.	
Complaints Management		
31	The remit of the Corporate Complaints Officer should be reviewed in line with the extant Trust Complaints Management policy.	M
32	The current process of screening of complaints should be reviewed and parameters for alerts to be clearly defined to include alerts to professional Executive Directors	S-M
33	It is recommended that the Trust constitutes a Director's Oversight Complaints Review Group as a task and finish group to focus on reviewing Policy and Procedure and improving the management of complaints and experience of the service user. Membership should include a Non-Executive Director and/or a Service User(s).	M
Litigation Management		
34	The management of Legal Services should be reviewed in line with IHRD Recommendations 36, 51 and 52.	S-M
Policies, Standards and Clinical Guidelines		
35	The Trust should explore the options for an electronic policy and procedure management system that is accessible, easy to navigate, contains a search facility and includes the capacity for email notification of new/changed policy and automates a review/revise reminder.	L
36	The Corporate oversight of the management of Standards and Guidelines should be reinstated and the former Accountability (Compliance) reporting arrangements are also reinstated.	S
37	The Trust should further develop the Standards and Guidelines model developed within Acute Services and provide a central management system within the Corporate Clinical and Social Care Team under the leadership of the Medical Director.	
38	The Trust should review the Sub Committee Structure to include an oversight committee for the management of Standards and Guidelines either a full time committee or a Task and Finish Sub Committee (see also Recommendation 7).	M-L
Clinical Audit		
39	The 2018 Clinical Audit Strategy and Action Plan should be reviewed and updated.	S
40	The Clinical Audit Committee should be reinstated and	M-L

Theme/ Rec No	Recommendation	Timescale ⁴⁰
	the reporting arrangements considered in the review of the Trust Board Committee Structure Section 4.2.6 and Appendix 1.	
Morbidity & Mortality – link with Medical Leadership below		
41	The resource implications for the delivery of the RMMR should be considered in line with the proposals for the Medical Leadership model. (Section 4.21 Medical Leadership and Section 4. 23.1 Corporate Clinical and Social Care Governance Department).	S
42	The RMMR process should be adequately resourced and supported to ensure optimum outputs and clinical engagement. This includes the resources required within the Corporate Clinical and Social Care Clinical Audit team to ensure the development of administrative systems for the central suppository of minutes and attendance logs (see also Recommendation 44 and 45 below).	M
Shared Learning for Improvement		
43	The Trust should review the Terms of Reference, including membership, and strengthen the purpose of the Lessons Learned Forum.	S-M
Governance Information Management Systems (Datix)		
44	<p>1) It is recommended that the Trust consider the information management systems and administrative support required to support the implementation of the Governance Review recommendations.</p> <p>2) To ensure that the Trust maximises the potential for the use of patient safety software it is vital that a dedicated Datix systems administrator is appointed who can ensure the quality of data provided as this has been identified as a gap at present (see also Clinical and Social Care Governance Structures below).</p>	M
Corporate Clinical and Social Care Governance Structures		
45	<p>It is recommended that the Corporate Clinical and Social Care Governance team is re-structured and two additional Senior Manager posts are considered to provide leadership to related functional areas.</p> <p>It is further recommended that there is an urgent review of the Corporate Clinical & Social Care Governance structure and business case development for consideration by the SMT.</p>	S
46	The Trust should ensure that the directorate governance reporting arrangements are included in a review of Trust Board Sub Committee Structure and the review of the SMT Terms of Reference as above	M
Corporate & Directorate CSCG Interface		

Theme/ Rec No	Recommendation	Timescale ⁴⁰
47	It is recommended that the agenda, membership and timeliness of the weekly Governance Meeting is reviewed and terms of reference developed. The meetings should be kept as short briefing meetings and held face to face with members. There should be a short summary template report developed which can then be used as an internal communication to NEDs.	S-M
48	In light of the weekly governance meeting, it is recommended that a review of the terms of reference including purpose, membership and frequency is undertaken.	M

Appendix 2 Governance Committee and Sub Committee Structures underpinned by Directorate Accountability Arrangements



Directorate Accountability Arrangements

Appendix 3 Corporate Clinical & Social Care Governance Department Structure reporting to Executive Medical Director



Review of the Senior Management Structures – June 2022

1.0 Introduction

The purpose of this paper is to outline final plans for changes to the senior management structure for the Southern HSC Trust.

2.0 Need for Change

Although the pandemic presented a considerable number of challenges, it also opened up new ways of thinking and working. These included:

- Leaders at all levels in the organisation stepping forward and leading on major pieces of work.
- Decision making timelines in many occasions were shortened considerably with bureaucracy replaced with technology enabled meetings.
- New fast decision making structures were created. These included SMT Bronze comprising of SMT, IPC, Microbiology, Primary Care and Emergency Planning and the Operational Bronze with a range of senior managers and clinicians from across the Trust. At the height of the pandemic these groups met on a daily basis to review, make and implement decisions.
- Directorate worked closer together with a single focus on delivering Covid-19 safe services.

In addition, the Trust has also faced an uncertain period as three Directors retired during 2021 – Director of Mental Health & Disability (March 2021), Executive Director of Finance, Procurement & Estates (June 2021), and Executive Director of Social Work / Director of Children & Young People (September 2021). Both the Director of Mental Health & Disability and Executive Director of Finance, Procurement & Estates have however now been filled on a permanent basis.

In 2021, the previous Chief Executive, Shane Devlin led discussions with a range of teams across all Directorates in relation to involving staff in shaping the new organisational structures. Pending the outcome of these

restructuring discussions, the existing vacancy of Director of Older People and Primary Care (OPPC) continued to be filled on an interim basis and the Executive Director of Social Work / Director of Children & Young Peoples' Services has been filled on an interim basis until new structures were finalised.

Following the appointment of the Executive Medical Director to Chief Executive in May 2022, the resignation of the Director of Performance & Reform in February 2022, and the pending retirement of the Director of Acute Services in August 2022, these three additional vacancies provide an ideal opportunity to conclude the discussions in relation to organisational restructuring. Dr O'Kane has a clear focus on stabilising the organisation, driving improvement and embedding our collective leadership approach.

Existing vacancies at Assistant Director level in both Acute Services and Older People & Primary Care Services have been filled on an interim basis until we finalise the key changes, after which they will be recruited permanently.

3.0 Approach to the review of structures:

The approach led by the then Chief Executive, Shane Devlin, in 2021 was to define the key parameters for change, in the context of delivering safe, effective care. In addition, he undertook a review of structures in other NHS organisations to gain an understanding of other models. The Senior Management Team then carried out a number of workshops with representatives from across Directorate teams and trade union side to begin to draft a proposed structure in the context of the agreed principles, learning from Covid19 and listening to views.

4.0 Structure design principles:

The following set of design principles was defined to guide the structures conversations and test any new model:

1. Patient / User focused – whatever is designed should ultimately ensure that the organisation is focused on care delivery;
2. Safety and Governance – the new structure must allow for an improvement in safety through good governance;

3. Succession Planning - a successful element of the new structure must be that it provides an attractive stepping-stone for progression for senior leaders;
4. External environment – any new structures must be designed around the changing external situation e.g. integrated care systems;
5. Attractive – any new structure should be seen as attractive to potential candidates;
6. Scale, Scope and Balance – it is important that new directorates / divisions are created in a balanced way with comparable management portfolios;
7. Drive upstream / prevention – new structures must ensure a focus on improved population health;
8. Corporate and Collaborative – the new structure must drive a collaborative approach, which ensures a single corporate focus across all Directorates;
9. Strategic agenda – the new structure will reflect the strategic priorities and culture we want to develop;
10. Meets statutory requirements;
11. Is affordable.

5.0 Final plan for this phase of restructuring

1. Restructuring of Directorate of Acute Services and Directorate of Older People & Primary care to create 3 separate Directorates:

- Medicine & Unscheduled Care Directorate
- Surgery & Elective, Integrated Maternity & Women's Health, Cancer & Clinical Services Directorate.
- Adult Community Services Directorate.

Timescale: June 2022 subject to DOH approval.

The portfolio of services within each Directorate is as follows:

MEDICINE & UNSCHEDULED CARE	SURGERY & ELECTIVE, INTEGRATED MATERNITY & WOMEN'S HEALTH, CANCER & CLINICAL SERVICES	ADULT COMMUNITY SERVICES
OVERALL BUDGET - £137M WORKFORCE – c2,100	OVERALL BUDGET - £147M WORKFORCE – c2,200	OVERALL BUDGET - £134M WORKFORCE – c2,800
<ul style="list-style-type: none"> • Emergency Departments • Urgent Care Centre • GP Out of Hours services • Acute Medical Wards & Outpatients • Non-Acute Hospitals • Hospital Social Work • Acute Medical Unit • Ambulatory • Patient Flow Teams • Pharmacy & Medicines Management • Allied Health Professionals 	<ul style="list-style-type: none"> • Critical Care • Theatres & Recovery (Elective & Emergency) • Surgical Wards & Outpatients • Ambulatory services • Cancer Services • Clinical Services including Laboratories, Radiology & Audiology • Integrated Maternity & Women's Health – wards / outpatient / ambulatory services 	<ul style="list-style-type: none"> • Acute Care at Home Service • Community AHP services, including Reablement Service • Intermediate Care Service • Community Equipment • Specialist Primary Care Services • Statutory Residential Homes • Day Care Services for Older People • Day Hospitals, Rapid Access Clinics & Older People's Assessment Unit • PWB Health Improvement, Community Development, User Involvement, Access & Information • Domiciliary Care Service and Care Bureau • Independent Sector Monitoring / Oversight • Care Home Support Team • Integrated Care Teams

The current scope of Acute Services Directorate is twice that of any other Operational Directorate in the Trust. This is therefore an extreme challenge for one post holder to manage given the range of service reform that is planned across many of the services. A restructuring has been under consideration for quite some time and the imminent retirement of the

current Director provides the ideal opportunity to progress this structural change.

Strategically for the organisation, safety and governance are key areas of focus for the Trust, and therefore the sub division of the Acute Services Directorate is key to achieving improvements in safety alongside robust governance arrangements.

The Trust's new Corporate Plan, has three key areas of focus.

- Stabilise, rebuild and grow
- Improve access to planned services for our patients
- Supporting unplanned, urgent and emergency services

Unscheduled demand is increasing and this affects a range of services. Two new directorates will ensure equal priority is given to both unplanned patient care whilst aiming to protect elective services, including priority patients who require surgery and outpatient services.

The inclusion of non-acute hospitals within the Medicine & Unscheduled Care Directorate aims to facilitate the patient pathway from access of services to discharge. This pathway will be supported by Allied Health Professionals and Pharmacy Teams working in the spirit of collaborative patient care. The relationship with colleagues in Primary Care, GPs, Urgent Care Centres and Emergency Departments will be facilitated by alignment within one management structure with a collaborative approach for patients.

The rationale for amalgamating:

- Surgery and elective care,
- Anaesthetics, theatres and intensive care,
- Cancer and clinical services, and
- Integrated maternity and women's health

is because of their patient cohorts requiring access to both emergency and elective services across ICU, theatres and clinical services, in addition to input from the range of specialists in each of their areas.

The Directorate of Older People & Primary Care has been reshaped as described in the new structures above. The title, Adult Community Services Directorate has been chosen to reflect the age range of the

population served in the Directorate, which is all adults and not just older people.

Community Planning, which is currently supported within the Community Development function, will be reviewed when permanent Director of Performance & Reform and permanent Director of Adult Community Services are in post.

Interim plan – cover for Acute Services

Given the pending retirement of the existing Director of Acute Services in Summer 2022, it is planned to issue an expression of interest for 2 interim posts in mid June:

1. Interim Director of Surgery & Elective, Integrated Maternity & Women's Health, Cancer & Clinical Services, and
2. Interim Director of Medicine & Unscheduled Care Services

to ensure maximum time working alongside the current Director to be supported and induced into the roles.

This will ensure robust handover, and enable time to work through the structures under each Director role to prepare for consultation on final directorate structures with staff and trade unions.

2. Transfer of Functional Support Services to Directorate of Nursing, Midwifery & AHPs.

Timescale to be agreed: proposed - 1st September 2022

The full structure currently associated with Functional Support Services Division within Acute Services will transfer under the Executive Director of Nursing, Midwifery & AHPs. It is intended that the following Support Services will be permanently located within this Directorate as a Corporate Directorate:

<p>Catering Services Domestic Services Portering Switchboard Sterile Services Laundry / Linen Services Chaplains</p>
--

Once Support Services has transferred, after an initial embedding period Transport Services will then transfer permanently from Mental Health and Disability Services and align with the Support Services portfolio given the corporate nature of Transport. This is likely to be before the end of 2022/23 financial year. This will ensure all support services are managed collectively, reflecting more visibly in our organisational structure the existing Trust wide nature of these services. This will also facilitate effective succession planning.

Currently the Functional Support Services portfolio also has a number (not all) of the Acute Services administrative functions aligned. The following arrangements will apply:

- Secretarial functions and ward clerks will be aligned alongside the services within Medicine & Unscheduled Care Services Directorate and Surgery & Elective Care, Integrated Maternity & Women's Health, Cancer & Clinical Services Directorate;
- Health Records and Referral & Booking Centre will transfer on an interim basis to Executive Director of Nursing, Midwifery & AHPs; and
- A review of administrative services is to be undertaken of administrative services and structures within the Trust.

Whilst it not envisaged Health Records & Referral & Booking Centre will be permanently located with the Executive Director of Nursing, Midwifery & AHPs they will transfer there under their existing management structure until the review is completed. This review is timely given the move to Encompass in the next number of years.

3. Mainstreaming of Covid-19 Vaccination Programme under Public Health Nurse Consultant and transfer to Promoting Wellbeing Division in the Adult Community Services Division.

Currently Lead Director for Covid-19 vaccination is the Director of Human Resources & Organisational Development. This programme has largely been a public facing programme and therefore it is considered best fit to align the programme under the Public Health Nurse Consultant and transfer this role and service to Promoting Wellbeing Division within Adult Community Services. **Transfer of this service will begin immediately.**

4. Quality Improvement function will transfer from Directorate of Performance & Reform to Medical Directorate.

Timescale: Following appointment of permanent Medical Director.

(Recruitment process is due to conclude during June 2022, and commencement date will be subject to notice period)

The Executive Medical Director has responsibility for clinical & social care governance across the organisation. To ensure that any learning is incorporated into professional practice and systems, the Trust's Quality Improvement function would align more effectively with the learning for improvement remit of the Executive Medical Director role and to provide greater opportunities to embed the safety, quality and experience agenda across the Trust. A newly appointed Medical Director will want to consider where in their Medical Directorate structure the Quality Improvement function will be placed for greatest impact, and therefore the timescale for transfer will be agreed with the Quality Improvement Team after the Medical Director has taken up post.

7.0 Potential future restructuring phase (post September 2022)

Whilst there may be a need identified for further ongoing restructuring across and within directorates on a smaller scale beyond phase 1, one key remaining Director role which requires some further consideration is:

Director of Children and Young People / Executive Director of Social Work / Social Care role

At present, the Executive Director of Social work (and Social care) retains a combined function with the Director of Children & Young People's Services. This post is currently filled on an interim basis. Whilst there is agreement that the overall remit and responsibilities of the Children and Young People's (CYP) Directorate will remain unchanged following the review of structures, further consideration is currently being required regarding the role, function and remit of the Executive Director of Social Work. This is considered necessary in the context of the expanding social care workforce in recent years, including professional responsibilities in respect of the Domiciliary Care workforce and similar posts across the operational Directorates. The Executive Director of Social Work professional responsibilities are continuing to expand within the context of

Delegated Statutory Functions pertaining to the Mental Capacity Act, the pending Adult Safeguarding Bill, increasing remit within Children and Young People's Services and associated professional governance responsibilities.

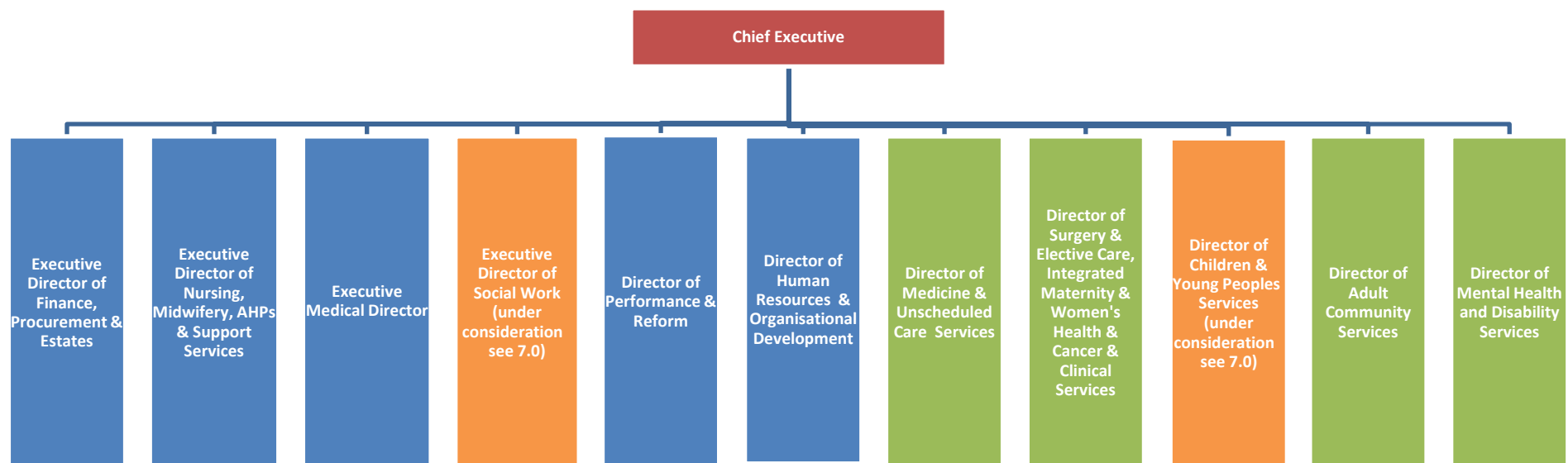
There is ongoing regional consideration of Executive Director of Social Work roles, which will require examination to explore consistency of function regarding interfaces, professional and legal responsibilities. Furthermore, cognisance needs to be afforded to the current Department of Health sponsored Review of Children's Social Work Services and associated implications.

8.0 Management of Change

It is important to provide clear reassurance that it is not anticipated there will be a detriment to any member of staff whose role may be affected by future changes to structures under Director level. The Trust's Management of Change Framework will apply to all new structures designed across the affected Directorates, with ongoing Trade Union consultation. How the Corporate Directorates support the work of the Operational Directorates given the structural changes outlined above will also require careful consideration and potential investment.

Appendix one outlines the new Senior Management Team structure, with Director of Children & Young People's Services / Executive Director of Social Work still requiring further consideration.

Appendix one

PROPOSED SENIOR MANAGEMENT TEAM STRUCTURE

**From the Permanent Secretary
and HSC Chief Executive**



Maria O'Kane
Chief Executive
Southern Health & Social Care Trust
College of Nursing Building
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Castle Buildings
Upper Newtownards Road
BELFAST, BT4 3SQ

Tel: [Personal Information redacted by the USI]
Fax: [Personal Information redacted by the USI]

Email: [Personal Information redacted by the USI]

Our ref: PM-133
SSUB-0134-2022

Date: 07 July 2022

Dear Maria,

I would like to thank you for your letter dated 26th May 2022 and I apologise for the delay in responding.

We have to take seriously the concerns raised by Christine Smith, Urology Services Inquiry (USI) Chair. It is important to seek and provide assurances that each concern as identified is being addressed promptly and appropriately. Those assurances should also assist SHSCT going forward also.

The Department has considered the issues raised by Ms Smith and the responses you provided by correspondence on 26th May 2022. We have concluded that the matters raised relating to "Urology Clinician Assurance" and the "Investigation into inaccurate information provided to patients by SHSCT" should be subject to an independent review. I can therefore advise that the Department will be commissioning the RQIA to undertake an urgent review of SHSCT Urology Services and Lookback Review. The Terms of Reference for this review will be shared with you in due course.

The Department's Permanent Secretary-led Urology Assurance Group will continue to provide oversight of the Urology Lookback Review and related matters.

I am pleased to hear through correspondence from Ms Smith that engagement between SHSCT and the USI has been positive and collaborative recently and I very much hope that this continues as the Inquiry progresses its work.




I intend to write to Ms Smith to inform the Inquiry of the Department's impending actions and will share a copy of this letter with the Inquiry for their information.



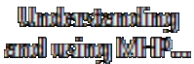

Yours sincerely

Personal Information redacted by the USI

Peter May

MHPS TRAINING RECORDS

DATE	RECORD OF TRAINING	ATTENDEES
24 Sept 2010	SHSCT Medical Leadership Forum inc NCAS Training  Handling Concerns slides 2010 medica	Dr Hall, Dr Murphy, B Conway, Mr Mackle, Dr Hogan, Dr Aljarad, Dr Beckett, Dr Simpson, Mr Weir, Dr Sharpe, Dr McAllister, Dr Chada, Mr Brown, Dr O'Brien, Dr Convery, Dr McGuinness, Dr McAlinden, Dr Sloan, Dr Fawzy, Dr McCusker, Dr Damani, Mr O'Reilly, Dr McCaffrey, Mr Heasley, Dr Smith, Dr Cassidy. Dr Loughran, Dr Rankin, Ms McVeigh, Mr Dornan, Mr Rice
11 May 2011	Managing concerns about performance of dentists, doctors and pharmacists - NCAS Lisburn Square	Offered to CD/AMD at the time
6 March 2012	Managing concerns about performance of dentists, doctors and pharmacists - NCAS Lisburn Square	Offered to CD/AMD at the time
21 November 2014	Managing concerns about performance of dentists, doctors and pharmacists - NCAS Lisburn Square	Offered to CD/AMD at the time
Tuesday 22 nd September 2015	"Doctors in Difficulty" - Committee Room 1, Daisy Hill Hospital, Southern Trust.  Doctors in Difficulty presentation 2014.p	<i>Siofra McSheery Medical Education in DHH retained records of attendees</i>
7/8 th March 2017	Trust Development Programme for AMDs & CDs  CD AMD DEVELOPMENT - 2 JI	Lynne Hainey, Sarah Moore, Laura Crilly, Siobhan Hynds, Zoe Parks, Malcolm Clegg, Helen Walker, Dr Hilda Nicholl, Dr Gareth Hampton, Dr Shahid Tariq, Dr Damian Scullion, Dr Martina Hogan, Dr Rory Convery, Dr Beverley Adams, Dr Ahmed Khan, Dr Joan McGuinness, Dr Patrick McMahon, Dr Neta Chada, Dr Patricia McCaffrey, Norma Thompson.
28/29 March 2019	Western Trust opened places for SHSCT at NCAS Training	Invite circulated to offer places in Western Trust course
10 January 2020	Case Manager NCAS Training	Zoe Parks, Dr Damian Scullion, Dr Arun Subramanian, Dr Patricia McCaffrey, Mr David Gilpin, Dr Chris Clarke, Dr Gail Browne, Dr Shahid Tariq, Dr Maria O'Kane, Ms Reem Salman

23/24 January 2020	Case Investigator NCAS Training	Zoe Parks, Malcolm Clegg, Graham White, Alicia Ellis-Gowland Mr Ronan McKeown, Dr Arun Subramanian, Mr David Gilpin, Dr Gail Browne, Dr Donna Muckian, Dr Beverley Adams, Dr Pat McMahon, Dr Tanya Kane
30 September 2020	 Hempsons-MHPS-presentation-30-Sept Hempsons Law Firm MHPS Refresher Webinar - 30Sep20 Webinar LINK	<i>Some Trust staff attended</i> <i>Webinar Circulated to all AMDs and CD's</i> <i>Added to Medical HR Hub so it is accessible for all staff.</i>
6 October 2020	  Online refresh from Dr C Fitzpatrick and Grainne Lynn	Invited: Murphy, Seamus; Murphy, Philip; Haynes, Mark; Tariq, S; Scullion, Damian; Diamond, Aisling; OKane, Maria; McMahon, Dr; Khan, Ahmed; Weir, Colin; Bradley, Una; Yousuf, Imran; McGalie, Clare; McCaffrey, Patricia; Currie, Aoife; Kamath, Meeta; Minay, Joanne; Subramanian, Arun; Lewis, JulieZ; Millar, Sarinda; Rutherford-Jones, Neville; Clarke, Chris; Hampton, Gareth; Holmes, Erskine; Gilpin, David; McKeown, Ronan; McCullagh, Rose
25 March 2021	24 March 2021 NCAS re fresh online training session with NCAS Steve Boyle Followed by circulation of our supporting HUB https://view.pagetiger.com/Hub/doctors-in-difficulty-hub	Scullion, Damian McGalie, Clare, Lewis, JulieZ, Subramanian, Arun; Diamond, Aisling; Murphy, Seamus; Quinn, Phil; McCaffrey, Patricia; Minay, Joanne ; Tariq, S, McGovern, Anna; McMahon, Dr Hughes, Zoe Parks
November 2021	Regional DLS training for NEDs on MHPS  MHPS Training for NEDs 2021.ppt	Non Executives and some Trust HR Staff attended
20 January 2022	Resolving performance concerns NCAS as part of SHSCT Navigator programme	Dr Stephen Megarity, Dr Declan Keenan , Dr Paul Webster, Dr Susanna Finnegan. Dr Cheryl Gaston, Helen Corbett, Dr Omouyi Omoike, Dr Rawda Idris, Dr Jonathan Boyd. Dr James Doyle, Dr David Haaijer. Dr Simon Patterson, Dr Judi Graham, Dr Ruth Carville, Dr Eamon McCool, Dr Grainee Curran Dr Emma McKeever, Dr Alison Blair, Dr Caroline Sheehan, Jennifer Feeney, Maxine Williamson, Zoe Parks.



WIT-59421
Southern Health
and Social Care Trust

Medical Leadership Network

Handling Concerns Workshop
24th September 2010



Objectives

- ▶ To understand the Trust's guidance on Handling Concerns
- ▶ To discuss the internal and external support available for CDs and AMDs
- ▶ To clarify the CD and AMD roles in applying the Guidance

Workshop Outline

- ▶ Background to workshop – Dr Loughran
- ▶ NCAS – Dr Colin Fitzpatrick
- ▶ Trust Guidance– Vivienne Toal and Siobhan Hynds
- ▶ Case Studies to explore CD and AMD roles

HSC Southern Health
and Social Care Trust

Handling concerns about Doctors

Doctors in Difficulty Workshop
2014

HSC Southern Health
and Social Care Trust

Objectives

- ▶ To understand the Trust's guidance on Handling Concerns
- ▶ To discuss practical examples of managing doctors in difficulty.
- ▶ To be aware who needs to know when an issue is identified.

HSC Southern Health
and Social Care Trust

The Context


Maintaining High Professional Standards in the Modern NHS

- Same disciplinary procedures apply to all doctors and dentists employed in the NHS
- Single process for handling capability issues re professional competence tied in with the National Clinical Assessment Service (NCAS)
- Trust is responsible for managing performance (disciplining) all its medical and dental staff (including doctors in training)
- Postgraduate Dean in NIMDTA is Responsible Officer for Trainees

Take Home Message: Early intervention when concerns first arise is key

What would you do?

CASE STUDY 1



1. Consider Risk
2. Establish the Facts
3. Determine category for concern
4. Action Plan
5. Deal with concern informally
Or deal with concern formally
6. Remediation & Review

How to raise your concern

- ▶ Concerns should be conducted on an informal basis, with preliminary enquiries undertaken to determine the facts. Keep a Record.
- ▶ Consideration as to whether concerns are of sufficient substance that they need to be reported. If in any doubt, report it.
- ▶ The Clinical Manager (educational supervisor) should report concerns to the AMD and Director of Service.
- ▶ Once a concern of substance has been raised, the AMD/Director should notify the Chief Executive who will appoint an Oversight Group.

Practical Advice – 5 Golden Rules

- ▶ 1) Deal with specific concerns as they arise
- ▶ 2) Investigation must follow procedures and be demonstrably fair
- ▶ 3) Allegations must be specific enough to investigate
- ▶ 4) Support those involved (OH / NCAS)
- ▶ 5) Keep a Record

Examples – Informal

- Recent complaint letter received by Chief Executive
- Allegations against individual junior doctor relating to patient care
- Preliminary enquiries to verify or refute allegations. Interview with doctor / witnesses
- Investigation of patient came to nothing
- Quickly determined doctor subject to abuse outside of employment.
- Police investigation verified.
- Fraudulent Complaint.
- Support for doctor.
- Matter closed with no further action.
- Information provided to Police.



What would you do?

CASE STUDY 2



Example – Formal Case

- Case alleging junior doctor taking and self-administering medication
- Managed under Formal MHPS Framework
- Case Investigator & Case Manager appointed
- Immediate exclusion from work in line with MHPS
- Formal Investigation
- Found proven case of gross misconduct
- Referral to the GMC
- GMC Registration suspended
- Fitness to Practice Hearing Pending



MHPS Framework

- An HR Case Manager will be allocated to support Clinical Manager
- Screening Process - Clinical Manager and HR Manager undertake preliminary enquiries into the concerns raised and compile an Investigation Report
- Oversight Group will be informed of the required action which may be:
 - No action
 - Informal remedial action : NCAS
 - Formal investigation
 - Exclusion / Restriction



Exclusions / Restrictions

- Exclusion when potential risk to patient care
- Authority to exclude a doctor can **ONLY** be taken by Chief Executive, Medical Director or AMD.
- Immediate exclusion (when concern first arises) NCAS must be informed
- Formal exclusion (during formal investigation) Trust conference should be convened
- Restrictions should always be considered as an alternative to exclusion
- All exclusions must be reviewed in line with MHPS

NCAS

NHS
National Clinical Assessment Service

- Confidential advice to Trusts and doctors
- Contact usually via Medical Director/HR
- Advice: Fresh independent opinion
 - Exclusion: prevent inappropriate exclusion
 - Support for cases managed locally
 - NCAS formal assessment
 - Action Plans and remediation
- Local Case advisors
- Register for Free "Managing Concerns" workshop
 - <http://www.ncas.nhs.uk/events/workshops/managing-concerns-workshops/>

Employment Law cases for Doctors

Case Law decisions relating to doctors:

- Key messages arising relate to following proper procedures; rights of representation; constitution of panels; NCAS Performance Assessments.

Recent GMC Cases: Feb 2014

- Locum SHO ENT: Completed a medical questionnaire in which she failed to declare to the Trust that she had previously been declared unfit to undertake exposure prone procedures. Actions misleading & dishonest.
- GMC Decision: Erased**

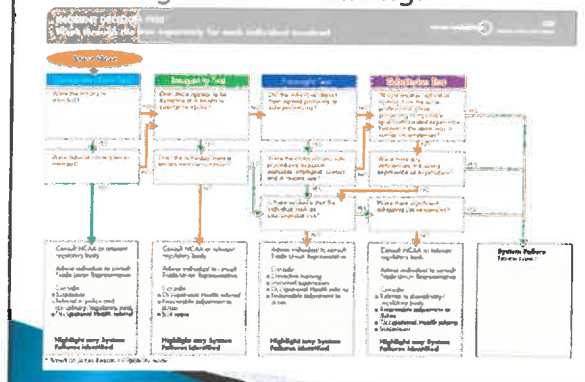
Summary & Conclusion

1. Identifying a Trainee in Difficulty
2. Meet with that Trainee
3. Document concerns & their reflection
 - (Consider support available HR/OH/NCAS)
 - (Escalate appropriate concerns)
4. Identify a Development Plan
5. Monitor & Review
6. Keep a Record:



If its not written down – It didn't happen.

Assisting Decision Making:



Graded response to Concerns

Direct Clinical Practice	Personal but affecting Practice	Referral to Organisation	Response
Early concerns about rate of progress	Behaviours causing irritation	Clinical/College Tutor, Clinical Director	Specific educational interventions linked to PDV with assessment of progress
Assessed concerns about progress in gaining competence and proficiency	Personal behaviours affecting clinical practice & team dynamics	Clinical Tutor, Training Programme Director, postgraduate Dean	Educational interventions as above but with enhanced supervision. Use of RITA and counselling
Incompetent practice	Personal behaviour affecting practice	As above but may consider NCAS referral when serious and repetitive. Inform HR	Local investigation, Assessment, advice, counselling. May need to repeat module/year
Incompetent or negligent practice, Abuse of position	Failure to respond to personal health issues or responses shown above	Involve HR. Involve NCAS but GMC may also be indicated	Screening leading to review and assessment followed by educational or disciplinary routes
Patient formal complaint: Serious Adverse Incident	Suspicion of substance abuse, misuse of hospital facilities	Hospital investigation But involving organisations listed above	Voluntary restriction of practice or exclusion. Design of intensive educational programme or conduct route



Directorate
of Legal
Services

Training on MHPS Procedure

For Southern Trust AMD's and CD's

28th April 2017

Presented by June Turkington
Assistant Chief Legal Adviser, DLS

www.hscbusiness.hscni.net

Maintaining High Professional Standards Framework (MHPS)

- Introduced by DHSSPS Circular dated 30th November 2005
- Effective from 1st December 2005
- Formal departmental Directions require all Trusts to comply with MHPS
- MHPS procedure is incorporated into the contracts of employment of individual doctors – see case of Mark Ali v Belfast Trust (NI High Court 2008)
- Therefore any breach of the procedure is also a breach of contract – see case of Lamey v Belfast Trust (NI High Court 2013) re injunctions to prevent anticipated breach

Scope/application of MHPS

“A framework for the handling of concerns about doctors and dentists in the [HSC]”

Applies to

- Medical and dental employees

Concerns regarding

- Conduct
- Clinical performance
- Health



Directorate
of Legal
Services

Scope/application of MHPS

Definition of “performance” (Intro para 2)

Where the term “performance” is used in MHPS, it refers to

- All aspects of a doctor’s work, including
- Conduct, health and clinical performance
- The term “clinical performance” means those aspects of a doctor’s work which require exercise of clinical judgment or skill

Scope/application of MHPS

Introduction para 5 states that “*local conduct procedures will apply to all concerns about the conduct of a doctor*”.

Treat this statement with caution!

Subject to many limitations

No reference to Trust capability procedures

Section VI – Formal Procedures – General Principles

- Training – (clinical) managers and CIs must receive appropriate training on these procedures and on equal opps
- Where an employee is excluded or facing formal procedures, normal sickness absence procedures apply – see para 2

Section VI – Formal Procedures – General Principles contd

- Where employee leaves before formal procedures completed, investigation must be taken to a final conclusion in **all** cases
- Performance procedures must be completed wherever possible
- Employer must make a judgment based on the evidence available as to whether the allegations are upheld – then take appropriate action – para 9

Context of MHPS

MHPS must be seen within wider context – 4 key elements

- Appraisal & revalidation
- Advisory & assessment services of NCAS
- Tackling blame culture
- New arrangements for handling exclusions

Also importance of remedial action including retraining

- See NCAS '*Back on Track Framework*'

MHPS Required Response

Safety of patients must be at the heart

Whatever the source of information about concerns, the response must be the same

- See Intro para 10



Directorate
of Legal
Services

Section I – Action when a concern first arises

All allegations must be properly investigated to establish the facts and substance of any allegations

See key actions outlined at para 4

- Central role of NCAS – see also paras 9 to 14 – should be considered at any stage of case.
- When considering restrictions or exclusion, must adopt the least restrictive option sufficient to protect patient safety – NCAS must also be notified

Section I – protecting the public

See para 6 –“ in the vast majority of cases when action other than immediate exclusion can ensure patient safety the doctor should always initially be dealt with using an informal approach. Only where a resolution cannot be reached informally should a formal investigation be instigated”.

Section I – Informal approach

See flowchart

- Clinical manager
- Preliminary inquiries to verify or refute substance or accuracy of concerns
- Decide on informal approach or formal investigation
- In consultation with Medical and HR Directors - advice from NCAS and OH as required
- Consider local action plan which may include NCAS assessment

Section I – Immediate exclusion

Para 19 – grounds

- Protect interests of patients or other staff (but not the doctor); and/or
- Breakdown in relationships which may endanger patient care

Duration – max 4 weeks

Section I – Immediate exclusion

During period →

- case conference – clinical manager, Med Dir and HR
- doctor given opportunity to state case & propose alternatives
- invited to a meeting within 4 weeks
- clinical manager must advise of rights of representation
- where Med Dir decides on exclusion (formal?) GMC must be notified

NB All discussions must be minuted and a copy given to the doctor.

Formal Approach

See flowchart

Where this needs to be followed, the Chief Exec must (after discussion between Medical and HR Dirs)

Appoint

- a Case Manager – role is to lead the formal investigation – normally Medical Dir but can be delegated
- a Case Investigator – role is to carry out the formal investigation – establishes facts and reports findings
the Case Manager – should be appropriately trained for this role

Right to be accompanied

Section I para 30

- applies at any stage of this process – or subsequent discip action – overrides Trust discip procedure – see case of Mark Ali v Belfast Trust – but article 6 right to fair hearing is not engaged
- to be accompanied to any interview or hearing by a companion
- companion must fall within one of the specified categories
- where they do, may be legally qualified, but must not act in a legal capacity

Formal investigation

Role of Case Investigator (CI) – see paras 31 to 33

- does not make a decision on what action should be taken
- must ascertain the facts in an unbiased manner

Role of Case Manager (CM) – see paras 34 to 36

- must write to the doctor to confirm an investigation is to take place, name of CI and the specific allegations
- doctor must be given an opportunity to see any correspondence re the case and a list of witnesses to be interviewed
- doctor must be given opportunity to put version of events to CI – can be accompanied

Timescale and decision

- Investigation – normally completed within 4 weeks
- Further 5 days to report
- Must give doctor opportunity to comment on factual accuracy
- Doctor can provide written comments re mitigation to CM within 10 days

Timescale and decision

- Report must give CM sufficient info to make a decision on way forward – see options in para 38
- Conduct cases – transfer to hearing stage of Trust Disciplinary Procedure

Section II Restriction of Practice & Exclusion

Exclusion

- Used only as interim measure whilst action is considered
- For min necessary period up to 4 weeks – normally max limit of 6 months (except for criminal investigations)
- Extensions must be reviewed every 4 weeks and brief report provided to C Ex and Board – see detailed table at para 28
- Detailed report must be provided to designated Board member on request
- Role of Dept in monitoring exclusions – para 30 & 31

Section II Exclusion contd

Reserved for “*only the most exceptional circumstances*”

The purpose of exclusion is

- To protect the interests of patients or other staff and/or
- To assist the investigative process – risk of impeding the gathering of evidence

Note that this differs from the purpose of immediate exclusion

NB Reference at para 1 to “article 6 right to fair hearing” is probably now out of step with the general law

Section II Exclusion contd

Key aspects - see para 8

- NB right to return to work if review not carried out
- May only take place in the setting of a formal investigation
- Gardening leave should never be used

Section II Exclusion contd

Procedure for exclusion includes:

- Case conf including clinical manager, Case Manager and Dir of HR
- Prelim report from CI to be available if possible
- Formal exclusion meeting para 14
- Confirmed in writing para 15
- Exclusion from work does not necessarily involve exclusion from the premises

Section II Exclusion contd

Keeping in contact and availability

- Full pay provided dr remains available for work
- Should not undertake other work during time for which being paid
- Does not apply to remainder of time
- CM may decide payment not justified eg if dr has gone abroad without agreement

Section II Exclusion contd

Informing other organisations

- Where concern about danger to patients, Trust should inform other organisations
- Where an HSC employer has placed restrictions on practice, the dr should agree not to undertake any work in that area of practice with any other employer
- Where such undertaking is breached, CM should contact GMC and Dept re alert letter

Section II Exclusion contd

Return to work

Must be formal arrangements for return to work. Must be clear about any ongoing restrictions and monitoring to ensure patient safety

Section III Guidance on Conduct Hearings and Disciplinary Procedures

- Where the outcome of investigation is case of misconduct which should be put to a conduct panel
- Covers both personal and professional misconduct
- Must be resolved locally under normal procedures
- **If a case covers both misconduct and clinical performance issues it should usually be addressed through clinical performance procedure**



Directorate
of Legal
Services

Section III Guidance on Conduct Hearings and Disciplinary Procedures

- Where a case involving issues of prof misconduct goes to hearing panel must include a medically qualified member who is not currently employed by the employer
- If dr considers a case is wrongly classified as misconduct, can use grievance procedure and/or make representations to the designated Board member

Section IV – Health concerns

Where outcome of investigation under section I shows health concerns

- Should be considered by OH and report to employer
- Wherever poss should be treated, rehabilitated or retrained
- OH consultant should agree course of action with the dr
- then meeting convened Dir of HR, Med Dir or CM, dr and OH to agree a timetable of action and rehabilitation
- Dr can be accompanied

Section IV – Health concerns

- Where impairment of clinical performance or conduct due solely to health, disciplinary proceedings should only be considered in most exceptional circumstances (para 6)
- Reference to DDA & duty to make reasonable adjustments

Section V – Clinical Performance Procedures

- Case must be referred to NCAS before performance hearing
- Where both conduct and clinical performance issues are involved - Usually addressed at clinical performance hearing

Section V – Clinical Performance Procedures contd

Matters include

- Outmoded clinical performance
- Inappropriate practice – lack of knowledge or skills
- Incompetent practice
- Inappropriate delegation of clinical responsibility
- Inadequate supervision of delegated tasks
- Ineffective team working skills

Section V – Clinical Performance Procedures contd

Duties of employer

- NCAS Action Plan
- Employer must facilitate agreed plan
- Performance hearing necessary where:- “*performance is so fundamentally flawed that no educational and/or organisational plan has a realistic chance of success*”

But see recent case *Chakrabarty v Ipswich Hospital NHS Trust 2014 EWHC*

Section V – Clinical Performance Procedures contd

- Pre – hearing procedure
- Hearing framework
- Appeals procedure

Very detailed and convoluted!

Keep copy of MHPS close by!

MHPS – Particular Situations

Trainees

- See Introduction para 11
- Post Grad Dean should be involved in the appropriate cases from the outset
- Employers responsible for the conduct of investigations and necessary action

MHPS – Particular Situations

Harassment/Working Well Together cases

- Need to comply – as far as possible - with both procedures at investigation stage
- Where case to answer → Trust Disciplinary Procedure

MHPS – Sources of Advice & Guidance

- NCAS
- GMC Employer Liaison Adviser
- CMO's Office
- Other Trusts
- DLS



Directorate
of Legal
Services

MHPS – an overview and update on recent case law

Andrew Davidson
National Head of Employment and Partner

30 September 2020

*“They are just so well established.
They are a cut above the rest.”*

Chambers UK Guide 2019

Overview

- Topics
 - Overview of MHPS
 - Case Law update

Maintaining High Professional Standards in the Modern NHS

- Framework for doctors and dentists
 - NHS Trusts have to implement
 - NHS Foundation Trusts – not mandatory but in practice have implemented
- Protections staunchly defended by doctors/defence organisations
 - Legal Representation and challenge
 - Injunctions – can stop or stall the process

Parts of the Framework

- Part I – Action when a Concern arises
- Part II - Restriction of practice and exclusion
- Part III - Conduct hearings and Disciplinarys
- Part IV: Procedures for dealing with capability
- Part V: Handling concerns about health

Guidance for NHS Employers

- MHPS Guidance from NHS Resolution
 - ...recommend adopting a **pragmatic** approach to the management of concerns under MHPS during this time and documenting in writing any steps taken (including the decision not to do anything)..."
 - Even more important to consider alternatives to exclusion
 - Investigation nearing completion –if possible conclude as quickly as possible
 - "agreed sanction/outcome" process should be considered if doctor/dentist accepts concern

Part I - Concerns

- Initial action
 - Informal action – training, supervision etc..
 - Formal action – treat as “potentially serious concern”
 - “Serious Concern” – not defined in MHPS

Part I - Concerns

- Doctors/dentists in training
 - Educational issue
 - Deanery involvement
- Involve Practitioner Performance Advice at an early stage

MHPS – First Considerations

- Register serious concern with Chief Executive
- Appoint key roles
 - Case Manager
 - Case Investigator
 - Designated Board Member

Initial Actions – Informing the doctor

- Case manager – write to doctor to inform
 - Investigation will take place
 - Name of investigator
 - Specific allegations/concerns
- Rights of the doctor
 - Opportunity to see relevant correspondence
 - List of those to be interviewed
 - Opportunity to put case to investigator
 - Right to be accompanied

Right to be Accompanied

- Doctor is entitled to be accompanied at any stage
 - Fellow worker
 - Official or lay representative of a trade union or defence organisation
 - Friend, partner or spouse
 - *"may be legally qualified but he or she will not be acting in a legal capacity"*
 - Significant legal challenge and clarification

Restrictions

- Examples include:
 - Increased supervision
 - Annual leave
 - Limit to non-clinical duties
 - Adjust existing clinical duties
 - Obtain undertakings
- May be other restrictions available

Exclusion

- Last resort
- Immediate
 - Initial period of 2 weeks
- Purpose – preliminary situation analysis
- Formal
 - Necessary for protection of staff / presence is likely to hinder investigation
 - May be extended (with review) in blocks of 4 weeks at a time

Investigation

- Must be within “band of reasonable responses”
- Need for clear terms of reference
- Independent mind-set
- Should look for evidence that does not support allegations as well as evidence that does

The Pathways of MHPS

- Once investigation is complete Case Manager decides
 - Conduct
 - Capability
 - Ill-health
 - Hybrid?
- Do the issues require a formal hearing?

Capability

- Involvement of PPA
 - Must be involved before move to capability panel
 - May conduct an assessment but not obliged to
 - Could lead to retraining, remediation etc.
- Report
 - Comments from doctor on the facts –within 10 working days

Capability - Hearing

- Panel
 - Two board members/senior managers
 - One medical practitioner from another NHS organisation
- Advisors
 - Senior HR
 - Senior clinician from another NHS organisation

Conduct Issues

- Disciplinary Procedure applies
- Strongly advised to seek advice from PPA – particularly with professional misconduct
- Investigation – if professional misconduct should seek independent professional advice
- Practitioner – can raise grievance if disputes classification as misconduct

Conduct - Hearings

- Professional misconduct
 - Panel must include medically-qualified member from another NHS body

Ill-health

- In principle
 - Treated
 - Rehabilitated or
 - Retrained
- Reasonable adjustments
 - Examples
 - Move locations, move role, remove duties, change hours
- Involve PPA

Case Law Update

*“They are just so well established.
They are a cut above the rest.”*

Chambers UK Guide 2019

Ardron v Sussex Partnership NHS Foundation Trust

- Dr A - Consultant Psychiatrist since 2010
- Worked at HMP Lewes between November 2015 and January 2016
- Prisoner – suicide attempt
- Dr A assessed and sought to transfer to medium secure unit but it did not happen
- February 2016 – prisoner committed suicide

Ardron v Sussex Partnership NHS Foundation Trust

- Family complained and Trust initiated investigation
- Investigation
 - Dr A had inadequately documented her initial assessment of the prisoner;
 - Had not checked that his clinical record was properly updated;
 - Had not planned his care or prescribed medication; and
 - Had not kept adequate records of her further meetings with him or of her discussions with other clinicians concerning his case.

Ardron v Sussex Partnership NHS Foundation Trust

- Case Manager
 - Failings amounted to sufficiently serious misconduct for the matter to be heard by a disciplinary panel and which could result in dismissal
- Dr A
 - Asserted that there was no basis for a charge of gross misconduct
 - Obtained an interlocutory injunction preventing the disciplinary hearing from going ahead

Ardron v Sussex Partnership NHS Foundation Trust

- High Court
 - Dr As argument
 - Considered individually, failings were small incidents of negligence
 - Not gross negligence or gross misconduct
- Did not accept her argument
- Was appropriate to consider all at a disciplinary hearing where cumulative effect could be considered

Al-Obaidi v Frimley Health NHS Foundation Trust

- Dr A-O
 - Consultant interventional cardiologist
 - Death of patient through complication
- Excluded on basis of potentially serious allegations
 - Allegedly discouraging reporting serious incidents
 - Alleged intimidating behaviour
 - Concern about potential interference with investigation
- Investigation – no potential gross misconduct

Al-Obaidi v Frimley Health NHS Foundation Trust

- Exclusion lifted, replaced with restrictions
- Interim injunction given on the decision to restrict
- High Court case
 - Refused to give permanent injunction
 - Issue was how to deal with doctor's contention that not sufficient evidence to go to a hearing
 - Was it for the court to determine and issue injunction if not sufficient? Or
 - For employer to use discretion (if exercised in good faith)?

Al-Obaidi v Frimley Health NHS Foundation Trust

- High Court

- *"...the discretion to decide whether there is a case to answer is to be exercised in good faith, and rationally. The contract confers the discretion on the case manager, and the court reviews the exercise of the discretion to see whether it has been exercised rationally and in good faith. The court will only interfere with his decision if he has broken the implied term which governs the exercise of his contractual discretion; that is, if his decision is made in bad faith, or irrational in the public law sense"*

Idu v The East Suffolk and North Essex NHS Foundation Trust

- Ms I – consultant in emergency surgery
- Allegations
 - Failed to accept reasonable management instructions
 - Rude to colleagues
 - Had become unmanageable
- Summarily dismissed for gross misconduct
- ET – lost claim

Idu v The East Suffolk and North Essex NHS Foundation Trust

- EAT
 - Appealed on the basis of characterisation of the concern
 - Was it capability or conduct?
 - If conduct, was it professional or personal?
 - Had the Trust failed to include external person on panel and refer to NCAS (now PPA)?
- Decision
 - Dismissed the appeal – all issues were of **personal misconduct**

Idu v The East Suffolk and North Essex NHS Foundation Trust

- Court of Appeal
 - Upheld the EAT decision and provided guidance
 - Professional conduct arises from exercise of medical skills
 - Usually in the course of treating patients
 - Borderline cases – should ask whether issues require experience and expertise of independent doctor
 - In this case, being a doctor was just context for the allegations

Smo -v- Hywel Dda University Health Board [2020]

- Mr S – colorectal surgeon
- Upholding Professional Standards in Wales (UPSW) – similar to MHPS
- Concerns about conduct and capability
- Investigation
- Intended to refer to PPA for capability and formal hearing for conduct
- Then Intended to investigate whether relationship with colleagues had broken down (“SOSR” investigation)

Smo -v- Hywel Dda University Health Board [2020]

- Injunction sought by Dr S to stop employer from investigating the breakdown
- High Court
 - Granted injunction
 - Breach of implied duty of trust and confidence
 - Significant overlap between issues in the conduct case and the new investigation
 - Existing procedures to take their course

Any Questions?



Disclaimer: These slides are made available on the basis that no liability is accepted for any errors of fact or opinion they may contain. The slides and presentation should not be regarded as a comprehensive statement of the law and practice in this area. Professional advice should be obtained before applying the information to particular circumstances



Andrew Davidson National Head of Employment and Partner

e:

Personal Information redacted by the USI

t:

Personal Information redacted by the USI



INVESTORS IN PEOPLE™
We invest in people Standard



Case Management Discussion

Colin Fitzpatrick Senior Adviser

Grainne Lynn Adviser

Content of session

- Reminder about MHPS/Relevance of Trust policies
- Your experiences
- Roles and responsibilities
- When to investigate – informal and formal. Are trainees different?
Paragraph 11 Introduction
- Consideration of report – what happens next
- Summary

MHPS

- *Maintaining High Professional Standards in the Modern HPSS (MHPS)* describes the procedures handling concerns about employees.
- Detailed process is described with clear separation of roles and responsibilities
- Includes guidance on when to involve Practitioner Performance Advice (formerly NCAS)
- Local procedures must comply



Contents

- **Section I: Action when a concern first arises**
- **Section II: Restriction of practice and exclusion**
- **Section III: Guidance on conduct hearings and disciplinary procedures**
- **Section IV: Procedures for dealing with issues of clinical performance**
- **Section V: Handling concerns about a doctor's health**
- **Section VI Formal procedures- general principles**
- **Flow Charts**



Other policies to consider?

- Dignity at Work
- Bullying and Harassment
- Disciplinary
- Behavioural expectations
- Social Media
- Managing Performance Concerns policy



Your experiences of case management... if any

What has gone well ... and what caused the biggest challenges?

Case Manager (CM) – roles and responsibilities

Resolution

- Responsible for protection of the public/risk management, liaising with other organisations and considering what interim measures appropriate
- Understand criteria for exclusion and exclusion review
- In NI CM only appointed after it's decided formal process necessary.
- Clinical manager in conjunction with MD/ HR decides if warranted. Would you want flexibility around this?
- CM writes to the practitioner (useful/essential also to meet)
- Leads the investigation, ensuring confidentiality and compliance with relevant legislation



Preliminary gathering of facts

- Should have been undertaken (in most circumstances)
- An initial review and assessment of facts to demonstrate to the CM that a formal approach needs to be followed
- Would usually involve the practitioner
- Does not include Terms of Reference



Case study

- You are told that Dr Cliff, a staff grade doctor at the Trust, is making regular references on Facebook to his life at the hospital. This includes remarks about colleagues and consultants by name including comments about how useless they are.
- There are one or two images of places around the hospital including the canteen/café and the grounds, with various staff and patients visible
- He may be sending other images by Instagram

As case manager, how would
you respond?

Can this be addressed without
entering a formal process?

Case Study – Dr Leyton

- Dr Leyton is a CT2 in paediatrics who has been working at the Trust for six months. Three months ago nurses reported to the Consultant, Dr Bird, that Dr Leyton had been causing a distraction in A&E, was not responding to her own calls, and was becoming increasingly unreliable. The A&E lead Consultant, Dr Waterloo, had also spoken to Dr Bird to complain and followed this up in writing to record his concerns. He states that Dr Leyton had visited the A&E in the evening and was interfering with the work of the doctors in emergency medicine by wanting to help out, as she found A&E work compelling. She had been seen debating what they should be doing at great length and staying on into the early hours of the morning on at least two nights.
- Dr Bird met with Dr Leyton to discuss the complaint. Dr Leyton argues that she had previously worked in A&E and was simply catching up with people that she knew before, as well as being interested in the work, and that she didn't understand the problem. Dr Bird is aware Dr Leyton has previously suffered from bouts of depression but Dr Bird doesn't notice anything erratic about Dr Leyton's behaviour.
- Over the next few weeks colleagues comment that Dr Leyton is again unreliable, always rushing about but not fully completing her work (e.g. making inadequate records after examinations), talking excessively about all different things (including patients, TV programmes, illness, boyfriend), seemingly unable to concentrate on any single aspect on her work. Dr Bird asks how she is and she emphatically states she's "fine, never felt better; I feel so enthusiastic".

How would you respond to this case?

Can this be addressed without entering a formal process?

What about NIMDTA

Scenario – Mr Silver

- Mr Silver is an consultant in gastro enterology. The clinical director comes to see you and reports that Mr Silver failed to see a patient he had earlier admitted, when requested by a nurse, and the patient subsequently deteriorated and died, although it's not clear that earlier attendance by Mr Silver would have made any difference. There are allegations that Mr Silver has deliberately altered some of the patient notes.
- What initial action would you expect to have been taken.

Scenario – Mr Silver

- The CD meets with Mr Silver and a colleague who is there to support him. During this interview Mr Silver denies amending the patient notes. He demonstrates little insight into the concern
- Should there be a formal investigation?

Formal route - investigation

Resolution

Case study – Dr Brown

Dr Brown is a Consultant O&G who participates in the on-call rota (1 in 5). Last weekend, the O&G Registrar rang Dr Brown with an emergency and asked him to come in and support the complex delivery of twins.

On the first phone call, Dr Brown said he would be in “*shortly*”. On the second phone call (20 minutes later) Dr Brown said he had an “*upset stomach*” and would be in “*shortly*”. On the third phone call (30 minutes after the initial call), when the Registrar rang to report another Consultant had agreed to come in, the Registrar heard hospital noises in the background and asked whether Dr Brown was doing private work.

Dr Brown did not respond but on the Monday approached the Clinical Director to say that he had been undertaking private practice on Saturday whilst on call.

Case Study – Dr Brown

Resolution

Your initial assessment does not provide you with sufficient information and you decide to investigate this case

- What would you want to cover in your TOR?
- Who would you want the CI to interview?
- What are the potential challenges for the CM in managing this case?

Purpose of investigation

To clarify the facts around an event or set of circumstances



Roles and responsibilities during and after investigation

- Nominated by decision-makers in the organisation
- Ensures investigation is conducted efficiently
- Acts as co-ordinator between the practitioner, case investigator and others interviewed
- Ensures confidentiality, proper documentation of the process and ensures access to any documentation required by the case investigator
- Ensures the practitioner and witnesses have appropriate support
- Makes judgements 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
- Prepares and presents management case to panel

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
-
- The TOR document will reference information which has been provided by the case manager and issues which are not disputed.



What happens next?

- Investigation reports – what are your experiences?
- Challenges?
- Quality of the report
- Support with decision making

Consideration of report

- Circulation is limited to the case manager and, where present, members of the DMG
- Practitioner should see final draft of the report and be invited to submit comments on factual content and of mitigation
- 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 Practitioner to explain the outcome

Comments on report examples?

- ‘On balance it is highly likely that his illness affected his perception of his managers ...’
- ‘I think it is likely also that his judgment at the time was impaired which will have affected his decision making ...’
- ‘On balance, however, I suspect that he knew this was wrong due to comments he made about consultant colleagues telling him it was wrong’
- Recommendation: ‘This is a case of professional misconduct albeit with mitigating circumstances’
- His behaviour was disgraceful for a professional.

Summary and conclusions





Directorate
of Legal
Services

Training on MHPS Procedure

For HSC NEDs
1st December 2021

Presented by June Turkington
Assistant Chief Legal Adviser, DLS

www.hscbusiness.hscni.net

Maintaining High Professional Standards Framework (MHPS)

- Introduced by DHSSPS Circular
- Effective from 1st December 2005
- Formal departmental Directions require all Trusts to comply with MHPS

Scope/application of MHPS

“A framework for the handling of concerns about doctors and dentists in the [HSC]”

Applies to

- Medical and dental employees

Concerns regarding

- Conduct
- Clinical performance
- Health



Directorate
of Legal
Services

Scope/application of MHPS

Definition of “performance” (Intro para 2)

Where the term “performance” is used in MHPS, it refers to

- All aspects of a doctor’s work, including
- Conduct, health and clinical performance
- The term “clinical performance” means those aspects of a doctor’s work which require exercise of clinical judgment or skill

Section VI – Formal Procedures – General Principles

- Training – managers and CIs must receive appropriate training on these procedures and on equal opps
- Trust Board must agree on training required by staff and members before they can “take a part in investigations or panels”

Context of MHPS

MHPS must be seen within wider context – 4 key elements

- Appraisal & revalidation
- Advisory & assessment services of NCAS
- Tackling blame culture
- New arrangements for handling exclusions

Also importance of remedial action including retraining

- See PPA/NCAS '*Back on Track Framework*'

MHPS Required Response

Safety of patients must be at the heart

Whatever the source of information about concerns, the response must be the same

- See Intro para 10

Definition of Roles

The Board, through the C Ex, must ensure these procedures are established and followed

(Section 1 para 7) BUT

- Board members may be required to sit as members of a panel – therefore info given to the Board should only be sufficient to allow the Board to satisfy itself that the procedures are being followed
- Only the designated Board member should be involved to any significant degree in the management of cases

Definition of Roles

The “designated Board member” – this is a non-executive member of the Board

- appointed by the Chairman of the Board
- to oversee the case to ensure that momentum is maintained; and
- Consider any representations from the practitioner about exclusion; or
- any representations about the investigation

(Section 1 para 8)

Formal Approach

Where this needs to be followed, the Chief Exec must
(after discussion between Medical and HR Dirs)

Appoint

- a Case Manager – role is to lead the formal
 - a Case Investigator – role is to carry out the formal investigation
 - A designated Board member
- (Section 1 para 28)

Formal investigation

Case Investigator (CI) – must assist the designated Board member in reviewing the progress of the case



Directorate
of Legal
Services

Timescale and decision

- Investigation – normally completed within 4 weeks
- Further 5 days to report
- Must give doctor opportunity to comment on factual accuracy
- Doctor can provide written comments re mitigation to CM within 10 days

Timescale and decision

- Report must give CM sufficient info to make a decision on way forward – see options in para 38
- Conduct cases – transfer to hearing stage of Trust Disciplinary Procedure

Section II Restriction of Practice & Exclusion

Exclusion (ie suspension)

- Used only as interim measure whilst action is considered
- For min necessary period up to 4 weeks – normally max limit of 6 months (except for criminal investigations)

Section II Restriction of Practice & Exclusion

- Extensions of exclusion must be reviewed every 4 weeks and brief report provided to C Ex and Board – see detailed table at para 28
- Detailed report must be provided to designated Board member on request – responsible for monitoring situation until exclusion lifted
- Role of Dept in monitoring exclusions – para 30 & 31

Section II Exclusion contd

Reserved for “*only the most exceptional circumstances*”

➤ The purpose of exclusion is

- To protect the interests of patients or other staff and/or
- To assist the investigative process – risk of impeding the gathering of evidence

Section II Exclusion contd

Key officers and the Board are responsible for ensuring that the process is carried out

- Quickly and fairly
- Kept under review; and
- That the total period of exclusion is not prolonged

Section II Exclusion contd

Key aspects of exclusion from work - see para 8

- NB right to return to work if review not carried out
- May only take place in the setting of a formal investigation
- Gardening leave should never be used

Section II Exclusion contd

Key aspects of exclusion include:

- Appointment of a designated Board member to monitor the exclusion and subsequent action
- A right for the doctor to make representation to the designated Board member

Section II Exclusion contd

The practitioner and their companion should be informed that

- they may make representations about the exclusion
- to the designated Board member
- at any time after receipt of the letter confirming the exclusion

Section II Exclusion contd

The Board

- must be informed about an exclusion at the earliest opportunity
- must ensure that the Trust's internal procedures are followed
- Should receive a monthly statistical return of all exclusions

Section II Exclusion contd

The Board

- Should receive assurance from CE and designated Board member that agreed mechanisms followed
- Details of individual exclusions should not be discussed at Board level

Section III Guidance on Conduct Hearings and Disciplinary Procedures

- Where the outcome of investigation is case of misconduct which should be put to a conduct panel
- Covers both personal and professional misconduct
- Must be resolved locally under normal procedures
- **If a case covers both misconduct and clinical performance issues it should usually be addressed through clinical performance procedure**

Section III Guidance on Conduct Hearings and Disciplinary Procedures

If dr considers a case is wrongly classified as misconduct, can

- use grievance procedure
- and/or make representations to the designated Board member

Section V – Clinical Performance Procedures

- Case must be referred to PPA/NCAS before performance hearing
- Board members may be required to sit on clinical performance panel or appeal panel – must not have been previously involved in the case

Any Questions?

30 May 2008

mgt/mr/pdoc/pd

Distribution via email to:

***Head and Deputy Head of Specialty Schools) via School
Training Programme Directors) Administrators***

***Foundation Programme Directors and) via Foundation School
Educational Supervisors) Administrator***

***All Trust: Chief Executives (via PAs)
Directors of Human Resources
Directors of Medical Education
Medical Directors to be cascaded to Clinical Directors***

***Dental Training Co-ordinator) for distribution to all
General Practice Training Co-ordinator) Senior Advisers/Associate
Directors within Dental/GP***

Dear Colleagues

**RE: POLICY IN RELATION TO THE MANAGEMENT OF DOCTORS AND
DENTISTS IN DIFFICULTY**

We have recently revised our policy and procedures in relation to the management of trainees in difficulty (policy enclosed).

We hope you will find the document of some assistance and would appreciate your help in circulating it as widely as possible.

If you have any queries regarding the Policy, please contact either myself or Ms Margot Roberts (Administrative Director) directly.

If you require a hard copy, please contact my office.

Yours sincerely

Dr T McMurray
Chief Executive/Postgraduate Dean

cc.	Dr M McBride	(Chief Medical Officer, DHSSPS)
	Mr D O'Carolan	(Acting Chief Dental Officer, DHSSPS)
	Dr P Woods	(Senior Medical Officer, DHSSPS)
	Ms D Taylor	(Pay & Employment Unit, DHSSPS)
	Dr R Rajendran	(Chairman, NI Junior Doctors Com, BMA NI)
	Dr JSA Collins	(Assoc Dean, Careers & Personal Development)
	Ms A Carragher	(Associate Dean, Foundation Programme, NIMDTA)
	Dr D Hussey	(Postgraduate Dental Dean, NIMDTA)
	Dr A McKnight	(Director of Postgraduate GP Education, NIMDTA)
	Ms M Roberts	(Administrative Director, NIMDTA)
	Ms R Campbell	(Human Resources Manager, NIMDTA)
	Miss G Diffin	(Acting Hospital Training Co-ordinator, NIMDTA)
	Ms B Devlin	(Acting Specialty Training Co-ordinator, NIMDTA)

Enc.



Southern Health
and Social Care Trust

**Trust Guidelines for Handling
Concerns about Doctors' and Dentists'
Performance**

**FINAL
15 September 2010**

1.0 Introduction

1.1 Maintaining High Professional Standards in the Modern HPSS
A framework for the handling of concerns about doctors and dentists in the HPSS (hereafter referred to as Maintaining High Professional Standards (MHPS)) was issued by the Department of Health, Social Services and Public Safety (DHSSPS) in November 2005. MHPS provides a framework for handling concerns about the conduct, clinical performance and health of medical and dental employees. It covers action to be taken when a concern first arises about a doctor or dentist and any subsequent action including restriction or suspension.

1.2 The MHPS framework is in six sections and covers:

- I. Action when a concern first arises
- II. Restriction of practice and exclusion from work
- III. Conduct hearings and disciplinary procedures
- IV. Procedures for dealing with issues of clinical performance
- V. Handling concerns about a practitioner's health
- VI. Formal procedures – general principles

1.3 MHPS states that each Trust should have in place procedures for handling concerns about an individual's performance which reflect the framework.

1.4 This procedure, in accordance with the MHPS framework, establishes clear processes for how the Southern Health & Social Care Trust will handle concerns about its doctors and dentists, to minimise potential risk for patients, practitioners, clinical teams and the organisation. Whatever the source of the concern, the response will be the same, i.e. to:

- a) Ascertain quickly what has happened and why.
- b) Determine whether there is a continuing risk.
- c) Decide whether immediate action is needed to remove the source of the risk.
- d) Establish actions to address any underlying problem.

- 1.5** This guidance also seeks to take account of the new role of Responsible Officer which Trusts in Northern Ireland must have in place by October 2010 and in particular how this role interfaces with the management of suspected poor medical performance or failures or problems within systems.
- 1.6** This procedure applies to all medical and dental staff, including consultants, doctors and dentists in training and other non-training grade staff employed by the Trust. In accordance with MHPS, concerns about the performance of doctors and dentists in training will be handled in line with those for other medical and dental staff with the proviso that the Postgraduate Dean should be involved in appropriate cases from the outset.
- 1.7** This procedure should be read in conjunction with the following documents:

Annex A

“Maintaining High Professional Standards in the Modern NHS”
DHSSPS, 2005

Annex B

“How to conduct a local performance investigation” NCAS, 2010

Annex C

SHSCT Disciplinary Procedure

Annex D

SHSCT Clinical Manager’s MHPS Toolkit

2.0 SCREENING OF CONCERNS – ACTION TO BE TAKEN WHEN A CONCERN FIRST ARISES

- 2.1** NCAS Good Practice Guide – “How to conduct a local performance investigation” (2010) indicates that regardless of how a concern is identified, it should go through a screening process to identify whether an investigation is needed. The Guide also

indicates that anonymous complaints and concerns based on 'soft' information should be put through the same screening process as other concerns.

- 2.2 Concerns should be raised with the practitioner's Clinical Manager – this will normally be either the Clinical Director or Associate Medical Director. If the initial report / concern is made directly to the Medical Director, then the Medical Director should accept and record the concern but not seek or receive any significant detail, rather refer the matter to the relevant Clinical Manager. Such concerns will then be subject to the normal process as stated in the remainder of this document.
- 2.3 MHPS (2005) states that **all** concerns must be registered with the Chief Executive. The Clinical Manager will be responsible for informing the relevant operational Director. They will then inform the Chief Executive and the Medical Director, that a concern has been raised.
- 2.4 The Clinical Manager will immediately undertake an initial verification of the issues raised. The Clinical Manager must seek advice from the nominated HR Case Manager within Employee Engagement & Relations Department prior to undertaking any initial verification / fact finding.
- 2.5 The Chief Executive will be responsible for appointing an Oversight Group (OG) for the case. This will normally comprise of the Medical Director / Responsible Officer, the Director of Human Resources & Organisational Development and the relevant Operational Director. The role of the Oversight Group is for quality assurance purposes and to ensure consistency of approach in respect of the Trust's handling of concerns.
- 2.6 The Clinical Manager and the nominated HR Case Manager will be responsible for investigating the concerns raised and assessing what action should be taken in response. Possible action could include:

- No action required
- Informal remedial action with the assistance of NCAS
- Formal investigation
- Exclusion / restriction

The Clinical Manager and HR Case Manager should take advice from other key parties such as NCAS, Occupational Health Department, in determining their assessment of action to be taken in response to the concerns raised. Guidance on NCAS involvement is detailed in MHPS paragraphs 9-14.

- 2.7 Where possible and appropriate, a local action plan should be agreed with the practitioner and resolution of the situation (with involvement of NCAS as appropriate) via monitoring of the practitioner by the Clinical Manager. MHPS recognises the importance of seeking to address clinical performance issues through remedial action including retraining rather than solely through formal action. However, it is not intended to weaken accountability or avoid formal action where the situation warrants this approach. The informal process should be carried out as expeditiously as possible and the Oversight Group will monitor progress.
- 2.8 The Clinical Manager and the HR Case Manager will notify their informal assessment and decision to the Oversight Group. The role of the Oversight Group is to quality assure the decision and recommendations regarding invocation of the MHPS following informal assessment by the Clinical Manager and HR Case Manager and if necessary ask for further clarification. The Oversight group will promote fairness, transparency and consistency of approach to the process of handling concerns.
- 2.9 The Chief Executive will be informed of the action to be taken by the Clinical Manager and HR Case Manager by the Chair of the Oversight Group.
- 2.9 If a formal investigation is to be undertaken, the Chief Executive in conjunction with the Oversight Group will appoint a Case Manager

and Case Investigator. The Chief Executive also has a responsibility to advise the Chairman of the Board so that the Chairman can designate a non-executive member of the Board to oversee the case to ensure momentum is maintained and consider any representations from the practitioner about his or her exclusion (if relevant) or any representations about the investigation.

Reference Section 1 paragraph 8 – MHPS 2005

3.0 MANAGING PERFORMANCE ISSUES

- 3.1 The various processes involved in managing performance issues are described in a series of flowcharts / text in Appendices 1 to 7 of this document.

Appendix 1

An informal process. This can lead to resolution or move to:

Appendix 2

A formal process. This can also lead to resolution or to:

Appendix 3

A conduct panel (under Trust's Disciplinary Procedure) OR a clinical performance panel depending on the nature of the issue

Appendix 4

An appeal panel can be invoked by the practitioner following a panel determination.

Appendix 5

Exclusion can be used at any stage of the process.

Appendix 6

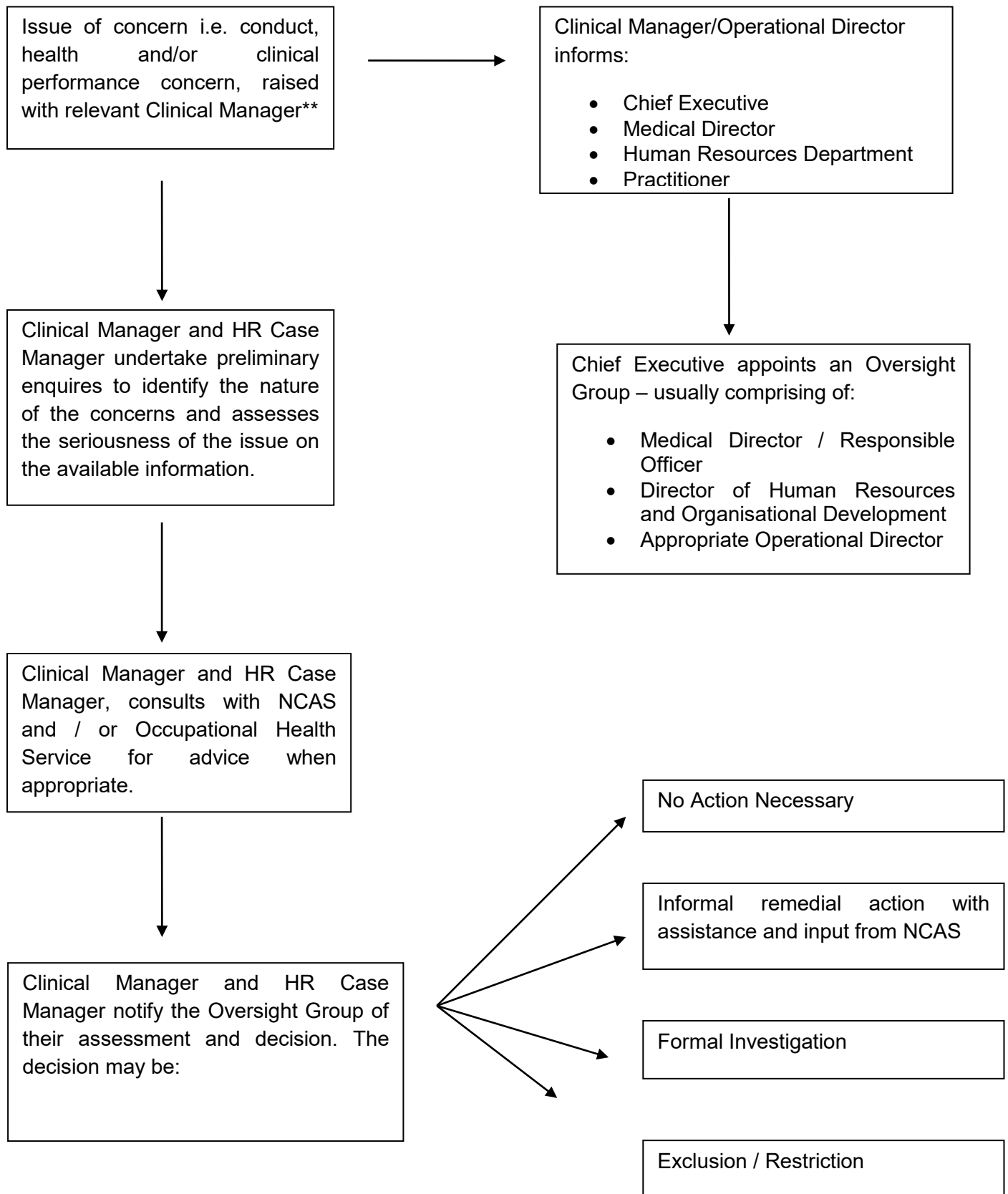
Role definitions

- 3.2 The processes involved in managing performance issues move from informal to formal if required due to the seriousness or repetitive nature of the issue OR if the practitioner fails to comply with remedial action requirements or NCAS referral or

recommendations. The decision following the initial assessment at the screening stage, can however result in the formal process being activated without having first gone through an informal stage, if the complaint warrants such measures to be taken.

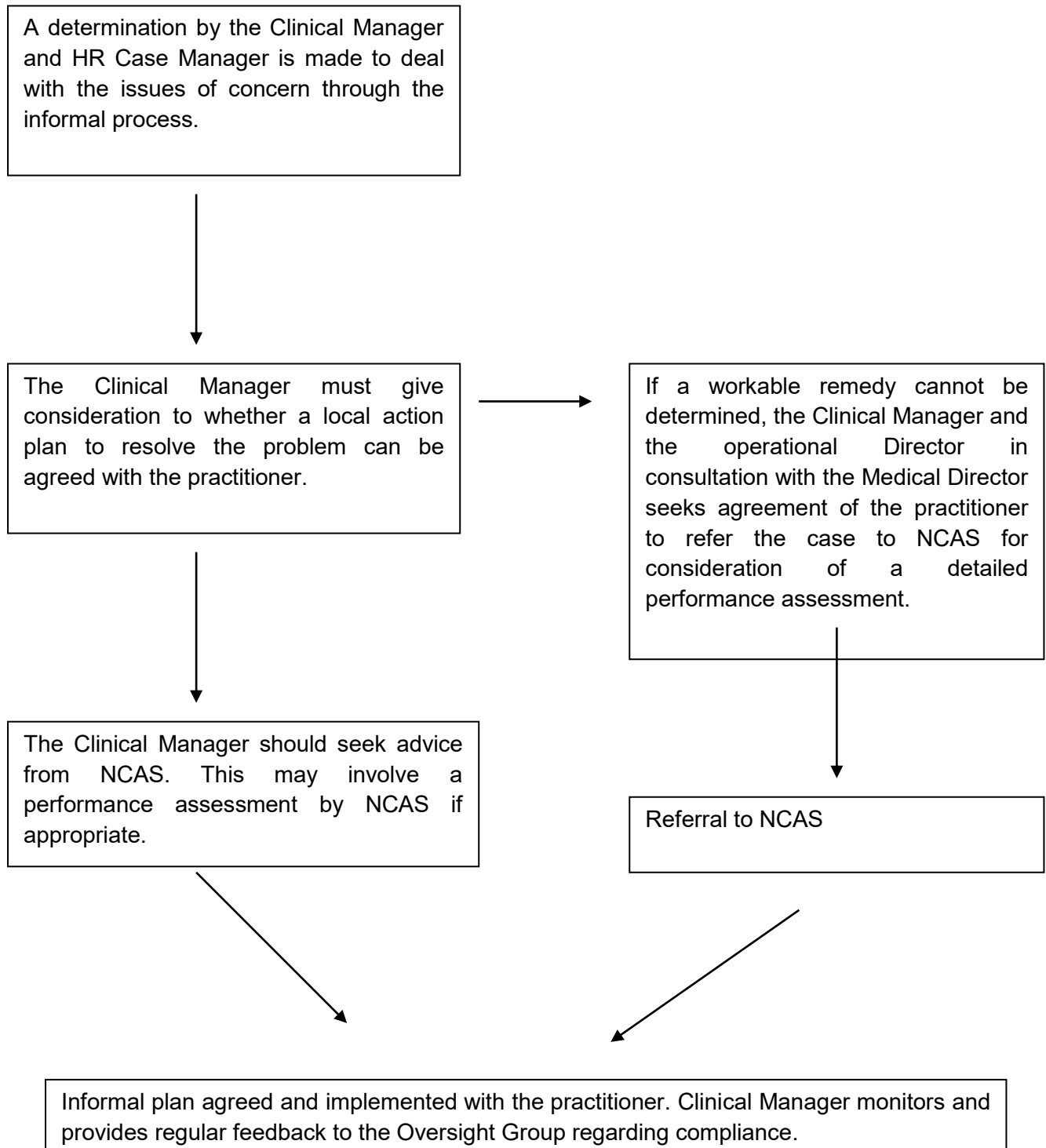
- 3.3 If the findings following informal or formal stages are anything other than the practitioner being exonerated, these findings must be recorded and available to appraisers by the Clinical Manager (if informal) or Case Manager (if formal).
- 3.4 All formal cases will be presented to SMT Governance by Medical Director and Operational Director to promote learning and for peer review when the case is closed.
- 3.5 During all stages of the formal process under MHPS - or subsequent disciplinary action under the Trust's disciplinary procedures – the practitioner may be accompanied to any interview or hearing by a companion. The companion may be a work colleague from the Trust, an official or lay representative of the BMA, BDA, defence organisation, or friend, work or professional colleague, partner or spouse. The companion may be legally qualified but not acting in a legal capacity. Refer MHPS Section 1 Point 30.

Appendix 1

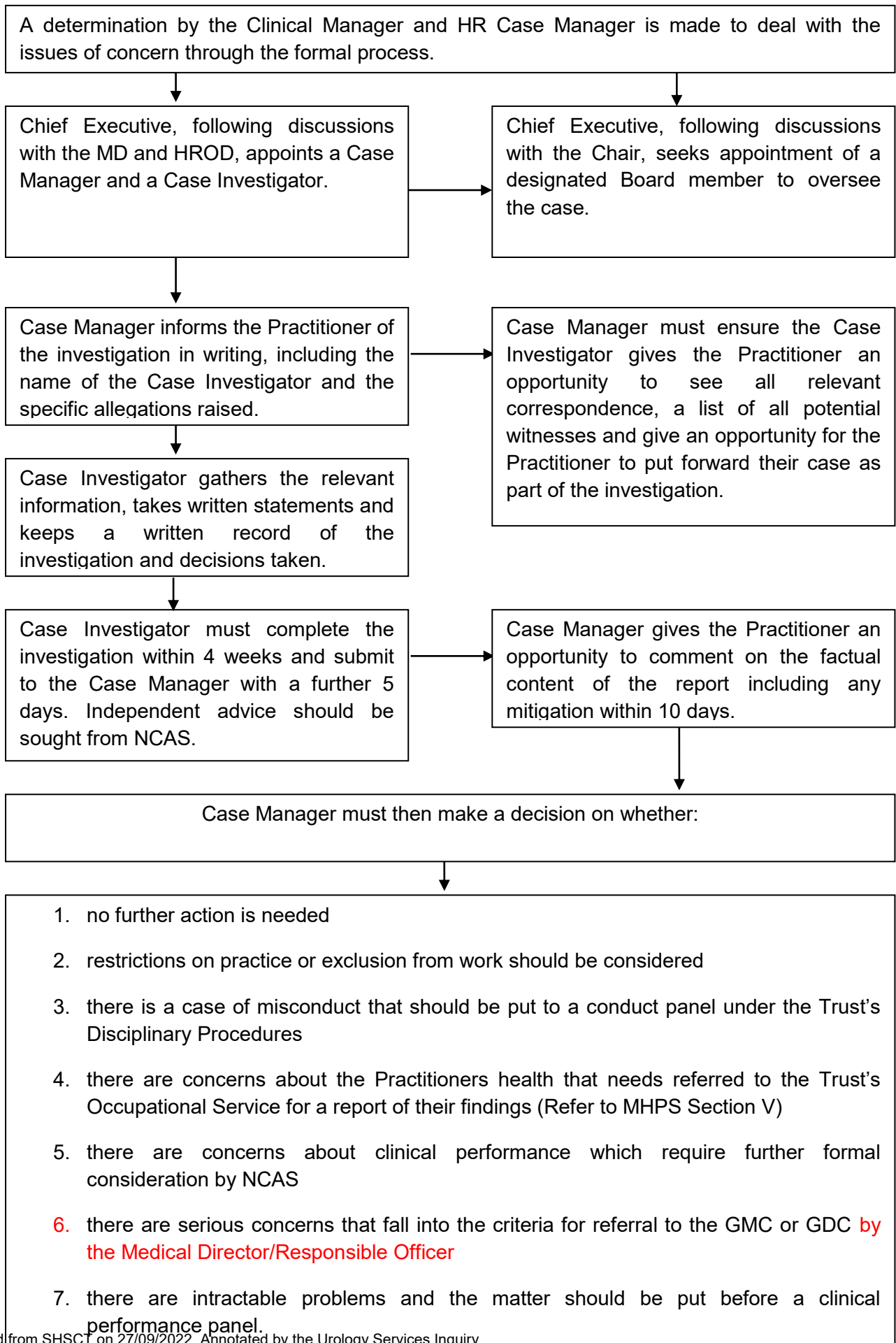
Step 1 Screening Process

** If concern arises about the Clinical Manager this role is undertaken by the appropriate Associate Medical Director (AMD). If concern arises about the AMD this role is undertaken by the Medical Director

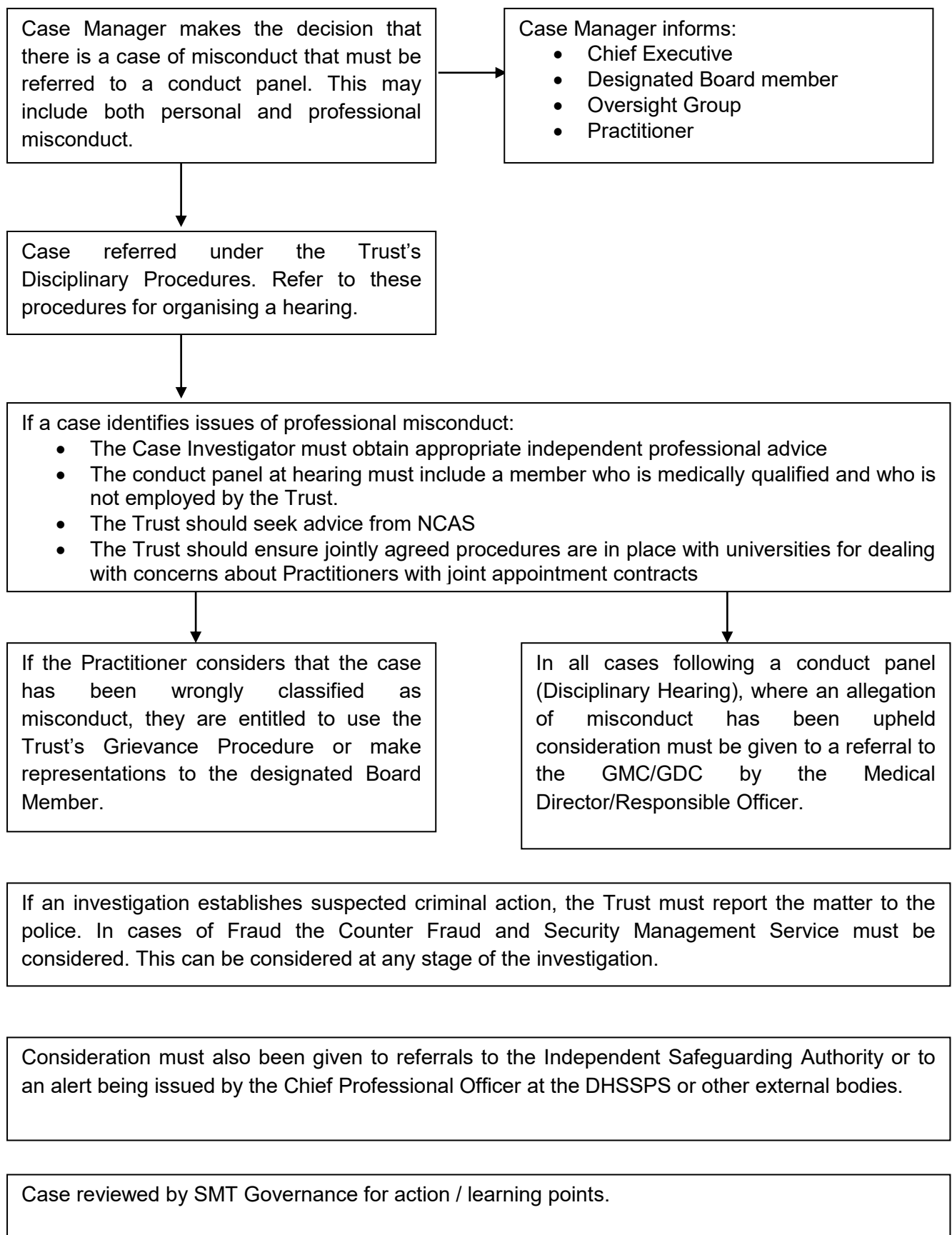
Appendix 1

Step 2 Informal Process

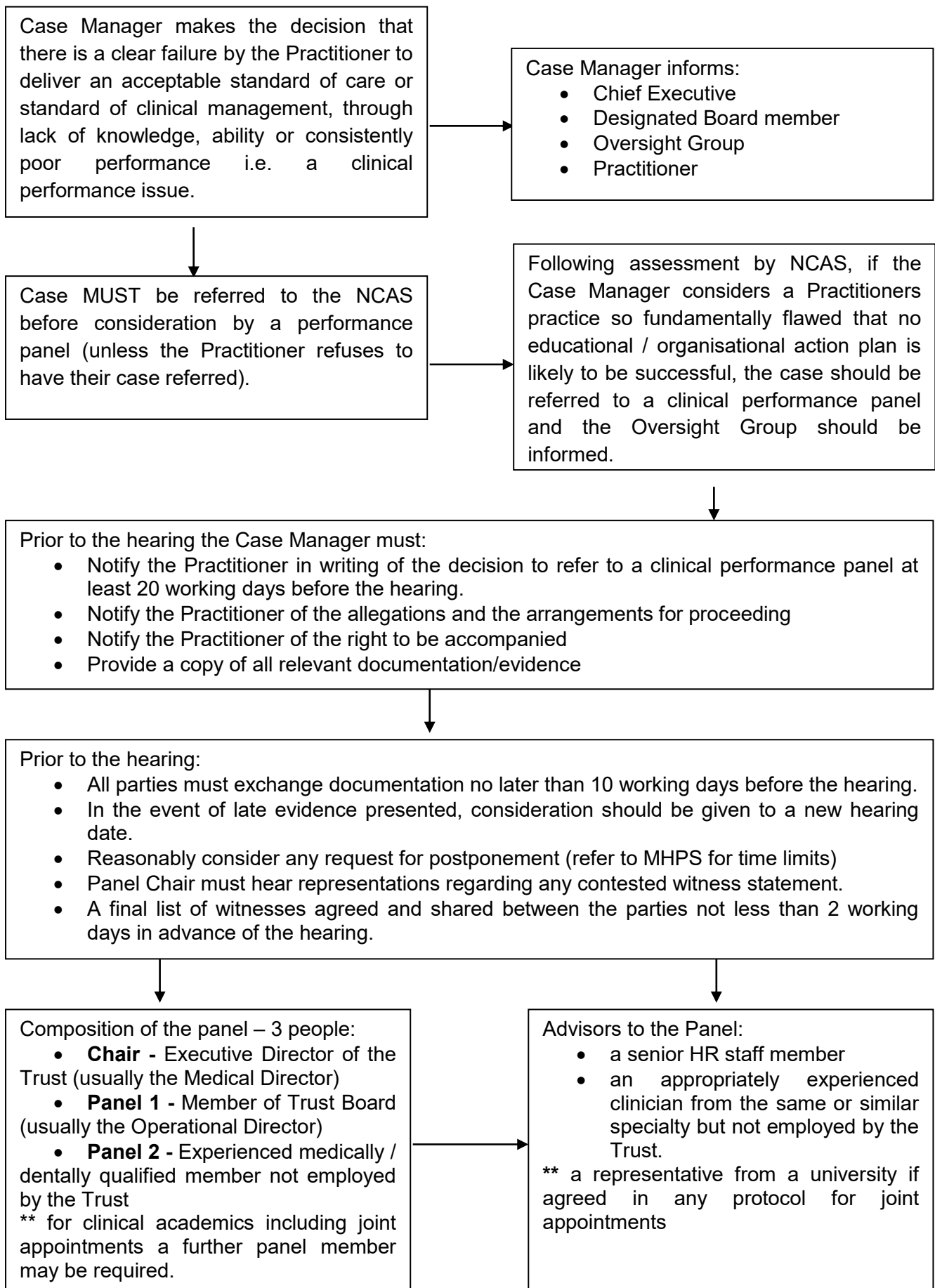
Appendix 2

Formal Process

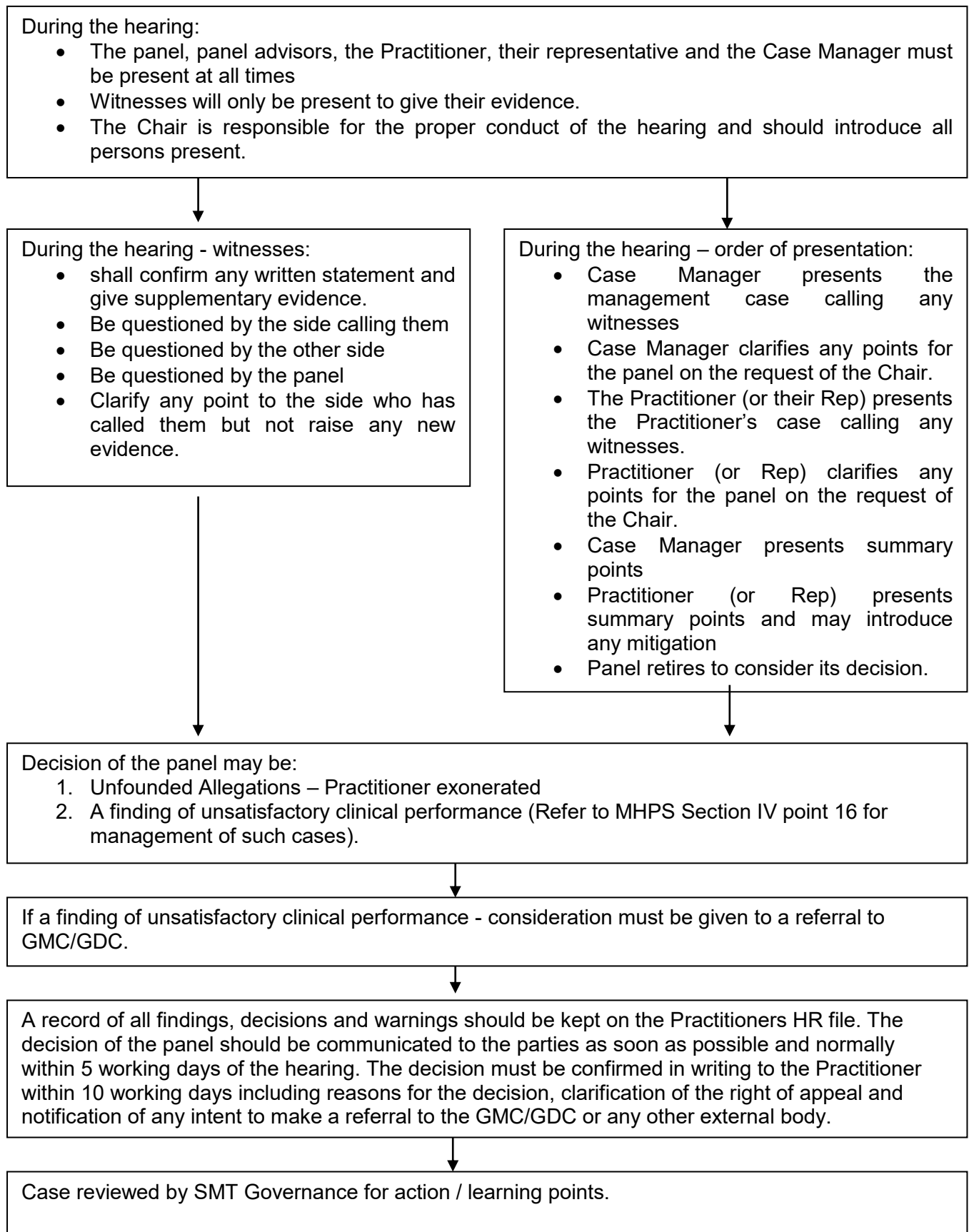
Appendix 3

Conduct Hearings / Disciplinary Procedures

Appendix 3a

Clinical Performance Hearings

Appendix 3a

Clinical Performance Hearings

Appendix 4

Appeal Procedures in Clinical Performance Cases

The appeals process needs to establish whether the Trust's procedures have been adhered to and that the panel acted fairly and reasonably in coming to their decision. The appeal panel can hear new evidence and decide if this new evidence would have significantly altered the original decision. The appeal panel should not re-hear the entire case but should direct that the case is reheard if appropriate.

Composition of the panel – 3 people:

- **Chair**

An independent member from an approved pool (Refer to MHPS Annex A)

- **Panel 1**

The Trust Chair (or other non-executive director) who must be appropriately trained.

- **Panel 2**

A medically/dentally qualified member not employed by the Trust who must be appropriately trained.

Advisors to the Panel:

- a senior HR staff member
- a consultant from the same specialty or subspecialty as the appellant not employed by the Trust.
- Postgraduate Dean where appropriate.

Timescales:

- Written appeal submission to the HROD Director within 25 working days of the date of written confirmation of the original decision.
- Hearing to be convened within 25 working days of the date of lodgement of the appeal. This will be undertaken by the Case Manager in conjunction with HR.
- Decision of the appeal panel communicated to the appellant and the Trust's Case Manager within 5 working days of conclusion of the hearing. This decision is final and binding.

Powers of the Appeal Panel

- Vary or confirm the original panels decision
- Call own witnesses – must give 10 working days notice to both parties.
- Adjourn the hearing to seek new statements / evidence as appropriate.
- Refer to a new Clinical Performance panel for a full re-hearing of the case if appropriate

Documentation:

- All parties should have all documents from the previous performance hearing together with any new evidence.
- A full record of the appeal decision must be kept including a report detailing the performance issues, the Practitioner's defence or mitigation, the action taken and the reasons for it.

Appendix 5

Restriction of Practice / Exclusion from Work

- All exclusions must only be an interim measure.
- Exclusions may be up to but no more than 4 weeks.
- Extensions of exclusion must be reviewed and a brief report provided to the Chief Executive and the Board. This will likely be through the Clinical Director for immediate exclusions and the Case Manager for formal exclusions. The Oversight Group should be informed.
- A detailed report should be provided when requested to the designated Board member who will be responsible for monitoring the exclusion until it is lifted.

Immediate Exclusion

Consideration to immediately exclude a Practitioner from work when concerns arise must be recommended by the Clinical Manager (Clinical Director) and HR Case Manager. A case conference with the Clinical Manager, HR Case Manager, the Medical Director and the HR Director should be convened to carry out a preliminary situation analysis.

The Clinical Manager should notify NCAS of the Trust's consideration to immediately exclude a Practitioner and discuss alternatives to exclusion before notifying the Practitioner and implementing the decision, where possible.

The exclusion should be sanctioned by the Trust's Oversight Group and notified to the Chief Executive. This decision should only be taken in exceptional circumstances and where there is no alternative ways of managing risks to patients and the public.

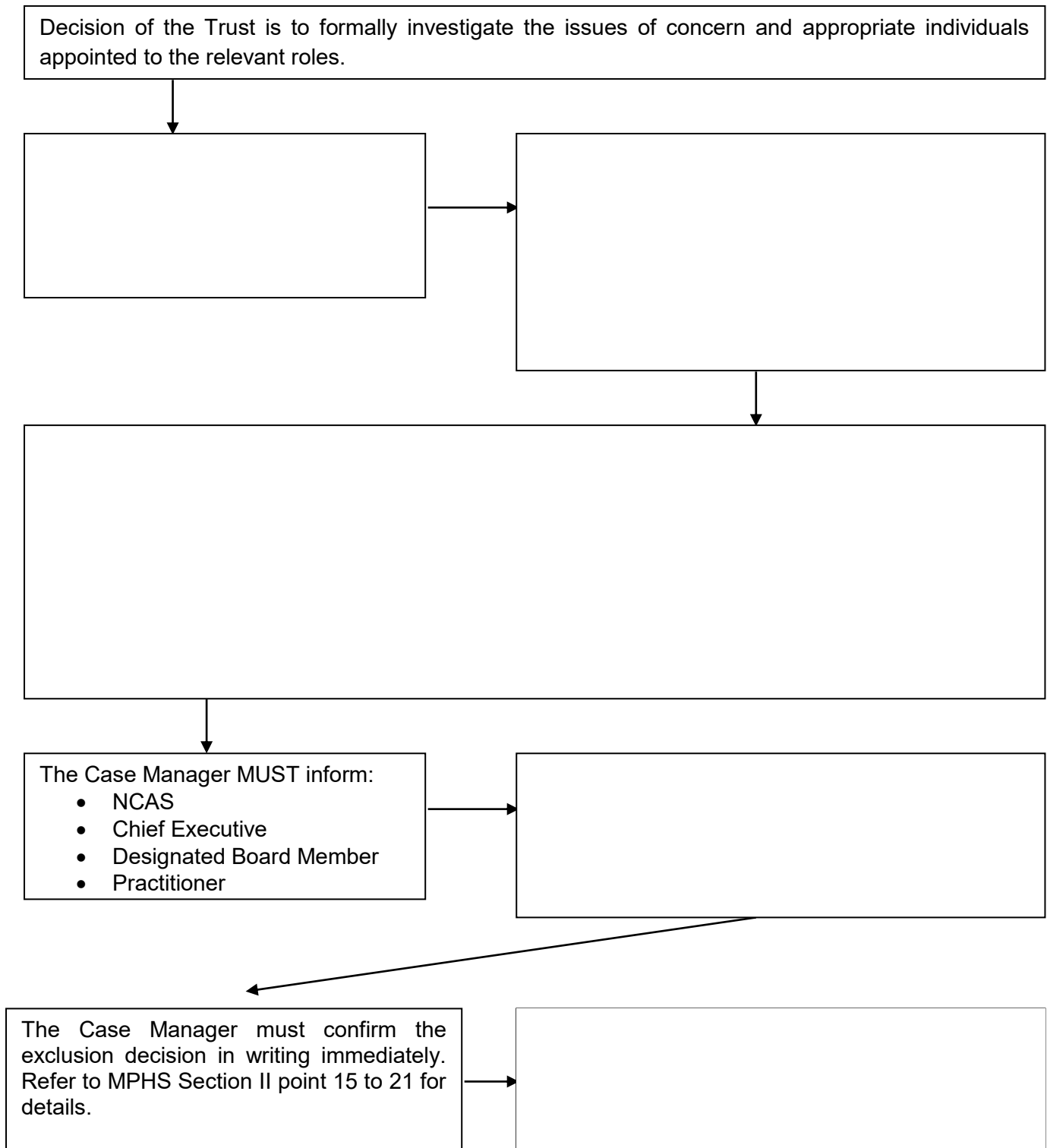
The Clinical Manager along with the HR Case Manager should notify the Practitioner of the decision to immediately exclude them from work and agree a date up to a maximum of 4 weeks at which the Practitioner should return to the workplace for a further meeting.

During and up to the 4 week time limit for immediate exclusion, the Clinical Manager and HR Case Manager must:

- Meet with the Practitioner to allow them to state their case and propose alternatives to exclusion.
- Must advise the Practitioner of their rights of representation.
- Document a copy of all discussions and provide a copy to the Practitioner.
- Complete an initial investigation to determine a clear course of action including the need for formal exclusion.

At any stage of the process where the Medical Director believes a Practitioner is to be the subject of exclusion the GMC / GDC must be informed. Consideration must also be given to the issue of an alert letter - Refer to (HSS (TC8) (6)/98).

Appendix 5

Restriction of Practice / Exclusion from Work**Formal Exclusion**

Role definitions and responsibilities

Screening Process / Informal Process

Clinical Manager

This is the person to whom concerns are reported to. This will normally be the Clinical Director or Associate Medical Director (although usually the Clinical Director). The Clinical Manager informs the Chief Executive and the Practitioner that concerns have been raised, and conducts the initial assessment along with a HR Case Manager. The Clinical Manager presents the findings of the initial screening and his/her decision on action to be taken in response to the concerns raised to the Oversight Group.

Chief Executive

The Chief Executive appoints an appropriate Oversight Group and is kept informed of the process throughout. (The Chief Executive will be involved in any decision to exclude a practitioner at Consultant level.)

Oversight Group

This group will usually comprise of the Medical Director / Responsible Officer, Director of Human Resources & Organisational Development and the relevant Operational Director. The Oversight Group is kept informed by the Clinical Manager and the HR Case Manager as to action to be taken in response to concerns raised following initial assessment for quality assurance purposes and to ensure consistency of approach in respect of the Trust's handling of concerns.

Formal Process

Chief Executive

The Chief Executive in conjunction with the Oversight Group appoints a Case Manager and Case Investigator. The Chief Executive will inform the Chairman of formal the investigation and requests that a Non-Executive Director is appointed as "designated Board Member".

Case Manager

This role will usually be delegated by the Medical Director to the relevant Associate Medical Director. S/he coordinates the investigation, ensures adequate support to those involved and that the investigation runs to the appropriate time frame. The Case Manager keeps all parties informed of the process and s/he also determines the action to be taken once the formal investigation has been presented in a report.

Case Investigator

This role will usually be undertaken by the relevant Clinical Director, in some instances it may be necessary to appoint a case investigator from outside the Trust. The Clinical Director examines the relevant evidence in line with agreed terms of reference, and presents the facts to the Case Manager in a report format. The Case Investigator does not make the decision on what action should or should not be taken, nor whether the employee should be excluded from work.

Note: Should the concerns involve a Clinical Director, the Case Manager becomes the Medical Director, who can no longer chair or sit on any formal panels. The Case Investigator will be the Associate Medical Director in this instance. Should the concerns involve an Associate Medical Director, the Case Manager becomes the Medical Director who can no longer chair or sit on any formal panels. The Case Investigator may be another Associate Medical Director or in some cases the Trust may have to appoint a case investigator from outside the Trust. Any conflict of interest should be declared by the Clinical Manager before proceeding with this process.

Non Executive Board Member

Appointed by the Trust Chair, the Non-Executive Board member must ensure that the investigation is completed in a fair and transparent way, in line with Trust procedures and the MHPS framework. The Non Executive Board member reports back findings to Trust Board.

Medical & Dental Oversight Panel	
	13 May 2020
	Dr M OKane (MO) Dr A Diamond (AD) Mrs V Toal (VT) Mr Simon Gibson (SG) Mrs Z Parks (ZP)

Action Notes

Personal Information	Locum Medicine DHH SG/AD to explore the issues to ensure matters documented and then alert F Jones re any concerns re possible Fraud.
Personal Information	Locum Paediatrician CAH. Police case ZP to ensure information has been forwarded to Agency Friday PM meeting arranged to determine action re ongoing engagement
Personal Information	Medicine CAH. SAS Doctor on sick leave/alcohol issues IOP have issued conditions. AD to liaise with Dr P McCaffrey to determine if she would act as workplace reporter when he returns to work. OH has indicated not fit to return to work until GMC processes completed. ZP to BF 3 months' time.
Personal Information	Medicine DHH. SAS Doctor long term sickness/career break. SG or AD to liaise with S Moan to complete OH management referral to determine if he is fit to cooperate with Trust investigation. GMC currently seeking similar health clearance
Personal Information	ED DHH. SAS 3 month suspension 31 May 2020 – a phone call has been arranged to determine her future plans.
Personal Information	Cardiology SAS CAH. Clinical Concerns. International appointed doctor. ZP to send AD his CV file. AD to speak with Dr P Murphy & Dr David McEneaney to determine if he can be retrained as possible alternative to commencing NCAS formal proceedings.
Personal Information	Haematology SAS CAH. Clinical Concerns ZP to send AD his CV file. AD to speak with Dr C McGalie to determine if he can be retrained as possible alternative to commencing NCAS formal proceedings.
Mr OB	Urology Consultant. AD to review grievance process which is still outstanding. MO to speak with M Haynes re decision on his request to return post retirement.
Personal Information redacted by the USI	T&O and Anaesthetics Mediation required. ZP – to confirm with NCAS to arrange for this to proceed now remotely.
Personal Information	NIMDTA O&G DHH concerns. Dr Chada and ZP have been working on the final investigation report. Some delays as consultants had questioned if all the correct trainees

	had been interviewed. This to be clarified with NIMDTA and final report to be completed. Timescale: within next 2 weeks this will be complete.
Personal Information	Consultant O&G DHH. Complaint received from HCA. Dr Scullion completing screening of concern.
Personal Information	Community Paeds Associate Specialist. Clinical Concerns. Action plan was in place however doctor has now retired and removed himself from GMC register. AD – to follow up with James Hughes for copy of their look back report.
Personal Information	Junior Doctor Paediatrics. NCAS Assessment from Northern Trust. ZP – to arrange 3 way meeting between NCAS, NIMDTA and SHSCT to commence process. Clinical concerns have now arisen in SHSCT
Personal Information	SAS Paediatrics DHH. Clinical Concerns. Action plan in place from Dec 2019. Change of CD from Dr Aljarad to Dr Lewis. Not sure the level of detail has been passed on. AD to follow up with Dr J Lewis/S Millar to check progress with action plan and next steps.
Personal Information redacted by the USI	Update given on the O&G ongoing review. VT to get an update from Siobhan on the interim reports completed
Personal Information redacted by the USI	Update given on the external cases; <div> <div>Personal Information redacted by the USI</div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> GMC meeting scheduled for Monday 18 May 2020.
Personal Information	Agreed it would be useful to capture some of the details around doctors who are working under health restrictions across the organisation. ZP agreed to try and do a piece of work to identify these doctors for the next meeting. AD to speak with Barry Conway to get an update on the two consultants in O&G DHH not working their full role: KM and JA to try and determine a sustainable way forward.

MEDICAL REVALIDATION OVERSIGHT GROUP

TERMS OF REFERENCE (20th April 2021)

Purpose

Medical revalidation is the process by which licensed doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice. A cornerstone of the revalidation process is that doctors participate in annual medical appraisal. On the basis of this and other information available to the Trust Responsible Officer (RO) from local clinical governance systems and additional feedback mechanisms, the RO makes a recommendation to the GMC, normally once every five years, about the doctor's revalidation.

The purpose of the Trust Medical Revalidation Group (the Group) is to provide a forum for Trust Medical Senior Management Team members to consider and inform decision regarding medical revalidation of Trust licensed doctors.

Aim and Objectives

The aim of the Group is to ensure that decisions regarding Medical Revalidation are consistent, robust and quality assured by the relevant Trust Senior Medical Leader. To meet this aim each relevant Associate Medical Director / Divisional Medical Director for doctors under their leadership will:

- Provide assurance that opportunities for reflection, learning and development e.g. significant events and complaints have been adequately discussed and reflected on appropriately at appraisal
- Ensure there has been a formative approach taken to the doctors appraisal process and there has been an appropriate level of engagement by the doctor
- Ensure outputs are adequate and identify if additional time is required to review a doctor's portfolio before the RO's decision prior to the revalidation recommendation date
- Assure that all summaries from all sources accurately reflect the doctor's work and if the documentation is inadequate, advise the responsible officer allowing for an informed decision to be made regarding a recommendation for revalidation

- Bring to the attention of the RO any additional information that has not been captured in other sources that require the consideration of the RO prior to making a revalidation recommendation.

Membership

Members of the group shall be made up of:

- Medical Director (Chair)
- Deputy Medical Directors
- All operational Associate Medical Directors / Divisional Medical Directors
- Assistant Director – Medical Directors Office

Others may be invited by the Chair to attend all or part of any meeting as and when appropriate and necessary.

Quorum

The quorum necessary for the meeting will be each AMD / DMD or nominated deputy for each operational area.

Members should aim to attend all meetings.

Frequency of Meetings

The Group shall meet via Zoom on a monthly basis.

Group members will receive agenda and papers confidential to their area no less than five working days in advance of the meeting.

REVALIDATION OVERSIGHT MEETINGS 2022

DATE	TIME
7 th January 2022	11.30 to 1.00pm changed to 8:30am
11 th February 2022 change to 4th February 2022	11:30am-1:00pm Change to 12-1pm
4 th March 2022	11:30am -1:00pm
15th April 2022	11:00am-12:30pm
20th May 2022	11:00am-12:30pm
17th June 2022	11:00am-12:30pm
15th July 2022	11:00am-12:30pm
19th August 2022	11:00am-12:30pm
16th September 2022	11:00am-12:30pm
21 st October 2022	11:00am-12:30pm
18th November 2022	11:00am-12:30pm
16th December 2022	11:00am-12:30pm

DMD REVALIDATION OVERSIGHT GROUP CHECKLIST

Drs Name	GMC No	Revalidation Date	DMD

No	Item					Data Present Reval Team (✓)	Reviewed by DMD (✓)
1.	LRMP – Doctors Registration details					✓	
2.	Previous Revalidation form					✓	
3.	GMC Connection & History					✓	
4a.	5 Appraisals (6 if rescheduled by GMC Covid 19 year)						
4b	Educational Review						
5.	4-5 years of complaints/incidents						
6..	Significant Events						
7.	Patient Feedback Report						
8.	Colleague Feedback Report						
9.	Private Practice						
10.	Letters of Good Standing						
11.	Medical HR – Involved in MHPS Investigation						
12.	Medical HR – Engaged with NHS Resolution						
13.	Medical HR – Involved in GMC Investigation						
14	Litigation – Involved in medicolegal case Litigation – Involved in Coroner’s inquest or report - 2015 to 2021						
15	CD additional information (DMD should liaise with CD for update before meeting)						
16a	Governance – Concerns/issues (to be detailed)					Comps= Incidents = SAI’s=	
16b	M&M & Patient Safety Meeting						
	2017	2018	2019	2020	2021		
17	Appraisal Form 2 – record of issues which impact upon delivery of patient care if recorded by Doctor						
	2017-						
	2018-						
	2019-						
	2020-						
	2021-						
18.	Revalidation Team Document Check						

If this Doctor is for deferment please tick below:

	Please ✓
This Doctor is subject to an ongoing process	
-OR -	
Insufficient Evidence Detail	Please ✓
Appraisal Activity	
Colleague Feedback	
Patient Feedback	
Compliments & Complaints	
CPD	
Interruption to Practice	
QIA	
Significant Events	

SIGNED	SIGNATURE	DATE
DMD		
Responsible Officer SHSCT		

AMD REVALIDATION OVERSIGHT GROUP CHECKLIST

Drs Name	GMC No	Revalidation Date	DMD

No	Item	Data Present Reval Team (✓)	Reviewed by DMD (✓)
1.	LRMP – Doctors Registration details		
2.	Previous Revalidation form		
3.	GMC Connection & History		
4a.	5 Appraisals (6 if rescheduled by GMC Covid 19 year)		
4b.	Educational Review		
5.	4-5 years of complaints/incidents		
6..	Significant Events		
7.	Patient Feedback Report		
8.	Colleague Feedback Report		
9.	Private Practice		
10.	Letters of Good Standing		
11.	Medical HR – Involved in MHPS Investigation		
12.	Medical HR – Engaged with NHS Resolution		
13.	Medical HR – Involved in GMC Investigation		
14	Litigation – Involved in medicolegal case Litigation – Involved in Coroner's inquest or report - 2015 to 2021		
15	CD additional information (DMD should liaise with CD for update before meeting)		
16a	Governance – Concerns/issues (to be detailed)	Comps= Incidents = SAI's=	
16b	M&M & Patient Safety Meeting		
	2016 2017 2018 2019 2020		
17	Appraisal Form 2 – record of issues which impact upon delivery of patient care if recorded by Doctor 2021 2020 - 2019 2018 2017		
18.	Revalidation Team Document Check		

If this Doctor is for deferment please tick below:

	Please ✓
This Doctor is subject to an ongoing process	
-OR -	
Insufficient Evidence Detail	Please ✓
Appraisal Activity	
Colleague Feedback	
Patient Feedback	
Compliments & Complaints	
CPD	
Interruption to Practice	
QIA	
Significant Events	

SIGNED	SIGNATURE	DATE
AMD		
Responsible Officer SHSCT		

King, James

From: Montgomery, Ruth
Sent: 30 April 2019 13:11
To: Toal, Vivienne; OKane, Maria; Gibson, Simon; Parks, Zoe; Clegg, Malcolm; Hynds, Siobhan
Cc: Mallagh-Cassells, Heather
Subject: RE: DDPARC - Oversight Group Meeting
Attachments: NEW OVERSIGHT GROUP MEETING.DOCX

Dear All,

With regard to the first Oversight Group Meeting as per the email trail below, can you please remove the **8th May** from your diaries as this no longer suits all involved.

I have checked availability and the below seems to suit everyone as an alternative:

Date: Thursday 16th May
Time: 12.30 - 2pm
Venue: Dr O'Kane's Office, THQ (lunch will be provided)

With regards to the dates for the remainder of the year, please remove 13/05/19 and hold the remainder of the dates until after this initial meeting. The format of these meetings can be discussed at this initial starting point to decide how they should progress throughout the year and dates will be finalised after this.

Kind Regards,

Ruth

Ruth Montgomery
 Administrative Officer – Medical Director's Office,
 Southern Health & Social Care Trust
 1st Floor, Trust Headquarters, CAH

My hours of work are : Mon – Fri 8.15am – 4.30pm (finish at 3pm on a Tuesday, 4.45pm on a Thursday)

a Please note my new contact number – External - Personal Information redacted by the USI / Internal ext: Personal Information redacted by the USI

/ Personal Information redacted by the USI

-----Original Message-----

From: McCausland, Maire
Sent: 15 April 2019 13:05
To: Toal, Vivienne; OKane, Maria; Gibson, Simon; Parks, Zoe; Clegg, Malcolm
Cc: Hynds, Siobhan; Mallagh-Cassells, Heather; Montgomery, Ruth
Subject: RE: DDPARC - Oversight Group Meeting

Hi and in the meantime if you can have a look at these dates and confirm if you are available at these times to plan this group

-----Original Message-----

From: McCausland, Maire
Sent: 15 April 2019 12:51

To: Toal, Vivienne; OKane, Maria; Gibson, Simon; Parks, Zoe
Cc: Hynds, Siobhan; Mallagh-Cassells, Heather; Montgomery, Ruth
Subject: RE: DDPARC - Oversight Group Meeting

Hi Can you please confirm can you attend a brief meeting to discuss this meeting

WEDNESDAY 8TH MAY 12-1PM
DR O'KANES OFFICE - V/L FROM DHH TO DR O'KANES OFFICE

Please confirm

Many thanks

Maire Therese

-----Original Message-----

From: Toal, Vivienne
Sent: 09 April 2019 22:26
To: OKane, Maria; McCausland, Maire; Gibson, Simon; Parks, Zoe
Cc: Hynds, Siobhan
Subject: RE: DDPARC - Oversight Group Meeting

Maria

I wish to be involved. I have always been involved in doctors in difficulty and wish to continue to be directly. Siobhan is the relevant Deputy HR Director.

I agree we need a structure around this and support this, but could we please meet first of all to discuss the format of this and how it might work - I would find that helpful, and think that Zoe & Siobhan would too. Sufficient time to discuss all of the cases we have currently would be helpful too to determine how we best move forward. We also need to discuss the resourcing of this process - as highlighted in your email to Shane and I last Thursday - again some time to fully discuss would be great.

Thank you
Vivienne

-----Original Message-----

From: OKane, Maria
Sent: 05 April 2019 20:09
To: McCausland, Maire; Gibson, Simon; Toal, Vivienne; Parks, Zoe
Subject: RE: DDPARC - Oversight Group Meeting

MT - Vivienne may want an AD in HR there as well as Zoe as part of HR function but may not be necessary?

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216580/dh_124374.pdf

In anticipation of this -

1. Zoe/ Simon can you develop a list of Drs & Dentists & PAs in difficulty on different lists for different directorates
2. circulate these to each AMD/Director / AD involved depending on specialty involved along with template included.
3. Is there a room in the Brackens big enough to take us please?
4. Need to take typed contemporaneous notes as we go along?

5. Zoe - we need to think about how we develop a Handling Concerns in Physicians Associates Performance Document 6. We need to think about the TOR of the group, how we manage information and how we inform people they have been mentioned.

Suggest the purpose of the group is using the Framework of Maintaining High Professional Standards, and for Physicians Associates the Enabling Excellent link and guidance from the RCP (London)?

Membership as above, meeting monthly.

1. through referrals and the use of valid information to recognise Doctors, Dentists and Physicians Associates about whose health, performance, behaviour there are concerns identified by themselves or others inside and outside the Southern Trust 2. to consider the impact if any on patient safety as a result and advise appropriate others to address 3. to consider the impact if any on professional and organisation reputation and advise appropriate others to address 4. to consider how best to support doctors, dentists and physicians associates in difficulty 5. to refer to NCAS, and regulatory bodies as appropriate 6. to support monitoring until improvement embedded or practice ended

Thanks Maria

Dr Maria O’Kane

Medical Director

Tel: Personal Information
redacted by the USI

-----Original Message-----

From: McCausland, Maire

Sent: 05 April 2019 16:09

To: OKane, Maria

Subject: DDCR - Oversight Group Meeting

Hi Dr O'Kane, please see below and clarify is this how you want to do this meeting/timetable - also please see attached dates I have on hold in your diary as potential monthly meetings to send out to all once yourself and I confirm below:-

1st meeting as you set up is Tuesday 9th April 1-2pm

So,

What type of room do you require or is your office ok for these meetings?

So you stated In this format each month to include Simon, Zoe, Malcom and yourself for half an hour slots with the following groups :-

2pm	GROUP 1-CYPS - Paul Morgan,Ahmed Khan, ADs involved	
2.30pm	GROUP 2-OPCC - Melanie McClements, Patricia McCaffery, ADs involved	
3pm	GROUP 3-ACUTE - Esther Gishkori, Philip Murphy, Mark Haynes, Damian Scullion, Shahid Tariq, ADs involved	
3.30pm	GROUP 4-Mental Health - Barney McNeany and Pat McMahon,	ADs involved

Do you want Vivienne in this in anyway ? as her name was on original email from Malcolm ??

Many thanks for your patience on this and other meetings for me setting up at the moment ...

Thanks

MT

TITLE OF MEETING:- TBC

NEW OVERSIGHT MEETING

DATE	TIME	VENUE
09/04/19 Based on 1 case	1-2	TBC
13/05/19	9-11	TBC
25 th or 27/06/19	2-4	TBC
30/07/19	2-4	TBC
20/08/19	2-4	TBC
17/09/19	2-4	TBC
15/10/19	2-4	TBC
26/11/19	2-4	TBC
10/12/19	2-4	TBC
21/01/19	2-4	TBC
18/02/19	2-4	TBC
31/03/19	2-4	TBC
28/04/19	2-4	TBC

King, James

From: Weir, Lauren Personal Information redacted by the USI >
Sent: 12 June 2019 11:32
To: Toal, Vivienne; Gibson, Simon; OKane, Maria; Parks, Zoe; Clegg, Malcolm; McClements, Melanie
Cc: Mallagh-Cassells, Heather; Montgomery, Ruth; McCracken, Lydia; Stinson, Emma M
Subject: Oversight Group Meeting - Medicine
Attachments: NEW OVERSIGHT GROUP MEETING.DOCX

Dear all,

Further to the initial meeting on Thursday 16th May 2019 the format of these meetings have now been confirmed.

An oversight meeting to review and consider Dr's in difficulty within **Medicine** has been scheduled as follows:

Date: 23rd July 2019

Time: 2.00pm

Venue: Dr O'Kane's Office

Further meetings will be required to discuss the issues within other specialities and a list of dates to hold has been attached.

Can you please confirm you are available for this meeting.

Kind regards

Lauren

Lauren Weir

PA to Medical Director – Medical Director's Office,
 Southern Health & Social Care Trust
 1st Floor, Trust Headquarters, CAH



My Hours of work are: Monday – Friday 9.00am – 5.00pm

 [Please note my new contact number](#) – External - Personal Information redacted by the USI / Internal ext: Personal Information redacted by the USI

 Personal Information redacted by the USI

From: Montgomery, Ruth
Sent: 30 April 2019 13:11
To: Toal, Vivienne; OKane, Maria; Gibson, Simon; Parks, Zoe; Clegg, Malcolm; Hynds, Siobhan
Cc: Mallagh-Cassells, Heather
Subject: RE: DDPARC - Oversight Group Meeting

Dear All,

With regard to the first Oversight Group Meeting as per the email trail below, can you please remove the **8th May** from your diaries as this no longer suits all involved.

I have checked availability and the below seems to suit everyone as an alternative:

Date: Thursday 16th May

Time: 12.30 - 2pm

Venue: Dr O'Kane's Office, THQ (lunch will be provided)

With regards to the dates for the remainder of the year, please remove 13/05/19 and hold the remainder of the dates until after this initial meeting. The format of these meetings can be discussed at this initial starting point to decide how they should progress throughout the year and dates will be finalised after this.

Kind Regards,

Ruth

Ruth Montgomery
Administrative Officer – Medical Director's Office,
Southern Health & Social Care Trust
1st Floor, Trust Headquarters, CAH

NEW OVERSIGHT MEETING

DATE	TIME	VENUE
Junes Meeting Cancelled		
23/07/19	2-3	Dr O’Kane’s Office
20/08/19	2-4	Dr O’Kane’s Office
17/09/19	2-4	Dr O’Kane’s Office
15/10/19	2-4	Dr O’Kane’s Office
26/11/19	2-4	Dr O’Kane’s Office
10/12/19	2-4	Dr O’Kane’s Office
21/01/19	2-4	Dr O’Kane’s Office
18/02/19	2-4	Dr O’Kane’s Office
31/03/19	2-4	Dr O’Kane’s Office
28/04/19	2-4	Dr O’Kane’s Office

King, James

Subject: AOB OVERSIGHT MEETING - UPDATED
Location: Dr O'Kane's Office

Start: Tue 08/10/2019 14:00
End: Tue 08/10/2019 15:00

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: OKane, Maria
Required Attendees: Haynes, Mark; McClements, Melanie; Khan, Ahmed; Hynds, Siobhan

Categories: 1-1 Meetings



Action plan


 URGENT :AOB
 concerns - escal...

Discussion- draft notes :

1. Concerns re escalation
2. Concerns re process
3. Concerns re pp and making arrangements for investigation through the NHS -?Interface with pp policy – letters no longer on NIECR – now the patients are on list without letter- consider how tracking
4. Plan point :1: How can each be monitored and how is this escalated if concerns? Monitor through the information office
 2. concerns re notes at home – weekly spot check? Meant to sign notes out – he has a condition on his action point that he is not to take notes home – make assumption that if notes not in his office or clinic or theatre they are in his home? No transport to take notes between cah and swah. Monitoring difficult
 3. Martina can only monitor what she is given – his secretary has not engaged. Martina has had to go onto ECR to check if notes uploaded.
5. IR1 went in from MDT on Wednesday last re 1st delayed cancer patient – AOB letter on patient sent Friday
6. 2nd patient did not come to harm following escalation to MDT by trackers which builds contingency checks in

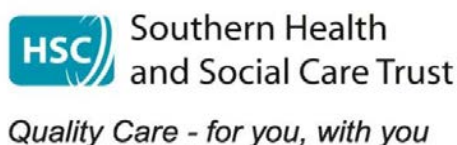
to system for all clinicians in urology

Plan :

1. Will ask Mr McNaboe to discuss concerns with AOB to make aware that this has been raised with the MHPS case manager – on leave until Monday
2. Will consider escalation plan including option to exclude
3. Will consider the full system review September 2018 and progress

King, James

From: Haynes, Mark
Sent: 08 October 2019 14:22
To: OKane, Maria; Khan, Ahmed; McClements, Melanie
Subject: Action plan
Attachments: Return to Work Action Plan February 2017 FINAL..docx.docx



MR A O'BRIEN, CONSULTANT UROLOGIST
RETURN TO WORK PLAN / MONITORING ARRANGEMENTS
MEETING 9 FEBRUARY 2017

Following a decision by case conference on 26 January 2017 to lift an immediate exclusion which was in place from 30 December 2017, this action plan for Mr O'Brien's return to work will be in place pending conclusion of the formal investigation process under Maintaining High Professional Standards Framework.

The decision of the members of the case conference is for Mr O'Brien to return as a Consultant Urologist to his full job role as per his job plan and to include safeguards and monitoring around the 4 main issues of concerns under investigation. An urgent job plan review will be undertaken to consider any workload pressures to ensure appropriate supports can be put in place.

Mr O'Brien's return to work is based on his:

- strict compliance with Trust Policies and Procedures in relation to:
 - Triaging of referrals
 - Contemporaneous note keeping
 - Storage of medical records
 - Private practice
- agreement to comply with the monitoring mechanisms put in place to assess his administrative processes.

Currently, the Urology Team have scheduled and signed off clinical activity until the end of March 2017, patients are called and confirmed for the theatre lists up to week of 13 March. Therefore on immediate return, Mr O'Brien will be primarily undertaking clinics and clinical validation of his reviews, his inpatient and day case lists. This work will be monitored by the Head of Service and reported to the Assistant Director.

CONCERN 1

- That, from June 2015, 783 GP referrals had not been triaged in line with the agreed / known process for such referrals.

Mr O'Brien, when Urologist of the week (once every 6 weeks), must action and triage all referrals for which he is responsible, this will include letters received via the booking

centre and any letters that have been addressed to Mr O'Brien and delivered to his office. For these letters it must be ensured that the secretary will record receipt of these on PAS and then all letters must be triaged. The oncall week commences on a Thursday AM for seven days, therefore triage of all referrals must be completed by 4pm on the Friday after Mr O'Brien's Consultant of the Week ends.

Red Flag referrals must be completed daily.

All referrals received by Mr O'Brien will be monitored by the Central Booking Centre in line with the above timescales. A report will be shared with the Assistant Director of Acute Services, Anaesthetics and Surgery at the end of each period to ensure all targets have been met.

CONCERN 2

- That, 307 sets of patient notes were returned by Mr O'Brien from his home, 88 sets of notes located within Mr O'Brien's office, 13 sets of notes, tracked to Mr O'Brien, are still missing.

Mr O'Brien is not permitted to remove patient notes off Trust premises.

Notes tracked out to Mr O'Brien must be tracked out to him for the shortest period possible for the management of a patient.

Notes must not be stored in Mr O'Brien's office. Notes should remain located in Mr O'Brien's office for the shortest period required for the management of a patient.

CONCERN 3

- That 668 patients have no outcomes formally dictated from Mr O'Brien's outpatient clinics over a period of at least 18 months.

All clinics must be dictated at the end of each clinic/theatre session via digital dictation. This is already set up in the Thorndale Unit and will be installed on the computer in Mr O'Brien's office and on his Trust laptop and training is being organised for Mr O'Brien on this. This dictation must be done at the end of every clinic and a report via digital dictation will be provided on a weekly basis to the Assistant Director of Acute Services, Anaesthetics and Surgery to ensure all outcomes are dictated.

An outcome / plan / record of each clinic attendance must be recorded for each individual patient and this should include a letter for any patient that did not attend as there must be a record of this back to the GP.

CONCERN 4

- A review of Mr O'Brien's TURP patients identified 9 patients who had been seen privately as outpatients, then had their procedure within the NHS. The waiting times for these patients are significantly less than for other patients.

Mr O'Brien must adhere to all aspects of the Trust Private Practice Policy, 'A Guide to Paying Patients' and in particular to 'Referral of Private Patients to NHS Lists which states that *'any patient changing their status after having been provided with private services should not be treated on a different basis to other NHS patients as a result of having previously held private status: patients referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients'*.

The scheduling of patient's must be undertaken by the secretary, who will check the list with Mr O'Brien and then contact the patient for their appointment. This process is in keeping with the practice established within the Urology team.

Any deviation from compliance with this action plane must be referred to the MHPS Case Manager immediately.

King, James

From: OKane, Maria
Sent: 04 October 2019 22:45
To: Khan, Ahmed; Hynds, Siobhan; McClements, Melanie; Haynes, Mark; Corrigan, Martina
Cc: Gibson, Simon; Toal, Vivienne; Weir, Lauren; Reid, Trudy
Subject: URGENT :AOB concerns - escalation- oversight meeting request please
Attachments: FW: SHSCT - "Dr Urology Consultant"; FW: URGENT - : General Medical Council In Response Please Quote SMC/1-2251053156; Dr O'Brien – GMC No. 1394911- SHSCT response to request for info

Importance: High

Follow Up Flag: Follow up
Due By: 07 October 2019 16:00
Flag Status: Flagged

Lauren please arrange meeting for Tuesday as outlined below.

Dear all – unfortunately it wasn't possible for some of us to speak today at 4.15 – Mr Haynes has less flexibility than the rest of us but is available Tues 8th October when he and I have a 1-1 at a time between 1.30-3.30pm . Can I ask that we try to get a best fit with this please? The GMC ELA has asked for an update on 7th October at 11am.

Unless advised otherwise by yourselves , I am led to believe there have not been any exception reports until this of the 16th September described below.

Agenda:

1. An outline of the escalation plan in relation to managing this and other potential exceptions within the services following on from the MHPS redacted report recommendations.
2. Update please on the recommended review of administrative processes described in the MHPS redacted report and referred to most recently by the GMC in the response attached 27.09.19 .
3. Update on progress of SAI reports which have arrived within the Trust recently and are being reviewed for accuracy
4. **Outline of management of any potential risks to patient safety**

Regards, Maria

From: Haynes, Mark
Sent: 03 October 2019 14:50
To: Khan, Ahmed; Weir, Lauren
Cc: Gibson, Simon; Hynds, Siobhan; OKane, Maria
Subject: RE: AOB concerns - escalation

Further update...

Patient 112

(Male / Personal Information)

IR1 going in from MDM today. Seen in OP on 16th August after MDM on 27th June (outcome was for Mr O'Brien to review and arrange a renal biopsy. No dictation has been done from the OP appointment, no biopsy has happened. Multiple emails have been sent to Mr O'Brien and his secretary but no update has been provided and no biopsy has occurred. Brought back to MDM today to endeavour to clarify what is happening (has also had enquiry from GP which I contacted Mr O'Brien after to enquire if all was in hand).

Mark

From: Khan, Ahmed
Sent: 03 October 2019 11:13
To: Weir, Lauren
Cc: Gibson, Simon; Hynds, Siobhan; Haynes, Mark; OKane, Maria
Subject: RE: AOB concerns - escalation

Lauran, I would be available between 2-4pm.
 Thanks, Ahmed

From: OKane, Maria
Sent: 03 October 2019 00:04
To: Haynes, Mark; Khan, Ahmed; Hynds, Siobhan
Cc: Gibson, Simon; Weir, Lauren
Subject: RE: AOB concerns - escalation

Lauren can you arrange a teleconference for this Friday afternoon from a time from 1pm onwards please to agree next steps please? Many thanks Maria

From: Haynes, Mark
Sent: 01 October 2019 19:00
To: Khan, Ahmed; OKane, Maria; Hynds, Siobhan
Cc: Gibson, Simon; Weir, Lauren
Subject: RE: AOB concerns - escalation

The details are at the start of this mail (pasted below)

From: Corrigan, Martina
Sent: 16 September 2019 16:37
To: Khan, Ahmed
Cc: Hynds, Siobhan
Subject: AOB concerns - escalation

Dear Dr Khan

As requested, please see below which I am escalating to you (emails attached showing where I have been asking him to address)

CONCERN 1 –not adhered to, please see escalated emails. As of today Monday 16 September, Mr O’Brien has 26 paper referrals outstanding, and on Etriage 19 Routine and 8 Urgent referrals.

CONCERN 2 – adhered to – no notes are stored off premises nor in his office (this is only feasible to confirm as there have been NO issues raised regarding missing charts that Mr O’Brien had)

CONCERN 3 – not adhered to – Mr O’Brien continues to use digital dictation on SWAH clinics but I have done a spot-check today and:

Clinics in SWAH

EUROAOB – 22 July and 12 August all patients have letters on NIECR

Clinics held in Thorndale Unit, Craigavon Area Hospital

CAOBT DUR - 20 August 2019 had 12 booked to clinic 11 attendances & 1 CND but no letters at all

CAOBUO – 23 August 2019 – 10 attendance and only 1 letter on NIECR

CAOBUO – 30 August 2019 – 12 booked to clinic, 1 CND, 1 DNA and 0 Letters on NIECR

CAOBUO – 3 September – 8 booked to clinic – 0 letters on NIECR

I have asked Katherine Robinson to double-check that these are not in a backlog for typing and I will advise

CONCERN 4 – adhered to – no more of Mr O'Brien's patients that had been seen privately as an outpatient has been listed,

Should you require anything further, please do not hesitate to contact me.

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital

From: Khan, Ahmed
Sent: 01 October 2019 16:13
To: OKane, Maria; Hynds, Siobhan
Cc: Gibson, Simon; Haynes, Mark; Weir, Lauren
Subject: RE: AOB concerns - escalation

Maria, I understand we are awaiting more details from Martina. Just spoke to Mark, he think number of non-adherence to agreed action plan.

Thanks, Ahmed

From: OKane, Maria
Sent: 30 September 2019 12:31
To: Khan, Ahmed; Hynds, Siobhan
Cc: Gibson, Simon; Haynes, Mark; Weir, Lauren
Subject: FW: AOB concerns - escalation

Dear Ahmed and Siobhan – any further updates on addressing the concerns raised by Martina please ? I am meeting with the GMC next Monday and I anticipate they will expect a description of what has occurred and how it has been addressed please? Many thanks Maria

Lauren bf for wed please

From: Weir, Lauren
Sent: 30 September 2019 09:00
To: OKane, Maria
Subject: AOB concerns - escalation

Dr O'Kane,
You asked me to bring this to your attention for today. I have it printed and on my desk for you

Lauren

Lauren Weir

PA to Dr Maria O'Kane – Medical Director's Office,
Southern Health & Social Care Trust

1st Floor, Trust Headquarters, CAH



My Hours of work are: Monday – Friday 9.00am – 5.00pm



[Please note my new contact number](#) – External - Personal Information redacted by USI / Internal ext: Personal Information redacted by USI



Personal Information redacted by USI

From: OKane, Maria
Sent: 23 September 2019 13:27
To: Khan, Ahmed
Cc: Weir, Lauren; Hynds, Siobhan; Gibson, Simon
Subject: RE: AOB concerns - escalation

Thank you.

Lauren bf 1 week please

From: Khan, Ahmed
Sent: 23 September 2019 13:04
To: OKane, Maria
Cc: Weir, Lauren; Hynds, Siobhan; Gibson, Simon
Subject: RE: AOB concerns - escalation

Maria, I and Siobhan discussed this case last week. She has already requested more information /clarification from Martina therefore we will wait for this information. Siobhan also informed me trust grievance progress is on hold due to Mr AOB's lengthy FOI requested in progress. I will reply to Grainne Lynn once all this information at hand before contacting her.

Thanks, Ahmed

From: Khan, Ahmed
Sent: 18 September 2019 11:52
To: OKane, Maria
Cc: Weir, Lauren
Subject: FW: AOB concerns - escalation

Maria, see update report & concerns from Martina as Mr OBrien have failed to adhere to 2 elements of agreed action plan. I have requested an urgent meeting with Siobhan and Simon to discuss this issue and other updates as I am unaware of any further progress on his case.

Regards,
 Ahmed

From: Khan, Ahmed
Sent: 17 September 2019 09:52
To: Corrigan, Martina; Hynds, Siobhan; Gibson, Simon
Subject: RE: AOB concerns - escalation

Martina, thanks.

Siobhan & Simon, Can we meet to discuss this urgently please. I am can be available tomorrow am or pm.

Thanks,
 Ahmed

From: Corrigan, Martina
Sent: 16 September 2019 16:37
To: Khan, Ahmed
Cc: Hynds, Siobhan
Subject: AOB concerns - escalation

Dear Dr Khan

As requested, please see below which I am escalating to you (emails attached showing where I have been asking him to address)

CONCERN 1 –not adhered to, please see escalated emails. As of today Monday 16 September, Mr O’Brien has 26 paper referrals outstanding, and on Etriage 19 Routine and 8 Urgent referrals.

CONCERN 2 – adhered to – no notes are stored off premises nor in his office (this is only feasible to confirm as there have been NO issues raised regarding missing charts that Mr O’Brien had)

CONCERN 3 – not adhered to – Mr O’Brien continues to use digital dictation on SWAH clinics but I have done a spot-check today and:

Clinics in SWAH

EUROAOB – 22 July and 12 August all patients have letters on NIECR

Clinics held in Thorndale Unit, Craigavon Area Hospital

CAOBT DUR - 20 August 2019 had 12 booked to clinic 11 attendances & 1 CND but no letters at all

CAOBUO – 23 August 2019 – 10 attendance and only 1 letter on NIECR

CAOBUO – 30 August 2019 – 12 booked to clinic, 1 CND, 1 DNA and 0 Letters on NIECR

CAOBUO – 3 September – 8 booked to clinic – 0 letters on NIECR

I have asked Katherine Robinson to double-check that these are not in a backlog for typing and I will advise

CONCERN 4 – adhered to – no more of Mr O’Brien’s patients that had been seen privately as an outpatient has been listed,

Should you require anything further, please do not hesitate to contact me.

Regards

Martina

Martina Corrigan
 Head of ENT, Urology, Ophthalmology and Outpatients
 Craigavon Area Hospital

Telephone:

Personal Information (Internal)
 Personal Information redacted by USI (external)
 Personal Information redacted by USI (mobile)

King, James

From: Gibson, Simon
Sent: 18 December 2018 10:53
To: Joanne Donnelly (Personal Information redacted by the USI) (Personal Information redacted by the USI)
Cc: OKane, Maria; White, Laura; Hynds, Siobhan
Subject: FW: SHSCT - "Dr Urology Consultant"
Attachments: FW: IMPORTANT - Redacted MHPS investigation into AOB

Dear Joanne

Following our meeting, please find attached redacted MHPS investigation as discussed.

Kind regards

Simon

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

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI (DHH)

From: Joanne Donnelly (Personal Information redacted by the USI) [Personal Information redacted by the USI]
Sent: 12 December 2018 11:47
To: OKane, Maria
Cc: Support TeamELS; Gibson, Simon; Parks, Zoe
Subject: SHSCT - "Dr Urology Consultant"

Dear Maria,

At the local concerns part of our meeting on 4 Dec 18 we discussed "Dr Urology Consultant"; I understand that Simon advised that he would forward to me the relevant SAI and MHPS reports.

I look forward to hearing from you/Simon in this regard.

Best wishes
 Joanne

Personal Information redacted by the USI - FTP- monitor – SHSCT - Dr Urology Consultant- concerns re timeliness of management of patient triaging/referrals (12.12.18)

Working with doctors Working for patients

The General Medical Council helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving (and exceeding) those standards, and take action when they are not met.

Unless otherwise expressly agreed by the sender of this email, this communication may contain privileged

or confidential information which is exempt from disclosure under UK law. This email and its attachments may not be used or disclosed except for the purpose for which it has been sent.

If you are not the addressee or have received this email in error, please do not read, print, re-transmit, store or act in reliance on it or any attachments. Instead, please email the sender and then immediately delete it.

General Medical Council

3 Hardman Street, Manchester M3 3AW

Regents Place, 350 Euston Road, London NW1 3JN

The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh EH8 8AE

4th Floor, Caspian Point 2, Caspian Way, Cardiff Bay CF10 4DQ

9th Floor, Bedford House, 16-22 Bedford Street, Belfast BT2 7FD

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

King, James

From: Gibson, Simon
Sent: 18 December 2018 10:42
To: Gibson, Simon
Subject: FW: IMPORTANT - Redacted MHPS investigation into AOB
Attachments: Case Manager Determination AO'B FINAL 280918.docx

Kind regards

Simon

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

Personal Information redacted by the USI

Personal Information redacted by
the USI

Personal Information redacted by
the USI

(DHH)

Strictly Confidential

Maintaining High Professional Standards Formal Investigation

Case Manager Determination

Dr A [REDACTED] K [REDACTED], Case Manager

1.0 Case Manager Determination following Formal Investigation under the Maintaining High Professional Standards Framework in respect of Mr A O'B, Consultant Urologist

Following conclusion of the formal investigation, the Case Investigator's report has been shared with Mr O'B for comment on the factual accuracy of the report. I am in receipt of Mr O'B's comments and therefore the full and final documentation in respect of the investigation.

2.0 Responsibility of the Case Manager

In line with Section 1 Paragraph 38 of the MHPS Framework, as Case Manager I am responsible for making a decision on whether:

1. No further action is needed
2. Restrictions on practice or exclusion from work should be considered
3. There is a case of misconduct that should be put to a conduct panel
4. There are concerns about the practitioner's health that should be considered by the HSS body's occupational health service, and the findings reported to the employer
5. There are concerns about the practitioner's clinical performance which require further formal consideration by NCAS (re-named as Practitioner Performance Advice)
6. There are serious concerns that fall into the criteria for referral to the GMC or GDC
7. There are intractable problems and the matter should be put before a clinical performance panel.

3.0 Formal Investigation Terms of Reference

The terms of reference for the formal investigation were:

1. (a) To determine if there have been any patient referrals to Mr A O'B which were un-triaged in 2015 or 2016 as was required in line with established practice / process.

(b) To determine if any un-triaged patient referrals in 2015 or 2016 had the potential for patients to have been harmed or resulted in unnecessary delay in treatment as a result.

- (c) To determine if any un-triaged referrals or triaging delays are outside acceptable practice in a similar clinical setting by similar consultants irrespective of harm or delays in treatment.
- (d) To determine if any un-triaged patient referrals or delayed tri-ages in 2015 or 2016 resulted in patients being harmed as a result.
2. (a) To determine if all patient notes for Mr O'B█'s patients are tracked and stored within the Trust.
- (b) To determine if any patient notes have been stored at home by Mr O'B█ for an unacceptable period of time and whether this has affected the clinical management plans for these patients either within Urology or within other clinical specialties.
- (c) To determine if any patient notes tracked to Mr O'B█ are missing.
3. (a) To determine if there are any undictated patient outcomes from patient contacts at outpatient clinics by Mr O'B█ in 2015 or 2016.
- (b) To determine if there has been unreasonable delay or a delay outside of acceptable practice by Mr O'B█ in dictating outpatient clinics.
- (c) To determine if there have been delays in clinical management plans for these patients as a result.
4. To determine if Mr O'B█ has seen private patients which were then scheduled with greater priority or sooner outside their own clinical priority in 2015 or 2016.
5. To determine to what extent any of the above matters were known to line managers within the Trust prior to December 2016 and if so, to determine what actions were taken to manage the concerns.

4.0 Investigation Findings

In answering each of the terms of reference of the investigation, the Case Investigator concluded:

1. (a) It was found that Mr O'B█ did not undertake non-red flag referral triage during 2015 and 2016 in line with the known and agreed process that was in place. In January 2017, it was found that 783 referrals were un-triaged by Mr O'B█. Mr O'B█ accepts this fact.

- (b) It was found that there was the potential for 783 patients to have been added to the incorrect waiting list. A look back exercise of all referrals by other Consultant Urologists determined that of the 783 un-triaged referrals, 24 would have been upgraded to red-flag status, meaning the timescales for assessment and implementation of their treatment plans was delayed. All un-triaged referrals were added to Trust waiting lists based on the GP referral assessment.
- (c) It was found that all other Consultant Urologists undertook triage of all referrals in line with established practice.
- (d) It was found that of the 24 upgraded patient referrals, 5 patients have a confirmed cancer diagnosis. All 5 patients have been significantly delayed commencing appropriate treatment plans.
2. (a) It was found that in January 2017 Mr O'B█ returned 307 sets of patient notes which had been stored at his home. Mr O'B█ accepts that there were in excess of 260 patient notes returned from his home in January 2017.
- (b) The notes dated as far back as November 2014. It was found that Mr O'B█ returned patient notes as requested and he asserts therefore there was no impact on patient care.
- (c) It was found that there are 13 sets of patient notes missing. The Case Investigator was satisfied these notes were not lost by Mr O'B█.
3. (a) It was found that there were 66 undictated clinics by Mr O'B█ during the period 2015 and 2016. Mr O'B█ accepts this.
- (b) It was accepted by Mr O'B█ that he did not dictate at the end of every care contact but rather dictated at the end of the full care episode. This is not the practice of any other Consultant Urologist. The requirements of the GMC are that all notes / dictation are contemporaneous.
- (c) There are significant waiting list times for routine Urology patients. It is therefore unclear as to the impact of delay in dictation as the patients would have had a significant wait for treatment. The delay however meant that the actual waiting lists were not accurate and the look back exercise to ensure all patients had a clear management plan in place was done at significant additional cost and time to the Trust.
6. It has been found that Mr O'B█ scheduled 9 of his private patient's sooner and outside of clinical priority in 2015 and 2016.

7. Concerns about Mr O'B█'s practice were known to senior managers within the Trust in March 2016 when a letter was issued to Mr O'B█ regarding these concerns. The extent of the concerns was not known. No action plan was put in place to address the concerns. It was found that a range of managers, senior managers and Directors within the Acute Service Directorate were aware of concerns regarding Mr O'B█'s practice dating back a number of years. There was no evidence available of actions taken to address the concerns.

Other findings / context

Other important factors in coming to a decision in respect of the findings are:

Triage

1. Mr O'B█ provided a detailed context to the history of the Urology service and the workload pressures he faced. Mr O'B█ noted that he agreed to the triage process but very quickly found that he was unable to complete all triage. Mr O'B█ noted that he had raised this fact with his colleagues on numerous occasions to no avail. Mr O'B█ accepts that he did not explicitly advise anyone within the Trust that he was not undertaking routine or urgent referral triage. Mr O'B█ did undertake red-flag triage.
2. It was known to a range of staff within the Directorate that they were not receiving triage back from Mr O'B█. A default process was put in place to compensate for this whereby all patients were added to the waiting lists according to the GP categorisation. This would have been known to Mr O'B█.
3. Mr Y█ is the most appropriate comparator for Mr O'B█ as both have historical long review lists which the newer Consultants do not have. Mr Y█ managed triage alongside his other commitments. Mr Y█ undertook Mr O'B█'s triage for a period of time to ease pressures on him while he was involved in regional commitments.

Notes

1. There was no proper Trust transport and collection system for patient notes to the SWAH clinic in place.
2. There was no review of notes tracked out by individual to pick up a problem.
3. Notes were returned as requested by Mr O'B█ from his home.

4. It was known that Mr O'B█ stored notes at home by a range of staff within the Directorate.

Undictated clinics

1. Mr O'B█'s secretary did not flag that dictation was not coming back to her from clinics. Mr O'B█'s secretary was of the view that this was a known practice to managers within the Directorate.
2. Mr O'B█ indicated that he did not see the value of dictating after each care contact.
3. Mr O'B█ was not using digital dictation during the relevant period and therefore the extent of the problem was not evident.

5.0 Case Manager Determination

My determination about the appropriate next steps following conclusion of the formal MHPS investigation:

- There is no evidence of concern about Mr O'B█'s clinical ability with patients.
- There are clear issues of concern about Mr O'B█'s way of working, his administrative processes and his management of his workload. The resulting impact has been potential harm to a large number of patients (783) and actual harm to at least 5 patients.
- Mr O'B█'s reflection on his practice throughout the investigation process was of concern to the Case Investigator and in particular in respect of the 5 patients diagnosed with cancer.
- As a senior member of staff within the Trust Mr O'B█ had a clear obligation to ensure managers within the Trust were fully and explicitly aware that he was not undertaking routine and urgent triage as was expected. Mr O'B█ did not adhere to the known and agreed Trust practices regarding triage and did not advise any manager of this fact.
- There has been significant impact on the Trust in terms of its ability to properly manage patients, manage waiting lists and the extensive look back

exercise which was required to address the deficiencies in Mr O'B█'s practice.

- Mr O'B█ did not adhere to the requirements of the GMC's Good Medical Practice specifically in terms of recording his work clearly and accurately, recording clinical events at the same time of occurrence or as soon as possible afterwards.
- Mr O'B█ has advantaged his own private patients over HSC patients on 9 known occasions.
- The issues of concern were known to some extent for some time by a range of managers and no proper action was taken to address and manage the concerns.

This determination is completed without the findings from the Trust's SAI process which is not yet complete.

Advice Sought

Before coming to a conclusion in this case, I discussed the investigation findings with the Trust's Chief Executive, the Director of Human Resources & Organisational Development and I also sought advice from Practitioner Performance Advice (formerly NCAS).

My determination:

1. No further action is needed

Given the findings of the formal investigation, this is not an appropriate outcome.

2. Restrictions on practice or exclusion from work should be considered

There are 2 elements of this option to be considered:

- a. A restriction on practice

At the outset of the formal investigation process, Mr O'B█ returned to work following a period of immediate exclusion working to an agreed action plan from

February 2017. The purpose of this action plan was to ensure risks to patients were mitigated and his practice was monitored during the course of the formal investigation process. Mr O'B[REDACTED] worked successfully to the action plan during this period.

It is my view that in order to ensure the Trust continues to have an assurance about Mr O'B[REDACTED]'s administrative practice/s and management of his workload, an action plan should be put in place with the input of Practitioner Performance Advice (NCAS), the Trust and Mr O'B[REDACTED] for a period of time agreed by the parties.

The action plan should be reviewed and monitored by Mr O'B[REDACTED]'s Clinical Director (CD) and operational Assistant Director (AD) within Acute Services, with escalation to the Associate Medical Director (AMD) and operational Director should any concerns arise. The CD and operational AD must provide the Trust with the necessary assurances about Mr O'B[REDACTED]'s practice on a regular basis. The action plan must address any issues with regards to patient related admin duties and there must be an accompanying agreed balanced job plan to include appropriate levels of administrative time and an enhanced appraisal programme.

b. An exclusion from work

There was no decision taken to exclude Mr O'B[REDACTED] at the outset of the formal investigation process rather a decision was taken to implement and monitor an action plan in order to mitigate any risk to patients. Mr O'B[REDACTED] has successfully worked to the agreed action plan during the course of the formal investigation. I therefore do not consider exclusion from work to be a necessary action now.

3. There is a case of misconduct that should be put to a conduct panel

The formal investigation has concluded there have been failures on the part of Mr O'B[REDACTED] to adhere to known and agreed Trust practices and that there have also been failures by Mr O'B[REDACTED] in respect of 'Good Medical Practice' as set out by the GMC.

Whilst I accept there are some wider, systemic failings that must be addressed by the Trust, I am of the view that this does not detract from Mr O'B[REDACTED]'s own individual professional responsibilities.

During the MHPS investigation it was found that potential and actual harm occurred to patients. It is clear from the report that this has been a consequence of Mr O'B[REDACTED]'s conduct rather than his clinical ability. I have sought advice from

Practitioner Performance Advice (NCAS) as part of this determination. At this point, I have determined that there is no requirement for formal consideration by Practitioner Performance Advice or referral to GMC. The Trust should conclude its own processes.

The conduct concerns by Mr O'B [REDACTED] include:

- Failing to undertake non red flag triage, which was known to Mr O'B [REDACTED] to be an agreed practice and expectation of the Trust. Therefore putting patients at potential harm. A separate SAI process is underway to consider the impact on patients.
- Failing to properly make it known to his line manager/s that he was not undertaking all triage. Mr O'B [REDACTED], as a senior clinician had an obligation to ensure this was properly known and understood by his line manager/s.
- Knowingly advantaging his private patients over HSC patients.
- Failing to undertake contemporaneous dictation of his clinical contacts with patients in line with GMC 'Good Medical Practice'.
- Failing to ensure the Trust had a full and clear understanding of the extent of his waiting lists, by ensuring all patients were properly added to waiting lists in chronological order.

Given the issues above, I have concluded that Mr O'B [REDACTED]'s failings must be put to a conduct panel hearing.

4. There are concerns about the practitioner's health that should be considered by the HSS body's occupational health service, and the findings reported to the employer.

There are no evident concerns about Mr O'B [REDACTED]'s health. I do not consider this to be an appropriate option.

5. There are concerns about the practitioner's clinical performance which require further formal consideration by NCAS (now Practitioner Performance Advice)

Before coming to a conclusion in this regard, I sought advice from Practitioner Performance Advice.

The formal investigation report does not highlight any concerns about Mr O'B's clinical ability. The concerns highlighted throughout the investigation are wholly in respect of Mr O'B's administrative practices. The report highlights the impact of Mr O'B's failings in respect of his administrative practices which had the potential to cause harm to patients and which caused actual harm in 5 instances.

I am satisfied, taking into consideration advice from Practitioner Performance Advice (NCAS), that this option is not required.

6. There are serious concerns that fall into the criteria for referral to the GMC or GDC

I refer to my conclusion above. I am satisfied that the concerns do not require referral to the GMC at this time. Trust processes should conclude prior to any decision regarding referral to GMC.

7. There are intractable problems and the matter should be put before a clinical performance panel.

I refer to my conclusion under option 6. I am satisfied there are no concerns highlighted about Mr O'B's clinical ability.

6.0 Final Conclusions / Recommendations

This MHPS formal investigation focused on the administrative practice/s of Mr O'B. The investigation report presented to me focused centrally on the specific terms of reference set for the investigation. Within the report, as outlined above, there have been failings identified on the part of Mr O'B which require to be addressed by the Trust, through a Trust conduct panel and a formal action plan.

The investigation report also highlights issues regarding systemic failures by managers at all levels, both clinical and operational, within the Acute Services Directorate. The report identifies there were missed opportunities by managers to fully assess and address the deficiencies in practice of Mr O'B. No-one formally assessed the extent of the issues or properly identified the potential risks to patients.

Default processes were put in place to work around the deficiencies in practice rather than address them. I am therefore of the view there are wider issues of concern, to be considered and addressed. The findings of the report should not solely focus on one individual, Mr O'B.

In order for the Trust to understand fully the failings in this case, I recommend the Trust to carry out an independent review of the relevant administrative processes

with clarity on roles and responsibilities at all levels within the Acute Directorate and appropriate escalation processes. The review should look at the full system wide problems to understand and learn from the findings.

King, James

From: Gibson, Simon
Sent: 24 April 2019 16:56
To: GMC email address
Cc: Parks, Zoe; Hynds, Siobhan; OKane, Maria
Subject: FW: URGENT - : General Medical Council In Response Please Quote SMC/1-2251053156

Dear Mr Durrant

We have considered your request, and do not have any letters/emails/correspondence from or with Dr O'Brien in regards to these concerns he raised.

Kind regards

Simon

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

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI (DHH)

From: GMC Fitness to Practise FI GMC Email Address
Sent: 17 April 2019 13:02
To: OKane, Maria
Subject: FW: General Medical Council In Response Please Quote SMC/1-2251053156

Dear Dr O'Kane

I wrote to you on **09/04/2019** to ask for some information. A copy of this email is enclosed within the thread below.

I write to you now, as we have not yet received a response.

If possible, please respond to this request by **25/04/2019**. You can send this to our Manchester address below, or direct to my email address.

Again, if you have any questions please let me know.

Kind Regards

John Durrant
Enquiries Team
 General Medical Council
 3 Hardman Street, Manchester, M3 3AW
 Website: www.gmc-uk.org
 Telephone: Personal Information redacted by the USI

From: GMC Fitness to Practise FI
Sent: 09 April 2019 12:13

To: 'OKane, Maria'

Subject: General Medical Council In Response Please Quote SMC/1-2251053156

Dear Dr O'Kane

Thank you for sending us your email dated 02/04/2019.

To help us decide how best to deal with the information you provided, we need some extra information from you, which I have set out below.

Information we need from you

Please send the following information by **16/04/2019** to the Manchester address below or by emailing it to me at GMC email address

- In your referral to the GMC, you have advised that Dr O'Brien has raised patient safety concerns previously – you have stated that 'he has raised concerns throughout about waiting lists which are well recognised'. Could you provide us with some further details in relation to these patient safety concerns. This may include:
 - Elaboration in terms of what these concerns were in regards to the waiting lists (including when he raised them)
 - Details of any actions that have been undertaken as a result of these concerns being raised.
 - Any letters/emails/correspondence you have from or with Dr O'Brien in regards to these concerns he raised.
 - Any other documentation/details you feel relevant to these patient safety concerns

Why is this information needed?

We need this further information to decide whether the information you provided needs a full investigation. Our role is to ensure that doctors who are registered to practise medicine in the UK are safe to do so. We only take action where we believe we may need to restrict or remove a doctor's registration to protect patients.

Once we have received the further information, a senior member of GMC staff will review your complaint and we will write to you again to update you on the progress of your complaint.

In the meantime, if you have any questions just let me know and I will be happy to help.

Kind Regards

Sarah McDermott

Enquiries Team

General Medical Council

3 Hardman Street, Manchester, M3 3AW

GMC email address

Personal Information
redacted by the USI

Working with doctors Working for patients

The General Medical Council helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving (and exceeding) those standards, and take action when they are not met.

Unless otherwise expressly agreed by the sender of this email, this communication may contain privileged or confidential information which is exempt from disclosure under UK law. This email and its attachments

may not be used or disclosed except for the purpose for which it has been sent.

If you are not the addressee or have received this email in error, please do not read, print, re-transmit, store or act in reliance on it or any attachments. Instead, please email the sender and then immediately delete it.

General Medical Council

3 Hardman Street, Manchester M3 3AW

Regents Place, 350 Euston Road, London NW1 3JN

The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh EH8 8AE

4th Floor, Caspian Point 2, Caspian Way, Cardiff Bay CF10 4DQ

9th Floor, Bedford House, 16-22 Bedford Street, Belfast BT2 7FD

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

King, James

From: Joanne Donnelly (Personal Information redacted by the USI) (Personal Information redacted by the USI) >
Sent: 27 September 2019 12:41
To: OKane, Maria
Cc: Gibson, Simon; Support TeamELS
Subject: Dr O'Brien – GMC No. 1394911- SHSCT response to request for info
Attachments: 20190926_LtrJD_AOB_InformationRequest.doc

Dear Maria,

Thank you very much for your e-mail and attached letter – I have passed this on to GMC Triage Team.

Kind regards
 Joanne

Joanne Donnelly (Personal Information redacted by the USI)
 GMC ELA for NI

(Personal Information redacted by the USI) – ftp other – SHSCT – Dr O'Brien – GMC No. 1394911- SHSCT response to request for info (27.9.19)

From: OKane, Maria (Personal Information redacted by the USI)
Sent: 26 September 2019 22:13
To: Joanne Donnelly (Personal Information redacted by the USI) (Personal Information redacted by the USI) >
Cc: Gibson, Simon (Personal Information redacted by the USI) >
Subject: FW: 20190926_LtrJD_AOB_InformationRequest

Dear Joanne as requested. Maria

The Information and the Material transmitted is intended only for the person or entity to which it is addressed and may be Confidential/Privileged Information and/or copyright material.

Any review, transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you receive this in error, please contact the sender and delete the material from any computer.

Southern Health & Social Care Trust archive all Email (sent & received) for the purpose of ensuring compliance with the Trust 'IT Security Policy', Corporate Governance and to facilitate FOI requests.

Southern Health & Social Care Trust IT Department (Personal Information redacted by the USI)

Working with doctors Working for patients

The General Medical Council helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving (and exceeding) those standards, and take action when they are not met.

Unless otherwise expressly agreed by the sender of this email, this communication may contain privileged or confidential information which is exempt from disclosure under UK law. This email and its attachments may not be used or disclosed except for the purpose for which it has been sent.

If you are not the addressee or have received this email in error, please do not read, print, re-transmit, store or act in reliance on it or any attachments. Instead, please email the sender and then immediately delete it.

General Medical Council

3 Hardman Street, Manchester M3 3AW

Regents Place, 350 Euston Road, London NW1 3JN

The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh EH8 8AE

4th Floor, Caspian Point 2, Caspian Way, Cardiff Bay CF10 4DQ

9th Floor, Bedford House, 16-22 Bedford Street, Belfast BT2 7FD

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

26th September 2019

Via email: [Personal Information redacted by the USI]

Ref: MOK/Im

Joanne Donnelly
Employer Liaison Service for Northern Ireland
General Medical Council

Dear Joanne,

RE: SHSCT - DR O'BRIEN – GMC NO. 1394911 – GMC REQUEST FOR FURTHER INFORMATION

In response to your correspondence dated 27th August 2019 please find below a table outlining Trust responses to your information requests.

GMC Information Request	Trust Response
<i>Along with your referral of Dr O'Brien, you forwarded a copy of the MHPS Investigation Case Manager Determination (dated September 2018). Given the Report was completed last year, was there any specific reason the referral to the GMC was delayed?</i>	The MHPS Case Manager Determination was notified to the Practitioner on 1 October 2018. The decision of the Case Manager at that time was not to refer to GMC but to conclude the internal process first, which was referral to a conduct panel. On further discussion of the MHPS case with the Trust's GMC liaison officer, a request to the Trust was made for referral to GMC and this was made by the Trust's Medical

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Tel: [Personal Information redacted by the USI] / Email: [Personal Information redacted by the USI]

	Director.
<i>The MHPS Determination highlighted a number of “wider, systemic findings that must be addressed by the Trust” and “systemic failures by managers at all levels, both clinical and operational”. What exactly were these specific systemic issues; have any inspections of these issues taken place. We also need information on what the Trust have done to address these issues so far?</i>	<p>The MHPS determination highlighted ‘failures by managers at all levels, both clinical and operational’ – this referred to failings to manage concerns in respect of the Practitioner when the issues were first known and on-going thereafter.</p> <p>The concerns about the Practitioner were known to managers at a number of levels within the organisation over a number of years and the report noted that management of the concerns was not as it should have been.</p> <p>The Trust have committed to an independent review of the relevant administrative processes and roles and responsibilities. This review has not yet commenced.</p>
<i>It is noted that the Trust were also asked to carry out an independent review of the relevant administrative processes with clarity on roles and responsibilities at all levels, and to look at the full system wide problems. Has this review has been completed; what were the findings (or an update on the current progress)?</i>	Please see above response.
<i>The referral also raised questions about Dr O’Brien’s lack of insight into the concerns raised about his practice. Can you confirm specific details of what these issues were, including any examples suggesting the doctor lacked insight?</i>	<p>The MHPS Case Investigator referred to a lack of insight on the part of the practitioner in the formal investigation report following conclusion of the investigation. This was primarily in respect of the Practitioner’s responses during the investigation into the issues of concern and impact of his administrative practices on the HSC patients on his caseload. The one clear example of his lack of insight was in respect of his response on the impact on the 5 patients with a confirmed cancer diagnosis.</p>

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Tel: Personal Information redacted by the USI / Email: Personal Information redacted by the USI

<i>We note there was a return to work plan meeting held on 09/02/2017 where Dr O'Brien was informed of what he needed to do in terms of his admin processes. Was his return to work monitored in any way by the Trust at that time and if so, what was the outcome?</i>	The return to work action plan was put in place at the time of Mr O'Brien's return to work and this continues to be monitored by the operational Head of Service. The Head of Service reports any deviation from the action plan, by exception, to the MHPS Case Manager.
<i>In addition, is Dr O'Brien's admin processes / work still being monitored at the present time? If so, can the Trust provide an update on how the doctor is currently performing and whether he is managing his administrative duties effectively?</i>	As of Monday 16 September 2019, the operational Head of Service has notified the MHPS Case Manager of a deviation from the action plan by Mr O'Brien. The scale of this deviation is currently being scoped and a meeting will be held with Mr O'Brien once the full extent of this deviation is known. Prior to this, Mr O'Brien has been working in line with the return to work action plan.
<i>Have there been any recent or new concerns raised about his practice (or his admin processes) that haven't already been considered under the MHPS or the Trust SAI Investigations?</i>	Please see above I respect of a very recent deviation from the Trust's return to work action plan in respect of Mr O'Brien's administrative practices. I have no information in respect of further SAIs.
<i>Has Dr O'Brien made any recent statements or provided any evidence, in response to the concerns being raised about him?</i>	I am not aware of any recent statements.
<i>When we spoke on 14 March 19 (see attached) you advised that SHSCT staff have come under external pressure not to challenge Dr O'Brien (pressure from his high-profile/influential private patients). Can the Trust provide any further information to support this/in relation to this?</i>	A member of SHSCT staff referred to Dr O'Brien's standing with some patients under his care who felt his practice was of an exemplary standard. This had no bearing or influence on the Trust decision to make a GMC referral.
<i>We don't appear to have a copy of the formal local/SAI Investigation Report (we only have the MHPS Case Manager Determination). We understand that you indicated the Report(s) would be posted to us – however we don't</i>	The local SAI reports are currently being reviewed by the Trust operational governance teams; these will be shared with the GMC when available.

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Tel: Personal Information redacted by the USI / Email: Personal Information redacted by the USI

<i>appear to have received it. Could an electronic copy to be forwarded too?</i>	
--	--

If you have any queries please do not hesitate to contact me directly.

Yours sincerely,

Personal Information redacted by the USI

Dr Maria O’Kane
Medical Director

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Tel: Personal Information redacted by the USI / Email: Personal Information redacted by the USI

King, James

Subject: AOB Meeting - Ruth/Simon - 24/12/19
Location: Bracken's Meeting Room

Start: Tue 21/01/2020 15:00
End: Tue 21/01/2020 16:00

Recurrence: (none)

Organizer: Gibson, Simon



For Response - RE: For Response
Meeting Reques... - Meeting Req...

King, James

From: Montgomery, Ruth
Sent: 24 December 2019 11:46
To: Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Hynds, Siobhan; Corrigan, Martina; McNaboe, Ted
Cc: Gibson, Simon
Subject: For Response - Meeting Request - AOB
Importance: High

Dear All,

The requested meeting below still needs to be arranged, can you all please advise if you can make yourselves available to attend as follows:

Date: Tuesday 21st January
Time: 3pm-4pm
Venue: Brackens Meeting Room, CAH

Kind Regards,

Ruth

Ruth Montgomery

Administrative Officer

Administrative support to Mr Simon Gibson, Assistant Director, Medical Directorate

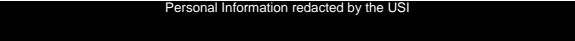
Medical Director's Office,
 Southern Health & Social Care Trust
 1st Floor, Trust Headquarters, CAH

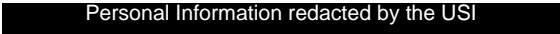


My hours of work are : Mon – Fri 8.15am – 4.30pm (finish at 3pm on a Tuesday, 4.45pm on a Thursday)

 Please note my new contact number – External -  / Internal ext: 



 Personal Information redacted by the USI

From: Gibson, Simon  Personal Information redacted by the USI
Sent: 21 November 2019 13:10
To: Montgomery, Ruth
Cc: Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Hynds, Siobhan
Subject: FW: FW: Backlog Report - October 2019

Dear Ruth

Please see below – can you set up a meeting with Siobhan, Mark, Ronan and Ahmed as described please. It may be best to work around Marks diary in the first instance

Kind regards

Simon

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

Personal Information redacted by the USI

Personal Information redacted by
the USI

Personal Information redacted by
the USI

(DHH)

From: OKane, Maria
Sent: 17 November 2019 12:11
To: Hynds, Siobhan; Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Gibson, Simon
Cc: Weir, Lauren
Subject: RE: FW: Backlog Report - October 2019

Thanks Siobhan.

Simon can I ask that you coordinate a meeting which I am asking you to minute please asap to

1. describe in detail the management plan around this ,
2. the expectation re compliance
3. and the escalation.

It will be important before all of you meet with Mr O'Brien that you have this process well described and documented – process mapping this might be the most useful approach.

While I appreciate that there is a divergence in views about the process we have in place to manage referrals, he is being asked to comply with this as is until it is collectively agreed that the system should be changed.

Lauren bf 2 weeks please

Thanks Maria

From: Hynds, Siobhan
Sent: 08 November 2019 10:10
To: OKane, Maria; Khan, Ahmed; Haynes, Mark; Carroll, Ronan
Subject: RE: FW: Backlog Report - October 2019
Importance: High

Maria

Mr O'Brien is clearly deviating from the action plan that was put in place as a safeguard to avoid this type of backlog and he is also an outlier in terms of his other Urology colleagues by some way.

Has there been any direct discussion with Mr O'Brien about this? Could I suggest a meeting of the case manager(Dr Khan) with Ronan and Mark to discuss the data and decide on the necessary next steps. As a matter of urgency there needs to be a clear plan in terms of clearing any outstanding work. Given some dictation is now going back to June 18 we need to understand if there is any impact on patients and we need to discuss the process for monitoring as this hasn't flagged.

Siobhan

From: OKane, Maria
Sent: 05 November 2019 08:33
To: Khan, Ahmed; Hynds, Siobhan; Haynes, Mark; Carroll, Ronan
Subject: Fwd: FW: Backlog Report - October 2019

Dear Ahmed / Siobhan you will have a view about this please ?

Ronan can you describe the systematic process in place please to capture the relevant information agreed with case managers please? Thanks Maria

----- Forwarded message -----

From: "Haynes, Mark" <[REDACTED]>
 Date: Nov 5, 2019 6:37 AM
 Subject: FW: Backlog Report - October 2019
 To: "Khan, Ahmed" <[REDACTED]>, "OKane, Maria"
 <[REDACTED]>, "McClements, Melanie"
 <[REDACTED]>, "Carroll, Ronan"
 <[REDACTED]>
 Cc:

FYI re oversight.

Relevant info for oversight is highlighted below for October;

UROLOGY	Backlog - Number of charts with oldest date							
Consultant	Discharges awaiting Dictation	oldest date	Discharges to be typed	oldest date	Clinic letters to be dictated	oldest date	Clinic letters to be typed	oldest date
[REDACTED]								
Mr Glackin	1	Aug-19	16	28.10.19	1	22.10.19	3	29.10.19
Mr Haynes	0	-	0	-	0	-	17	24.10.19
Mr O'Brien	35	27.06.17	0	-	45	23.09.19	11	20.09.19
Mr O'Donoghue	0	-	0	-	0	-	43	15.10.19
Mr Young	8	-	0	-	0	-	29	24.10.19
Sub Speciality Totals	44		16		46		103	

From: Evans, Marie
Sent: 04 November 2019 22:03
To: Carroll, Ronan; Robinson, Katherine; Carroll, Anita; Corrigan, Martina
Cc: Tyson, Matthew; Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; ODonoghue, JohnP; Young, Michael
Subject: Backlog Report - October 2019

Dear All,

Please find attached Backlog Report for October 2019.

If you have any queries please don't hesitate to contact me.

Personal information redacted by USI

Kind Regards

Marie Evans

Service Administrator (SEC)

Ground Floor

Ramone Building

T: Personal Information redacted by the USI

E: Personal Information redacted by the USI

King, James

From: Montgomery, Ruth
Sent: 14 January 2020 14:45
To: Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Hynds, Siobhan; Corrigan, Martina; McNaboe, Ted
Cc: Gibson, Simon
Subject: RE: For Response - Meeting Request - AOB

Dear All,

The below meeting has been confirmed to take place as per my previous emails:

Date: Tuesday 21st January
Time: 3pm-4pm
Venue: Brackens Meeting Room, CAH

Kind Regards,

Ruth

Ruth Montgomery
 Administrative Officer
 Administrative support to Mr Simon Gibson, Assistant Director, Medical Directorate

Medical Director's Office,
 Southern Health & Social Care Trust
 1st Floor, Trust Headquarters, CAH



My hours of work are : Mon – Fri 8.15am – 4.30pm (finish at 3pm on a Tuesday, 4.45pm on a Thursday)

 [Please note my new contact number – External -](#)  / [Internal ext:](#) 



Personal Information redacted by the USI

From: Montgomery, Ruth
Sent: 06 January 2020 11:58
To: Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Hynds, Siobhan; Corrigan, Martina; McNaboe, Ted
Cc: Gibson, Simon
Subject: RE: For Response - Meeting Request - AOB

Dear All,

The date below suits the majority of the group to attend, If you have not had a chance to reply yet, can you please let me know as soon as possible if you will be able to attend and I will then confirm the meeting.

Many Thanks,

Ruth

Ruth Montgomery
 Administrative Officer

Administrative support to Mr Simon Gibson, Assistant Director, Medical Directorate

Medical Director's Office,
Southern Health & Social Care Trust
1st Floor, Trust Headquarters, CAH



My hours of work are : Mon – Fri 8.15am – 4.30pm (finish at 3pm on a Tuesday, 4.45pm on a Thursday)



[Please note my new contact number](#) – External -

Personal Information redacted by the USI

/ Internal ext:

Personal Information redacted by the USI



Personal Information redacted by the USI

From: Montgomery, Ruth
Sent: 24 December 2019 11:46
To: Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Hynds, Siobhan; Corrigan, Martina; McNaboe, Ted
Cc: Gibson, Simon
Subject: For Response - Meeting Request - AOB
Importance: High

Dear All,

The requested meeting below still needs to be arranged, can you all please advise if you can make yourselves available to attend as follows:

Date: Tuesday 21st January
Time: 3pm-4pm
Venue: Brackens Meeting Room, CAH

Kind Regards,

Ruth

Ruth Montgomery

Administrative Officer

Administrative support to Mr Simon Gibson, Assistant Director, Medical Directorate

Medical Director's Office,
Southern Health & Social Care Trust
1st Floor, Trust Headquarters, CAH



My hours of work are : Mon – Fri 8.15am – 4.30pm (finish at 3pm on a Tuesday, 4.45pm on a Thursday)



[Please note my new contact number](#) – External -

Personal Information redacted by the USI

/ Internal ext:

Personal Information redacted by the USI



Personal Information redacted by the USI

From: Gibson, Simon [Personal Information redacted by the USI]
Sent: 21 November 2019 13:10
To: Montgomery, Ruth
Cc: Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Hynds, Siobhan
Subject: FW: FW: Backlog Report - October 2019

Dear Ruth

Please see below – can you set up a meeting with Siobhan, Mark, Ronan and Ahmed as described please. It may be best to work around Marks diary in the first instance

Kind regards

Simon

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

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

(DHH)

From: OKane, Maria
Sent: 17 November 2019 12:11
To: Hynds, Siobhan; Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Gibson, Simon
Cc: Weir, Lauren
Subject: RE: FW: Backlog Report - October 2019

Thanks Siobhan.

Simon can I ask that you coordinate a meeting which I am asking you to minute please asap to

1. describe in detail the management plan around this ,
2. the expectation re compliance
3. and the escalation.

It will be important before all of you meet with Mr O'Brien that you have this process well described and documented – process mapping this might be the most useful approach.

While I appreciate that there is a divergence in views about the process we have in place to manage referrals, he is being asked to comply with this as is until it is collectively agreed that the system should be changed.

Lauren bf 2 weeks please

Thanks Maria

From: Hynds, Siobhan
Sent: 08 November 2019 10:10
To: OKane, Maria; Khan, Ahmed; Haynes, Mark; Carroll, Ronan
Subject: RE: FW: Backlog Report - October 2019
Importance: High

Maria

Mr O'Brien is clearly deviating from the action plan that was put in place as a safeguard to avoid this type of backlog and he is also an outlier in terms of his other Urology colleagues by some way.

Has there been any direct discussion with Mr O'Brien about this? Could I suggest a meeting of the case manager(Dr Khan) with Ronan and Mark to discuss the data and decide on the necessary next steps. As a matter of urgency there needs to be a clear plan in terms of clearing any outstanding work. Given some dictation is now going back to

June 18 we need to understand if there is any impact on patients and we need to discuss the process for monitoring as this hasn't flagged.

Siobhan

From: OKane, Maria
Sent: 05 November 2019 08:33
To: Khan, Ahmed; Hynds, Siobhan; Haynes, Mark; Carroll, Ronan
Subject: Fwd: FW: Backlog Report - October 2019

Dear Ahmed / Siobhan you will have a view about this please ?

Ronan can you describe the systematic process in place please to capture the relevant information agreed with case managers please? Thanks Maria

----- Forwarded message -----

From: "Haynes, Mark" <[Personal Information redacted by the USI]>
 Date: Nov 5, 2019 6:37 AM
 Subject: FW: Backlog Report - October 2019
 To: "Khan, Ahmed" <[Personal Information redacted by the USI]>, "OKane, Maria"
 <[Personal Information redacted by the USI]>, "McClements, Melanie"
 <[Personal Information redacted by the USI]>, "Carroll, Ronan"
 <[Personal Information redacted by the USI]>
 Cc:

FYI re oversight.

Relevant info for oversight is highlighted below for October;

UROLOGY	Backlog - Number of charts with oldest date							
Consultant	Discharges awaiting Dictation	oldest date	Discharges to be typed	oldest date	Clinic letters to be dictated	oldest date	Clinic letters to be typed	oldest date
[Personal information redacted by USI]								
Mr Glackin	1	Aug-19	16	28.10.19	1	22.10.19	3	29.10.19
Mr Haynes	0	-	0	-	0	-	17	24.10.19
Mr O'Brien	35	27.06.17	0	-	45	23.09.19	11	20.09.19
Mr O'Donoghue	0	-	0	-	0	-	43	15.10.19

Mr Young	8	-	0	-	0	-	29	24.1
Sub Speciality Totals	44		16		46		103	

From: Evans, Marie

Sent: 04 November 2019 22:03

To: Carroll, Ronan; Robinson, Katherine; Carroll, Anita; Corrigan, Martina

Cc: Tyson, Matthew; Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; ODonoghue, JohnP; Young, Michael

Subject: Backlog Report - October 2019

Dear All,

Please find attached Backlog Report for October 2019.

If you have any queries please don't hesitate to contact me.

Personal information redacted by USI

Kind Regards

Marie Evans

Service Administrator (SEC)

Ground Floor

Ramone Building

T: Personal Information redacted by the USI

E: Personal Information redacted by the USI

King, James

Subject: Oversight Meeting**Location:** Boardroom, THQ**Start:** Wed 12/02/2020 17:00**End:** Wed 12/02/2020 18:00**Recurrence:** (none)**Meeting Status:** Accepted**Organizer:** Buckley, LauraC**Required Attendees:** Hynds, Siobhan; McClements, Melanie; OKane, Maria; Toal, Vivienne; Gibson, Simon; Carroll, Ronan; Corrigan, Martina; Khan, Ahmed

URGENT FOR
YOUR RESPON...

King, James

From: Hynds, Siobhan
Sent: 07 February 2020 16:09
To: McClements, Melanie; OKane, Maria; Toal, Vivienne; Gibson, Simon; Carroll, Ronan; Corrigan, Martina; Khan, Ahmed
Cc: Buckley, LauraC
Subject: URGENT FOR YOUR RESPONSE: Oversight Meeting
Importance: High

Dear All

There are a range of matters which need to be discussed and progressed in respect of A O'Brien's case. Can I please ask you to provide Laura Buckley with your availability for a meeting to discuss. We have correspondence from GMC which has a deadline for response which we also need to discuss and therefore I would ask for an urgent date for the group to meet. I am looking a date next week if at all possible.

Many thanks

Siobhan

Laura – can you please co-ordinate as a matter of priority.

Mrs Siobhan Hynds

Deputy Director – HR Services
Human Resources & Organisational Development Directorate
Hill Building, St Luke's Hospital Site
Armagh, BT61 7NQ

Tel: Personal Information redacted by the USI Mobile: Personal Information redacted by the USI



King, James

From: Hynds, Siobhan
Sent: 12 May 2020 13:00
To: Parks, Zoe
Subject: Meeting of Oversight Group - MHPS case Mr A O'Brien

Meeting of Oversight Group - MHPS case Mr A O'Brien

12 February 2020
17:20

In attendance:

Maria O'Kane
Melanie McClements
Vivienne Toal
Simon Gibson
Siobhan Hynds

Via Video Conference

Ronan Carroll

Via Phone

Ahmed Khan

Siobhan gave an overview of the process and investigation. Discussions were held in respect of the outstanding actions to be progressed and how these would be taken forward including recent correspondences from GMC and RQIA.

Melanie provided an update on the SAI processes and the sign off.

Actions:

- Maria - To have a meeting / conversation with Ted McNaboe, Clinical Director regarding him meeting with AOB regularly and seeking assurances through that supervisory process that AOB was working in accordance with the triage process, was not holding notes at home and was undertaking all digital dictation immediately following each individual clinical contact with a patient.
- Maria - to speak with Ted McNaboe and Mark Haynes to ensure an agreed job plan is in place for AOB as a matter of priority or to escalate to the next stage of the job planning process.
- Maria to seek assurance from Damien Scullion to ensure AOB is completing annual appraisals.
- Maria to draft a response to GMC and RQIA in respect of their recent correspondences to the Trust seeking additional information about the case.

- Siobhan to draft a terms of reference for the independent review of the SAI recommendations and the MHPS review recommendation. Terms of reference to go to the Group for agreement.
- Melanie to share SAI reports and recommendations with Siobhan for drafting of the TOR.
- Maria to speak to Dr Rose McCullough (GP) to undertake the independent review.
- Maria to update Shane
- Vivienne to progress AOB's Grievance process.

Created with Microsoft OneNote 2010
One place for all your notes and information

Stinson, Emma M

From: OKane, Maria
Sent: 22 August 2022 23:47
To: Stinson, Emma M
Subject: FW: MHPS - HR Forum q15 s21-51

[Emma more attachments thanks](#)

From: Toal, Vivienne <[REDACTED]>
Sent: 22 August 2022 22:52
To: OKane, Maria <[REDACTED]>
Subject: FW: MHPS - HR Forum

[Email below, as discussed earlier today.](#)
Vivienne

From: Toal, Vivienne
Sent: 30 June 2022 08:57
To: Rodgers, Philip <[REDACTED]> <[REDACTED]> <[REDACTED]>
<[REDACTED]>
Subject: MHPS - HR Forum

Phil
As per our conversation on 13th June 2022, just a reminder please to have MHPS Framework as a substantive item on next HRD Forum agenda.

In light of our Urology Inquiry, and the recent published Neurology Inquiry report, I think this is a really important agenda item.

Perhaps we could get 15 mins tomorrow to agree the other agenda items for Monday's meeting?

Many thanks
Vivienne

Vivienne Toal
Director of Human Resources & Organisational Development
SHSCT, Trust Headquarters

DDL: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED]