

Chloe Williams

From: CST-C
Sent: 07 September 2016 10:57
To: Colin Fitzpatrick
Cc: CST-C
Subject: 18665 - new SHSCT case: Call-back details as discussed

Importance: High
Sensitivity: Confidential

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Jill, NEW CASES/CALL BACKS

Dear Colin

Please see below the advice brief for the above mentioned case. Please can you place a call as per the details below:

Referrer name	Dr Simon Gibson, Southern Health and Social Care Trust
Referrer contact number	Personal Information redacted by the USI
Referrer e-mail address	Personal Information redacted by the USI
Call arranged by	Jill Devenney
Call back date requested	Wednesday 7 September 2016
Call back time requested	Available anytime today
Summary of concerns	Concerns about a Consultant in Urology. There are concerns surrounding clinical practice and administration thereof. The RB is considering whether an external evaluation of the doctor's practice may be beneficial. There is reportedly a massive urology backlog; practitioner allegedly not triaging letters and potential late referrals to other departments.
Other notes or comments	Only skeleton details have been provided thus far. It would be helpful during the call-back if you could confirm the Practitioner's name and GMC number. I can then liaise with Dr Gibson to secure other key data in due course (if deemed appropriate following call).

I have assigned you to the case so you should be able to see everything on EKS.

Many thanks for picking up this call-back for me today.

BW

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

Tel: Personal Information redacted by the USI

Email: Irrelevant information redacted by the
USI
www.ncas.nhs.uk

NCAS is an operating division of the NHS Litigation Authority

NCAS
NI office
HSC Leadership Centre
The Beeches
12 Hampton Manor Drive
Belfast
Co Antrim
BT7 3EN

Tel: Personal Information redacted by the USI

www.ncas.nhs.uk
Personal Information redacted by the USI

13 September 2016

PRIVATE AND CONFIDENTIAL
Sent by email only

Mr Simon Gibson
Assistant Director
Southern Health and Social Care Trust
Craigavon Area Hospital
68 Lurgan Road
Portadown
Craigavon
BT63 5QQ

NCAS ref: 18665 (Please quote in all correspondence)

Dear Mr Gibson

I am writing following our telephone discussion on 7 September. Please let me know if I have misunderstood anything as it may affect my advice.

You called to discuss a consultant urologist who has been in post for a number of years. You described a number of problems. He has a backlog of about 700 review patients. This is different to his consultant colleagues who have largely managed to clear their backlog.

You said that he is very slow to triage referrals. It can take him up to 18 weeks to triage a referral, whereas the standard required is less than two days.

You told me that he often takes patient charts home and does not return them promptly. This often leads to patients arriving for outpatient appointments with no records available.

You told me that his note-taking has been reported as very poor, and on occasions there are no records of consultations.

To date you are not aware of any actual patient harm from this behaviour, but there are anecdotal reports of delayed referral to oncology.

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<http://www.nhs.uk/AboutNHS/PrivacyPolicy.aspx>*

*Please ensure that any information provided to NCAS which contains personal data of any type
is sent to us through appropriately secure means.*



The doctor has been spoken to on a number of occasions about this behaviour, but unfortunately no records were kept of these discussions. He was written to in March of this year seeking an action plan to remedy these deficiencies, but to date there has been no obvious improvement.

We discussed possible options open to you. The Trust has a policy on removing charts from the premises and it would appear that this doctor is in breach of this policy. This could lead to disciplinary action. He was warned about this behaviour in the letter sent to him in March so it would be open to you to take immediate disciplinary action; however, I would suggest that he is asked to comply immediately with the policy.

With regard to the poor note-taking it would be useful to conduct an audit. If there is evidence of a substantial number of consultations for either inpatients or outpatients with no record in the notes, this is a serious matter which may merit disciplinary action and possible referral to the GMC. If, after the audit, it appears that the concern is more about the quality of the notes rather than whether there are any notes at all, a notes review by NCAS may be appropriate. If you wish us to consider that, please get back to me.

The problems with the review patients and the triage could best be addressed by meeting with the doctor and agreeing a way forward. We discussed the possibility of relieving him of theatre duties in order to allow him the time to clear this backlog. Such a significant backlog will be difficult to clear, and he will require significant support. I would be happy to attend such a meeting, if this was considered helpful.

Relevant regulations/guidance:

- Local procedures;
- General Medical Council Guide to Good Medical Practice;
- Maintaining High Professional Standards in the Modern HPSS (MHPS).

Review date:

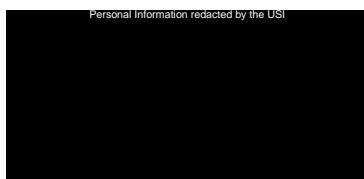
7 October 2016.

As it seems likely that further NCAS input will be required, we will keep this case file open and review the situation in about one month. If you require further advice in the meantime, please do not hesitate to contact me.

If you have any further issues to discuss, or any difficulties with these arrangements, please contact the Northern Ireland office on the direct line above.

I hope the process has been helpful to you.

Yours sincerely



Dr Colin Fitzpatrick
NCAS Senior Adviser

cc: Jill Devenney, Case Officer (N I)



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Chloe Williams

From: CST-C
Sent: 13 September 2016 16:40
To: simon, Personal Information redacted by the USI
Subject: Confidential - Personal: NCAS case 18665

Importance: High
Sensitivity: Confidential

Dear Mr Gibson

NCAS case reference:

Following your request for NCAS advice on 7 September, I would be grateful if you (or a nominated colleague) would please provide us with the practitioner's details listed below in **red** that are still incomplete on our systems.

If the information is to be provided by a colleague, please kindly forward this email and provide them with my name and contact details to enable us to liaise directly.

Please check the details (paying particular attention to spelling). We ask this as we use this information to confirm the practitioner's identity and to ascertain whether the practitioner is the subject of concerns brought to our attention by other organisations.

We are required under Directions from the Secretary of State to monitor the diversity of practitioners referred to us and to report, in an anonymous way, on the patterns, trends and characteristics of the practitioners who are the subjects of our advice. However, **all information that identifies individuals is confidential and the information you provide to us will be treated as such and also in accordance with legal requirements.**

Please fill in the details below and reply by email to me at Personal Information redacted by the USI

If you would prefer to provide this information by telephone, please call me at the NCAS NI office directly on Personal Information redacted by the USI, quoting the case number above.

Practitioner's details:

- **GMC/GDC/GPhC number**
- **Is the practitioner on a substantive or a locum contract?**
- **What is the practitioner's country of first professional qualification?**
- **If first qualification was outside the UK then when did practitioner first work in the UK?**
- **How long is practitioner in post with your organisation?**
- **What is the practitioner's date of birth?**
- **Ethnicity (White | Asian/Asian British | Black/Black British | Mixed ethnicity | Other ethnic group)**
- **Is the practitioner considered to have a disability?**

Many thanks for your help with this.

Best regards

Jill

Chloe Williams

From: CST-C
Sent: 13 September 2016 16:30
To: 'simon.gibson' [Personal Information redacted by the USI]
Cc: Colin Fitzpatrick
Subject: Confidential - Personal: NCAS case 18665
Attachments: LETO_160913_To RB_Advice letter_18665.pdf

Importance: High
Sensitivity: Confidential

Dear Mr Gibson

Please find attached a copy of Dr Colin Fitzpatrick's advice summary letter dated 13 September in relation to NCAS case 18665. Please note that we do not issue hard copies of our advice letters.

If you have any queries, please contact me on my direct line below.

Best regards

Jill

Jill Devenney | Case Support (Northern Ireland)
National Clinical Assessment Service (NCAS)

[Personal Information redacted by the USI]

Please note new contact number [Personal Information redacted by the USI] **and new address:**

NCAS NI office, HSC Leadership Centre, The Beeches, 12 Hampton Manor Drive, Belfast, Co Antrim, BT7 3EN

www.ncas.nhs.uk

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NI office
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Belfast
Co Antrim
BT7 3EN

Tel: Personal Information redacted by the USI

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13 September 2016

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Assistant Director
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Portadown
Craigavon
BT63 5QQ

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- Maintaining High Professional Standards in the Modern HPSS (MHPS).

Review date:

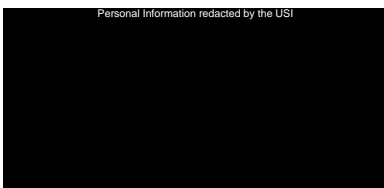
7 October 2016.

As it seems likely that further NCAS input will be required, we will keep this case file open and review the situation in about one month. If you require further advice in the meantime, please do not hesitate to contact me.

If you have any further issues to discuss, or any difficulties with these arrangements, please contact the Northern Ireland office on the direct line above.

I hope the process has been helpful to you.

Yours sincerely



Dr Colin Fitzpatrick
NCAS Senior Adviser

cc: Jill Devenney, Case Officer (N I)



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Chloe Williams

From: Jill Devenney
Sent: 13 September 2016 16:29
To: [REDACTED] Simon Gibson's email address
Subject: Info re NCAS secure email system - how to access your encrypted email from us
Attachments: How to access your encrypted email.docx
Sensitivity: Confidential

Dear Mr Gibson

I have been asked by one of our advisers to send you an NCAS letter and, as all of our correspondence is sent via a secure encrypted portal, I am sending you a guide on how to access this.

Please see attached document for a quick guide on how to access the encrypted emails.

I will now send you a separate email (encrypted) with the letter attached. Please follow the instructions in order to activate the account.

Please be aware that these emails expire after 30 days, and therefore it will not be possible to access them or any attachments after this point unless a copy is saved onto your own system within the 30 day period.

If you have any further queries, please do not hesitate to contact me on the number below.

Best regards

Jill

**Jill Devenney | Case Support (Northern Ireland)
National Clinical Assessment Service (NCAS)**

[REDACTED] Jill Devenney's email address

Please note new contact number [REDACTED] and new address:

NCAS NI office, HSC Leadership Centre, The Beeches, 12 Hampton Manor Drive, Belfast, Co Antrim, BT7 3EN

www.ncas.nhs.uk

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Chloe Williams

From: Colin Fitzpatrick
Sent: 13 September 2016 15:07
To: CST-C
Subject: RE: 18665 - new SHSCT case: Call-back details as discussed

Sensitivity: Confidential

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Jill, LETTERS

Letter ready to go. I did it last week and forgot to let you know.

Sorry

Colin

*Dr Colin Fitzpatrick,
Senior NCAS Advisor (Northern Ireland)*

*NCAS NI office
HSC Leadership Centre
The Beeches
12 Hampton Manor Drive
Belfast
Co Antrim
BT7 3EN
Tel: [Personal Information redacted by the USI]*

Mobile telephone number: [Personal Information redacted by the USI]

EMAIL: [Colin Fitzpatrick's email address]

WEBSITE: www.ncas.nhs.uk

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From: CST-C
Sent: 07 September 2016 10:57
To: Colin Fitzpatrick
Cc: CST-C
Subject: 18665 - new SHSCT case: Call-back details as discussed
Importance: High
Sensitivity: Confidential

Dear Colin

Please see below the advice brief for the above mentioned case. Please can you place a call as per the details below:

Referrer name	Dr Simon Gibson, Southern Health and Social Care Trust
Referrer contact number	[Personal Information redacted by the USI]
Referrer e-mail address	[Personal Information redacted by the USI]
Call arranged by	Jill Devenney

Call back date requested	Wednesday 7 September 2016
Call back time requested	Available anytime today
Summary of concerns	Concerns about a Consultant in Urology. There are concerns surrounding clinical practice and administration thereof. The RB is considering whether an external evaluation of the doctor's practice may be beneficial. There is reportedly a massive urology backlog; practitioner allegedly not triaging letters and potential late referrals to other departments.
Other notes or comments	Only skeleton details have been provided thus far. It would be helpful during the call-back if you could confirm the Practitioner's name and GMC number. I can then liaise with Dr Gibson to secure other key data in due course (if deemed appropriate following call).

I have assigned you to the case so you should be able to see everything on EKS.

Many thanks for picking up this call-back for me today.

BW

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

Tel: Personal Information redacted by the USI

Email: Irrelevant information redacted by the USI

www.ncas.nhs.uk

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Chloe Williams

From: Jill Devenney
Sent: 29 September 2016 12:30
To: [Redacted: Simon Gibson's email address]
Cc: CST-C
Subject: RE: Confidential - Personal: NCAS case 18665

Importance: High
Sensitivity: Confidential

Categories: Jill

Dear Simon

Apologies for the delay in coming back to you about this.

If it would be easier for you, please call me on my direct line below and I will be happy to take the details from you in person.

Best regards

Jill

Jill Devenney | Case Support (Northern Ireland)
National Clinical Assessment Service (NCAS)

[Redacted: Jill Devenney's email address]

Please note new contact number [Redacted: Personal Information redacted by the USI] **and new address:**
NCAS N I office, HSC Leadership Centre, The Beeches, 12 Hampton Manor Drive, Belfast, Co Antrim, BT7 3EN

www.ncas.nhs.uk

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PS Help save paper - do you need to print this email?

From: [Redacted: Simon Gibson's email address] via Secure Encryption Portal [Redacted: Irrelevant information redacted by the USI]

Sent: 26 September 2016 15:24
To: CST-C
Subject: Re: Confidential - Personal: NCAS case 18665

Dear Jill

OMG - how do you survive with this system????

How do I forward this to myself, within Outlook, so I can respond using normal e-mail software?

From: cst-d [Irrelevant information redacted by the USI] Tue, Sep 13 2016 15:40:27 GMT
To: "Simon Gibson's email address"

Dear Mr Gibson

NCAS case reference:

Following your request for NCAS advice on 7 September, I would be grateful if you (or a nominated colleague) would please provide us with the practitioner's details listed below in red that are still incomplete on our systems.

If the information is to be provided by a colleague, please kindly forward this email and provide them with my name and contact details to enable us to liaise directly.

Please check the details (paying particular attention to spelling). We ask this as we use this information to confirm the practitioner's identity and to ascertain whether the practitioner is the subject of concerns brought to our attention by other organisations.

We are required under Directions from the Secretary of State to monitor the diversity of practitioners referred to us and to report, in an anonymous way, on the patterns, trends and characteristics of the practitioners who are the subjects of our advice. However, **all information that identifies individuals is confidential and the information you provide to us will be treated as such and also in accordance with legal requirements.**

Please fill in the details below and reply by email to me at Jill Devenney's email address

If you would prefer to provide this information by telephone, please call me at the NCAS NI office directly on [Personal information redacted by the USI], quoting the case number above.

Practitioner's details:

- GMC/GDC/GPhC number
- Is the practitioner on a substantive or a locum contract?

- What is the practitioner's country of first professional qualification?
- If first qualification was outside the UK then when did practitioner first work in the UK?
- How long is practitioner in post with your organisation?
- What is the practitioner's date of birth?
- Ethnicity (White | Asian/Asian British | Black/Black British | Mixed ethnicity | Other ethnic group)
- Is the practitioner considered to have a disability?

Many thanks for your help with this.

Best regards

Jill

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Please note that emails are routinely monitored for compliance with the Authority's policy on the use of electronic communications.

Chloe Williams

From: CST-C
Sent: 30 September 2016 16:48
To: 'Gibson, Simon'
Cc: CST-C
Subject: RE: Message from Jill at NCAS

Sensitivity: Confidential

Tracking:	Recipient	Delivery	Read
	'Gibson, Simon'		
	CST-C	Delivered: 30/09/2016 16:48	Read: 30/09/2016 16:48

Simon

I have checked with my IT colleagues and they tell me that our secure portal is not likely to co-operate with what you are suggesting. It is designed to be secure and will not allow you to transfer the secure information into Outlook.

I'm sorry this is a bit cumbersome but they suggest you consider one of the following options:

- Save the document as a pdf, print it out, add the data you wish to add, scan the document and return it to me securely at [Irrelevant information redacted by the USI] [I would suggest you password protect the finished document]
- Alternatively, you can put numbers against the items of data requested on a separate document and send it to me separately and securely at [Irrelevant information redacted by the USI] [less scanning etc involved but please password protect your document]
- You can contact the Northern Ireland office and I will take the details for you over the phone

I hope one of these options will work for you.

If you have any queries, please contact me.

Best regards

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

Tel: [Personal Information redacted by the USI]
Email: [Irrelevant information redacted by the USI]
www.ncas.nhs.uk

NCAS is an operating division of the NHS Litigation Authority

From: Gibson, Simon [Personal Information redacted by the USI]
Sent: 30 September 2016 16:27
To: CST-C
Subject: RE: Message from Jill at NCAS
Sensitivity: Confidential

Dear Jill

Sorry I couldn't take your call.

How do I forward an e-mail from the secure e-mail into Outlook?

Kind regards

Simon

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

[Personal Information redacted by the USI]
Mobile: [Personal Information redacted by the USI]
DHH: [Personal Information redacted by the USI] **Ext:** [Personal Information redacted by the USI]

From: CST-C [Irrelevant information redacted by the USI]
Sent: 30 September 2016 16:07
To: Gibson, Simon
Cc: CST-C
Subject: Message from Jill at NCAS
Sensitivity: Confidential

Dear Mr Gibson

I am sorry for disturbing you when you were in a meeting this afternoon. I thought it might be helpful to follow up with an email.

I understand that you have been trying to send me data in relation to a recent case via our secure portal and that you have been experiencing difficulty with this.

I am sending you this (non-confidential) email outside our secure portal to suggest that you contact me, when it's convenient, to provide me with the relevant details over the phone.

I am hoping you will find this easier.

Best regards

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

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Email: [Irrelevant information redacted by the USI]
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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 Irrelevant redacted by the USI

Chloe Williams

From: CST-C
Sent: 07 November 2016 16:17
To: Simon Gibson's email address
Cc: CST-C
Subject: FW: Message from Jill at NCAS [JD - REFERS CASE 18665 - NO RESPONSE FROM RB - CHASING DATA]

Sensitivity: Confidential

Categories: Jill

Simon

I would appreciate it if you could please contact me to provide the data that still appears to be outstanding on our systems.

I think it might be best if you just call me in the circumstances in order to expedite.

My contact number is contained in my email signature.

Best regards

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

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Tel: [Personal Information redacted by the USI]

Email: [Irrelevant information redacted by the USI]

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From: Gibson, Simon [Personal Information redacted by the USI]

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

[Personal Information redacted by the USI]

Mobile: [Personal Information redacted by the USI]

DHH: [Personal Information redacted by the USI] Ext [Personal Information redacted by the USI]

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To: Gibson, Simon
Cc: CST-C
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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 

Chloe Williams

From: CST-C
Sent: 07 November 2016 16:17
To: Simon Gibson's email address
Cc: CST-C
Subject: FW: Message from Jill at NCAS [JD - REFERS CASE 18665 - NO RESPONSE FROM RB - CHASING DATA]

Sensitivity: Confidential

Categories: Jill

Simon

I would appreciate it if you could please contact me to provide the data that still appears to be outstanding on our systems.

I think it might be best if you just call me in the circumstances in order to expedite.

My contact number is contained in my email signature.

Best regards

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

Tel: Personal Information redacted by the USI
Email: Irrelevant information redacted by the USI
www.ncas.nhs.uk

NCAS is an operating division of the NHS Litigation Authority

From: CST-C
Sent: 30 September 2016 16:48
To: 'Gibson, Simon'
Cc: CST-C
Subject: RE: Message from Jill at NCAS
Sensitivity: Confidential

Simon

I have checked with my IT colleagues and they tell me that our secure portal is not likely to co-operate with what you are suggesting. It is designed to be secure and will not allow you to transfer the secure information into Outlook.

I'm sorry this is a bit cumbersome but they suggest you consider one of the following options:

- Save the document as a pdf, print it out, add the data you wish to add, scan the document and return it to me securely at [Irrelevant information redacted by the USI] [I would suggest you password protect the finished document]
- Alternatively, you can put numbers against the items of data requested on a separate document and send it to me separately and securely at [Irrelevant information redacted by the USI] [less scanning etc involved but please password protect your document]
- You can contact the Northern Ireland office and I will take the details for you over the phone

I hope one of these options will work for you.

If you have any queries, please contact me.

Best regards

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

Tel: [Personal Information redacted by the USI]

Email: [Irrelevant information redacted by the USI]

www.ncas.nhs.uk

NCAS is an operating division of the NHS Litigation Authority

From: Gibson, Simon [Personal Information redacted by the USI]

Sent: 30 September 2016 16:27

To: CST-C

Subject: RE: Message from Jill at NCAS

Sensitivity: Confidential

Dear Jill

Sorry I couldn't take your call.

How do I forward an e-mail from the secure e-mail into Outlook?

Kind regards

Simon

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

[Simon Gibson's email address]

Mobile: [Personal Information redacted by the USI]

DHH: [Personal Information redacted by the USI] Ext [Personal Information redacted by the USI]

From: CST-C [Irrelevant information redacted by the USI]
Sent: 30 September 2016 16:07
To: Gibson, Simon
Cc: CST-C
Subject: Message from Jill at NCAS
Sensitivity: Confidential

Dear Mr Gibson

I am sorry for disturbing you when you were in a meeting this afternoon. I thought it might be helpful to follow up with an email.

I understand that you have been trying to send me data in relation to a recent case via our secure portal and that you have been experiencing difficulty with this.

I am sending you this (non-confidential) email outside our secure portal to suggest that you contact me, when it's convenient, to provide me with the relevant details over the phone.

I am hoping you will find this easier.

Best regards

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

Tel: [Personal Information redacted by the USI]
Email: [Irrelevant information redacted by the USI]
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Southern Health & Social Care Trust IT Department 

Chloe Williams

From: CST-C
Sent: 30 November 2016 10:18
To: [REDACTED] Simon Gibson's email address
Cc: CST-C
Subject: Confidential - Personal: NCAS case 18665

Sensitivity: Confidential

Categories: UPLOADS no action, Jill

Dear Dr Gibson

Thank you for contacting me recently and for providing most of this data over the phone. This was very helpful.

This is just a gentle reminder that you intended to call me back with the GMC number and the Practitioner's date of birth.

I would be grateful if you could ring me with these when it suits, please.

Many thanks, again, for all your help this far.

Best regards

Jill

Jill Devenney | Case Officer, Unit C
National Clinical Assessment Service (NCAS)

Tel: [REDACTED] Personal Information redacted by the USI
Email: [REDACTED] Irrelevant information redacted by the USI
www.ncas.nhs.uk

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From: CST-C
Sent: 13 September 2016 16:40
To: [REDACTED] Simon Gibson's email address
Subject: Confidential - Personal: NCAS case 18665
Importance: High
Sensitivity: Confidential

Dear Mr Gibson

NCAS case reference:

Following your request for NCAS advice on 7 September, I would be grateful if you (or a nominated colleague) would please provide us with the practitioner's details listed below in **red** that are still incomplete on our systems.

If the information is to be provided by a colleague, please kindly forward this email and provide them with my name and contact details to enable us to liaise directly.

Please check the details (paying particular attention to spelling). We ask this as we use this information to confirm the practitioner's identity and to ascertain whether the practitioner is the subject of concerns brought to our attention by other organisations.

We are required under Directions from the Secretary of State to monitor the diversity of practitioners referred to us and to report, in an anonymous way, on the patterns, trends and characteristics of the practitioners who are the subjects of our advice. However, **all information that identifies individuals is confidential and the information you provide to us will be treated as such and also in accordance with legal requirements.**

Please fill in the details below and reply by email to me at Jill Devenney's email address

If you would prefer to provide this information by telephone, please call me at the NCAS NI office directly on Personal Information redacted by the USI, quoting the case number above.

Practitioner's details:

- **GMC/GDC/GPhC number**
- **Is the practitioner on a substantive or a locum contract?**
- **What is the practitioner's country of first professional qualification?**
- **If first qualification was outside the UK then when did practitioner first work in the UK?**
- **How long is practitioner in post with your organisation?**
- **What is the practitioner's date of birth?**
- **Ethnicity (White | Asian/Asian British | Black/Black British | Mixed ethnicity | Other ethnic group)**
- **Is the practitioner considered to have a disability?**

Many thanks for your help with this.

Best regards

Jill

Chloe Williams

From: CST-C
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To: [Redacted: Simon Gibson's email address]
Cc: CST-C
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Sensitivity: Confidential

Categories: UPLOADS no action, Jill

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- **What is the practitioner's date of birth?**
- **Ethnicity (White | Asian/Asian British | Black/Black British | Mixed ethnicity | Other ethnic group)**
- **Is the practitioner considered to have a disability?**

Many thanks for your help with this.

Best regards

Jill

Chloe Williams

From: CST-C
Sent: 03 January 2017 12:34
To: CST-C
Subject: FW: New call advice brief NCAS 18665 (showing corrected case number - by CO JD)

Sensitivity: Confidential

Categories: Jill, UPLOADS no action

Advice brief resaved to show correct case number of **18665** (new case had been created in error as there was already an existing case on system) – Jill Devenney

From: CST-C
Sent: 28 December 2016 11:44
To: Grainne Lynn
Subject: New call advice brief NCAS Red **18665**

Dear Grainne

Please see below the advice brief for the above mentioned case. Please can you place a call as per the details below:

Date call taken	28.12.2016
Time Taken	11:30
Case Number	18665
Organisation name	Southern Health and Social Care Trust
Referrer name	Dr Richard Wright
Referrer Landline	Personal Information redacted by USI
Referrer Mobile (if app)	Personal Information redacted by USI
Referrer e-mail address	Richard's Wright's email address
Call requested by	RB: <input checked="" type="checkbox"/> RB's PA: <input type="checkbox"/> Practitioner: <input type="checkbox"/> HR: <input type="checkbox"/> Anonymous: <input type="checkbox"/>
Call back date requested	28.12.12
Call back time requested	Any time today – in the next hour on landline, after that mobile.
Summary of concerns	Rb had a serious adverse event investigation that flagged up a problem with this dr's review of a patient with cancer, the patient came to some harm, due to the delay they may have come to more harm. The review has highlighted some issues with the dr's review system and lack of updating the system with patient notes, possibly taking the notes home and not retuning.
Linked cases	N/A
Assigned to	Grainne Lynn
Other notes or comments	n/a

Please let me know if you have any problems

Kind regards

Stephanie Grant | Case Officer

National Clinical Assessment Service (NCAS)

 (020) Personal Information redacted by the USI

National Clinical Assessment Service

NHS Litigation Authority
2nd Floor, 151 Buckingham Palace Road
London
SW1W 9SZ

General Enquiries and Advice Calls: 020 7811 2600 | Fax: 020 7931 7571

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Website: www.ncas.nhs.uk

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Chloe Williams

From: Grainne Lynn
Sent: 28 December 2016 16:56
To: CST-C
Cc: Colin Fitzpatrick; Jill Devenney
Subject: case 18665

Categories: LETTERS

Hi,
Letter on eks to go. Colin, I have told Richard I will contact him in 1 month so happy to keep this one
Thanks,
G

Grainne Lynn
Adviser
National Clinical Assessment Service (NCAS)



Grainne Lynn's email address

The **National Clinical Assessment Service (NCAS)** has moved. Our new address is:

National Clinical Assessment Service

NHS Litigation Authority

2nd Floor, 151 Buckingham Palace Road

London

SW1W 9SZ

General Enquiries: 020 7811 2600 | Fax: 020 7931 7571

NCAS NI office: HSC Leadership Centre, The Beeches, 12 Hampton Manor Drive, Belfast BT7 3EN

Tel: Personal Information redacted by the USI

NCAS is an operating division of the NHS Litigation Authority

Website: www.ncas.nhs.uk



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NCAS

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2nd Floor, 151 Buckingham Palace Road
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SW1W 9SZ

Website: www.ncas.nhs.uk

General Enquiries and Advice Line: 020 7811 2600

Direct Fax: 020 7931 7571

Email: Personal Information redacted by the USI

29 December 2016

SENT VIA EMAIL ONLY

PRIVATE AND CONFIDENTIAL

Dr Richard Wright
Medical Director
Southern Health And Social Care Trust
68 Lurgan Road
Portadown
BT63 5QQ

NCAS ref: 18665 (Please quote in all correspondence)

Dear Dr Wright

Further to our telephone conversation on 28 December 2016, I am writing to summarise the issues which we discussed for both of our records. Please let me know if any of the information is incorrect.

In summary, this case which my colleague Dr Fitzpatrick had previously discussed with Mr Gibson, involves Dr 18665, a senior consultant urologist about whom there have been increasing performance concerns. The allegations are of poor record keeping, and slowness of triaging referrals and arranging reviews. Dr 18665 is also reported to have removed a very substantial numbers of charts from the Trust's premises without bringing them back; despite requests that these be returned many charts remain outstanding. Dr 18665's colleagues have, on occasions, seen patients for whom there have been no notes. Dr 18665 is currently on sick leave, but has indicated that he is returning to work in January 2017.

A recent Serious Adverse Incident (SAI) has caused concern that there is potential for patients to be harmed by the ongoing situation. You are awaiting the report of the SAI but on the information available to date, you feel the Trust will need to undertake a formal investigation of Dr 18665. The Trust is also considering exclusion.

As you are aware, the concerns about Dr 18665 should be managed in line with local policy and the guidance in Maintaining High Professional Standards in the Modern HPSS (MHPS). We discussed that as the information to date - no noted improvement despite the matter having been raised with Dr 18665 - suggests that an informal approach (as per paragraphs 15-17 of Section I of MHPS) is unlikely to resolve the situation, a more formal process is now warranted.

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Any formal investigation should be undertaken to robust and specific Terms of Reference (ToR) and in line with the guidance in paragraphs 28-40 of MHPS Section II. The Case Manager should write to Dr 18665 as per paragraph 35 informing him of the name of the Case Investigator and Designated Board Member; any objections by Dr 18665 to the appointment of nominated individuals should be given serious consideration. The investigation should not be an unfocused trawl of Dr 18665's work but we discussed that if there are concerns that patients may not have received appropriate treatment, or that there are patients with inadequate records, then this could be managed separately with an audit/ look back to ensure that patients have received the appropriate standard of care. We noted that further preliminary information (such as from the SAI and taking account of Dr 18665's comments) may be helpful in deciding the scope of the investigation and therefore the ToR.

As well as being outwith the Trust's Information Governance policies, the allegations, if upheld, may mean that the legislation (DPA) has been breached, and once more information is available you may wish to take further advice on this. Paragraphs 20 and 21 of the GMC's Good Medical Practice also set out standards for record keeping including a requirement that records are kept in line with data protection duties.

Dr 18665 is due to attend Occupational Health to ascertain whether he is fit for work; if he is not, we noted that there would be no need at this time to consider exclusion but you may then wish to ask the Occupational Physician whether/when Dr 18665 would be fit to participate in an investigative process.

If Dr 18665 is deemed fit for work, we discussed the criteria for formal exclusion, and the option of an interim immediate exclusion for a maximum of 4 weeks (as per paragraphs 18-27 of Section I MHPS). The latter would allow for further information to be collated and to take account of Dr 18665's comments about the allegations, before deciding whether there are reasonable and proper grounds for formal exclusion such as a concern that the presence of the practitioner in the workplace would be likely to hinder the investigation. I note that there had been a concern expressed previously about a record missing for 2 years inexplicably appearing on a secretary's desk. In line with paragraph 22 of Section II MHPS, there is an obligation to inform other organisations, including the private sector, of any restriction or exclusion of a practitioner and a summary of the reasons for it.

Dr 18665 should be encouraged to contact his defence organisation/ BMA for help and advice. He may also benefit from staff support such as counselling, at what is likely to be a stressful time for him. Dr 18665 should be told of the involvement of NCAS and you are welcome to share this letter with him if you think this would be helpful.

As discussed, and as Dr 18665 may be excluded, NCAS will keep this case open and I will review it with you in approximately 1 month. Please call in the interim if you have any queries.

Relevant regulations/guidance:

- Local procedures
- General Medical Council Guide to Good Medical Practice
- Maintaining High Professional Standards in the Modern HPSS (MHPS)

Review date:

27 January 2017

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If you have any further issues to discuss, or any difficulty with these arrangements, please contact Case Support on the direct line above.

I hope the process has been helpful to you.

Yours sincerely

Personal Information redacted by the USI

Grainne Lynn
NCAS Adviser

cc Case Support Team

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Chloe Williams

From: CST-C
Sent: 29 December 2016 10:25
To: Richard's Wright's email address
Cc: Grainne Lynn
Subject: Confidential - NCAS Ref 18665
Attachments: LETO_161229_Advice Letter_18665.pdf

Dear Dr Wright

Further to your discussion with Grainne Lynn on 28 December 2016, please find attached letter dated 29 December 2016.

If you have any queries, please contact case support on Personal Information redacted by the USI.

Kind Regards

Stephanie

Stephanie Grant | Case Officer
National Clinical Assessment Service (NCAS)
 (020) Personal Information redacted by the USI

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Personal Information redacted by the USI

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NCAS Adviser

cc Case Support Team

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Kind Regards

Stephanie

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29 December 2016

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Dear Dr Wright

Further to our telephone conversation on 28 December 2016, I am writing to summarise the issues which we discussed for both of our records. Please let me know if any of the information is incorrect.

In summary, this case which my colleague Dr Fitzpatrick had previously discussed with Mr Gibson, involves Dr 18665, a senior consultant urologist about whom there have been increasing performance concerns. The allegations are of poor record keeping, and slowness of triaging referrals and arranging reviews. Dr 18665 is also reported to have removed a very substantial numbers of charts from the Trust's premises without bringing them back; despite requests that these be returned many charts remain outstanding. Dr 18665's colleagues have, on occasions, seen patients for whom there have been no notes. Dr 18665 is currently on sick leave, but has indicated that he is returning to work in January 2017.

A recent Serious Adverse Incident (SAI) has caused concern that there is potential for patients to be harmed by the ongoing situation. You are awaiting the report of the SAI but on the information available to date, you feel the Trust will need to undertake a formal investigation of Dr 18665. The Trust is also considering exclusion.

As you are aware, the concerns about Dr 18665 should be managed in line with local policy and the guidance in Maintaining High Professional Standards in the Modern HPSS (MHPS). We discussed that as the information to date - no noted improvement despite the matter having been raised with Dr 18665 - suggests that an informal approach (as per paragraphs 15-17 of Section I of MHPS) is unlikely to resolve the situation, a more formal process is now warranted.

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Any formal investigation should be undertaken to robust and specific Terms of Reference (ToR) and in line with the guidance in paragraphs 28-40 of MHPS Section II. The Case Manager should write to Dr 18665 as per paragraph 35 informing him of the name of the Case Investigator and Designated Board Member; any objections by Dr 18665 to the appointment of nominated individuals should be given serious consideration. The investigation should not be an unfocused trawl of Dr 18665's work but we discussed that if there are concerns that patients may not have received appropriate treatment, or that there are patients with inadequate records, then this could be managed separately with an audit/ look back to ensure that patients have received the appropriate standard of care. We noted that further preliminary information (such as from the SAI and taking account of Dr 18665's comments) may be helpful in deciding the scope of the investigation and therefore the ToR.

As well as being outwith the Trust's Information Governance policies, the allegations, if upheld, may mean that the legislation (DPA) has been breached, and once more information is available you may wish to take further advice on this. Paragraphs 20 and 21 of the GMC's Good Medical Practice also set out standards for record keeping including a requirement that records are kept in line with data protection duties.

Dr 18665 is due to attend Occupational Health to ascertain whether he is fit for work; if he is not, we noted that there would be no need at this time to consider exclusion but you may then wish to ask the Occupational Physician whether/when Dr 18665 would be fit to participate in an investigative process.

If Dr 18665 is deemed fit for work, we discussed the criteria for formal exclusion, and the option of an interim immediate exclusion for a maximum of 4 weeks (as per paragraphs 18-27 of Section I MHPS). The latter would allow for further information to be collated and to take account of Dr 18665's comments about the allegations, before deciding whether there are reasonable and proper grounds for formal exclusion such as a concern that the presence of the practitioner in the workplace would be likely to hinder the investigation. I note that there had been a concern expressed previously about a record missing for 2 years inexplicably appearing on a secretary's desk. In line with paragraph 22 of Section II MHPS, there is an obligation to inform other organisations, including the private sector, of any restriction or exclusion of a practitioner and a summary of the reasons for it.

Dr 18665 should be encouraged to contact his defence organisation/ BMA for help and advice. He may also benefit from staff support such as counselling, at what is likely to be a stressful time for him. Dr 18665 should be told of the involvement of NCAS and you are welcome to share this letter with him if you think this would be helpful.

As discussed, and as Dr 18665 may be excluded, NCAS will keep this case open and I will review it with you in approximately 1 month. Please call in the interim if you have any queries.

Relevant regulations/guidance:

- Local procedures
- General Medical Council Guide to Good Medical Practice
- Maintaining High Professional Standards in the Modern HPSS (MHPS)

Review date:

27 January 2017

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If you have any further issues to discuss, or any difficulty with these arrangements, please contact Case Support on the direct line above.

I hope the process has been helpful to you.

Yours sincerely

Personal Information redacted by the USI

Grainne Lynn
NCAS Adviser

cc Case Support Team

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Chloe Williams

From: Grainne Lynn
Sent: 27 January 2017 09:44
To: Richard's Wright's email address
Cc: CST-C
Subject: case 18665 confidential

Categories: Jill, UPLOADS no action

Morning Richard,

I was hoping for an update on this case. If there is anything you wish to discuss, I am available today and on Wed/Thurs/Fri of next week on Personal Information redacted by USI; alternatively, if you prefer, I am happy to be updated by email.

Kind regards,
Grainne

Grainne Lynn
Adviser
National Clinical Assessment Service (NCAS)



Grainne Lynn's email address

The **National Clinical Assessment Service (NCAS)** has moved. Our new address is:

National Clinical Assessment Service

NHS Litigation Authority

2nd Floor, 151 Buckingham Palace Road

London

SW1W 9SZ

General Enquiries: 020 7811 2600 | Fax: 020 7931 7571

NCAS NI office: HSC Leadership Centre, The Beeches, 12 Hampton Manor Drive, Belfast BT7 3EN

Tel: Personal Information redacted by the USI

NCAS is an operating division of the NHS Litigation Authority

Website: www.ncas.nhs.uk



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Chloe Williams

From: Grainne Lynn
Sent: 30 March 2017 13:28
To: [REDACTED] Richard's Wright's email address
Cc: CST-C; [REDACTED] Norma Thompson's email address
Subject: CASE 18665 confidential

Hi Richard,

I called for an update on this case but you were unavailable.

As I understand it, there is to be an investigation and there are restrictions on the practitioner's practice.

If there is anything you (or the Case Manager) wish to discuss, I am available on [REDACTED] Personal Information redacted by USI

Kind regards,
Grainne

Grainne Lynn
Adviser
National Clinical Assessment Service (NCAS)



Grainne Lynn's email address

The **National Clinical Assessment Service (NCAS)** has moved. Our new address is:
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General Enquiries: 020 7811 2600 | Fax: 020 7931 7571

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Tel: [REDACTED] Personal Information redacted by USI

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Website: www.ncas.nhs.uk

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Chloe Williams

From: Grainne Lynn
Sent: 30 May 2017 10:42
To: Richard's Wright's email address
Cc: CST-C
Subject: Case 18665 confidential

Categories: Jill, UPLOADS no action

Hi Richard,

I was hoping for an update on this case. If you don't need further NCAS input I can close the file; it can easily be reopened at any stage

Kind regards,
Grainne

Grainne Lynn
NCAS Adviser

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Chloe Williams

From: Grainne Lynn
Sent: 25 October 2018 07:15
To: CST-B
Subject: FW: Ref Case No: 18665 confidential

Categories: UPLOADS NO ACTION - EDYTA

Can this trail be uploaded to eks
Thanks,
G

From: Grainne Lynn
Sent: 17 September 2018 15:14
To: Grainne Lynn
Subject: RE: Ref Case No: 18665 confidential

Ruth,
2pm on Thursday is fine.
My direct line is Personal Information redacted by the USI

Kind regards,
Grainne

Grainne Lynn
Adviser
Practitioner Performance Advice Service (formerly NCAS)

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NI Office
HSC Leadership Centre, 12 Hampton Manor Drive, Belfast BT7 3EN
*** new direct contact number for the NCAS NI office 028 9536 1798*** / (alternative contact no: Personal Information)

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From: Grainne Lynn
Sent: 17 September 2018 14:34
To: 'Montgomery, Ruth'
Subject: RE: Ref Case No: 18665 confidential

Hello Ruth,

It would be next Thursday 27th before I would be able to meet, but if that's too long to wait could do a call tomorrow morning before 11 or Thursday 20th in the afternoon.

Kind regards,
Grainne

Grainne Lynn

Adviser

Practitioner Performance Advice Service (formerly NCAS)

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From: Montgomery, Ruth

Personal Information redacted by the USI

Sent: 17 September 2018 14:15

To: Grainne Lynn

Subject: ** Hyperlinks Disabled ** Ref Case No: 18665

Dear Grainne,

With reference to Maintaining High Professional Standards, case no: 18665, would it be possible for you to provide your availability for us to meet to discuss as soon as possible?

If a meeting within the coming days is not possible, could you facilitate a telephone conversation on the matter instead?

Kind Regards,

Sent on behalf of

Dr Ahmed Khan

Ruth Montgomery

Administrative Officer – Medical Director's Office,

Southern Health & Social Care Trust

1st Floor, Trust Headquarters, CAH

Chloe Williams

From: Edyta Kazior on behalf of CST-B
Sent: 21 September 2018 13:57
To: Ahmed Khan's email address
Cc: Grainne Lynn
Subject: Confidential: Personal – Case 18665
Attachments: LETO 180921 Advice letter 18665.pdf

Dear Dr Khan,

Please find attached the advice letter following your discussion with our Adviser, Dr Grainne Lynn.

Please note that Practitioner Performance Advice does not issue hard copies of advice letters.

Please do not hesitate to contact our office should you have any further queries.

Kind regards,

Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)

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/ Advice Line: 020 7811 2600

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SW1W 9SZ

Advice line: 020 7811 2600

Fax: 020 7931 7571

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CST-B@resolution.nhs.uk

21 September 2018

PRIVATE AND CONFIDENTIAL

Dr Ahmed Khan
Medical Director
Southern Health and Social Care Trust
Beechfield House
68 Lurgan Road
Portadown
BT63 5QQ

Ref: 18665 (Please quote in all correspondence)

Dear Dr Khan,

Further to our telephone conversation on 20 September 2018, I am writing to summarise the issues which we discussed for both of our records. Please let me know if any of the information is incorrect.

Practitioner Performance Advice (formerly NCAS) encourages transparency in the management of cases and advises that practitioners should be informed when their case has been discussed with us. I am happy for you to share this letter with Dr 18665 if you consider it appropriate to do so. The practitioner is also welcome to contact us for a confidential discussion regarding the case. We have recently launched a new guide for practitioners, which sets out information about our role and services which may be of interest and is available on our website under publications.

In summary, this reopened case, which I had previously discussed with your colleague, Dr Wright, involves Dr 18665, a senior consultant urologist about whom there had been increasing concerns. An investigation, for which you are the Case Manager, has now been completed – it was very delayed because of the complexities and extent of the issues – and you are considering the options as set out in paragraph 38 of Part I MHPS (Maintaining High Professional Standards in the Modern HPSS). You wanted to seek advice around this. You indicated that since February 2017, Dr 18665 has been working

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to an agreed action plan with on-going monitoring so that any risks to patients have been addressed.

There were 5 Terms of Reference for the investigation (although the last related to the extent to which the managers knew of or had previously managed the concerns). You told me that having read the report, the factual accuracy of which Dr 18665 has had a chance to comment on, you have concluded that there was evidence to support many of the allegations with regards to Dr 18665. Specifically, following detailed consideration, you noted that:

- a) There were clear issues of concern about Dr 18665's way of working and his management of his workload. There has been potential harm to a large number of patients (783) and actual harm to at least 5 patients;
- b) Dr 18665's reflection throughout the investigation process was concerning and in particular in respect of the 5 patients diagnosed with cancer;
- c) As a senior member of staff within the Trust Dr 18665 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;
- d) 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 identify patients who may have been affected by the deficiencies in Dr 18665's practice (and to address these issues for patients);
- e) There is no evidence of concern about Dr 18665's clinical ability with individual patients;
- f) Dr 18665 had advantaged his own private patients over HSC patients on at least 9 occasions;
- g) 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;

You told me that the SAI (serious adverse incident) investigation, which has patient involvement, is looking at the issue where patients have, or may have been, harmed as a result of failings. You are aware that patients are entitled to know this.

We discussed the current situation and the overriding need to ensure patients are protected. I note that you have a system in place within the Trust to safeguard patients, but we discussed that this needs to be mirrored in the private sector. You explained that Dr 18665 saw private patients at his home and did not have a private sector employer. I would suggest that as paragraph 22 of Section II MHPS states that "*where a HPSS employer has placed restrictions on practice, the practitioner should agree not to undertake any work in that area of practice with any other employer*" Dr 18665 should not currently be working privately.

We discussed that the issues identified in the report were serious, and that whilst there are clearly systemic issues and failings for the Trust to address, it is unlikely that in these circumstances the concerns about Dr 18665 could be managed without formal action. We also discussed that whilst the issues did have clinical consequences for patients, as some of the concerns appear to be due to a failure to follow policies and protocols, and possibly also a breach of data protection law, these might be considered to be matters of conduct rather than capability. We noted therefore that it would be open to you in your

role as Case Manager to put the matter forward to a conduct hearing, but that Dr 18665 could also be offered support going forward to ensure that in future he is able to meet and sustain the required and expected standards. You told me that the local GMC ELA is aware of the issue and I advised that you may wish to update her on the position. In the majority of cases, the GMC prefers Trust to conclude their own processes before considering referral, and early referral is only indicated in a minority of cases; but the ELA would be best placed to advise on this.

I told you that, whilst there are no noted clinical performance concerns, Practitioner Performance Advice could offer support via the Professional Support and Remediation (PSR) team by drafting a robust action plan with input both from Dr 18665 and the Trust to address some of the deficiencies which have been identified (around the management of workload, administrative type of issues, for example). The purpose of the plan would be to ensure oversight and supervision of Dr 18665's work so that the Trust is satisfied there is no risk to patients, but also to provide support for Dr 18665, to afford him the best opportunity of meeting the objectives of the plan. We noted that this might involve job planning issues such as reducing Dr 18665's workload, and enhanced appraisal.

Since we spoke, I have talked to PSR, and we will arrange for the forms, which must be completed to formally request PSR support with a plan, to be sent out.

I note you said that there are no reported health concerns. However, as this is likely to continue to be a stressful time for Dr 18665, he should be offered any additional support deemed appropriate (access to staff counselling, mentoring, etc.).

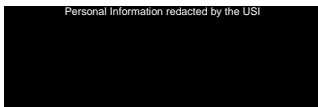
As discussed, we will keep this case open. Please feel free to call at any stage, if you have queries.

Relevant regulations/guidance:

- Local procedures
- General Medical Council Guide to Good Medical Practice
- Maintaining High Professional Standards in the Modern NHS (MHPS)
- The Medical Profession (Responsible Officer) Regulations 2010 and Amendment 2013

Review date: 24 September 2018

Yours sincerely,

Personal Information redacted by the USI


Dr Grainne Lynn

Adviser

Practitioner Performance Advice

Chloe Williams

From: Edyta Kazior on behalf of CST-B
Sent: 21 September 2018 14:42
To: Ahmed Khan's email address
Cc: Grainne Lynn
Subject: Confidential: personal Practitioner Performance Advice case 18665 - Request for Professional Support & Remediation
Attachments: CT PSR Info professional support implementation guidelines final v2.0 20180711.pdf; CT PSR Info guidance for practitioners v2 final 20180711.pdf; CT 02 PSR FORM_Request Form for Professional Support or Remediation v4 20180710.docx

Dear Dr Khan,

Practitioner Performance Advice case: 18665

Further to your recent communications with Dr Grainne Lynn please find attached a Request for Professional Support and Remediation Form and supporting guidance.

I hope this is helpful to you but please do not hesitate to contact us if you have any related queries.

Best regards

Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)
Personal Information redacted by the USI / Advice Line: 020 7811 2600

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Professional Support & Remediation (PSR) service Action Plans: guidance for implementation

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Section 1: Purpose of PSR Action Plans

1. The Practitioner Performance Advice PSR service develops action plans for doctors, dentists and pharmacists who have been identified as needing support in order to return to safe and effective clinical practice. The reasons for practitioners needing support are wide ranging, and usually involve:
 - Remediation - following the identification of deficiencies in aspects of their clinical practice.
 - Return to work / re-integration (following a period of absence from clinical practice).
 - Professional Development – where standards of performance are acceptable but further development in certain aspects of practice are indicated.
2. Reasons are not necessarily mutually exclusive. For example, remediation may be required where the practitioner has also been excluded from practice for a period of time (and therefore the action plan may need to extend beyond the identified problems in performance to the full scope of practice due to a prolonged period of absence). Alternatively, where a practitioner has continued to work effectively in areas other than those identified as needing remediation, the action plan may be focused to the identified performance problems only.
3. Practitioners may also need support to return to work following a period of absence from, or restrictions to, clinical practice, for example due to ill health, a career break or other personal circumstances. Action plans produced for these purposes will take account of the length of absence from work, and any relevant reasons, and usually will focus on the full scope of practice for the role to which the practitioner aims to return. Return to work action plans are recommended by the Academy of Medical Royal Colleges for practitioners who have been absent from work for more than 3 months.¹
4. Accounting for the variations in support requirements highlighted above, the overarching purpose of Professional Support and Remediation Action Plans is to:

“Provide the practitioner with the opportunity to demonstrate (upon successful completion) that they are practising at the standard reasonably expected for the role they will be practicing.”
5. This aims to be achieved through the provision of:

“A structured programme of support, learning opportunities, experience and feedback based on the individual needs of the practitioner and wider service requirements, which is considered fair, proportionate and sufficient.”
6. Practitioner Performance Advice drafts an action plan based on the information provided to them by both the employer / contracting organisation and the practitioner. Although the plan is developed by Practitioner Performance Advice,

¹ AoMRC: Return to Practice Guidance (2017)

the final action plan and programme represents an agreement between the employer / contracting organisation and the practitioner.

7. The implementation of the plan (including progress review and mentoring) rests with the employer / contracting organisation – Practitioner Performance Advice will only advise whether progress is being made at milestones if specifically requested to do so by the employer / contracting organisation, and any decisions regarding progress would rest with them.
8. However, if both parties agree, Practitioner Performance Advice would welcome the opportunity to maintain contact at regular intervals coinciding with agreed milestones for progress against the objectives (usually 3 months) to support our evaluation of the service, through further discussion with the practitioner.
9. Action plans will include a range of supporting activities in order to support the practitioner and provide them with regular feedback on their progress, including relevant workplace-based assessments (WPBA). Although the purpose of WPBA is primarily formative, they will contribute to the wide range of information and evidence considered by the supervisor and programme manager in determining whether progress is being made and milestones are being achieved (see Section 5). A template for progress reporting can be provided to support clinical supervisors and others involved with the implementation of the plan.

Section 2: Roles and responsibilities

(Note: The following descriptions are provided in the context of Practitioner Performance Advice Professional Support and Remediation Services, and may differ in certain aspects from descriptions of such roles described elsewhere.)

Programme manager

10. The programme manager has overall responsibility for the programme, and is accountable to the employer / contracting organisation for its development, implementation, and ensuring reviews of progress and outcome. In secondary care the programme manager might be the Medical Director or Responsible Officer for the organisation, or others such as Clinical Director, Clinical Governance Lead or other person of equivalent seniority and with the authority to make decisions regarding the action plan or progress. In primary care, an identified programme manager for performance may coordinate the programme, but responsibility for deciding whether progress has been made and outcomes achieved will rest with the Performance Advisory Group (PAG) or Performers List Decision Panel (PLDP).
11. Where the remediation or return to work programme is taking place at a location different to the employer / contracting organisation, e.g. a host organisation, the programme manager should fulfil this role through effective partnership working with the host.

Clinical supervisor

12. The clinical supervisor should be an experienced clinician in the same specialty at the same or a more senior level to the practitioner. Where direct supervision is required, they will normally be expected to be practicing in the same location as the practitioner will be working, or nearby, to ensure the practitioner has regular and appropriate access to support.
13. The clinical supervisor should meet with the practitioner in accordance with the level of supervision required (see Sections 3 and 4). They should ensure safe practice, observe performance, provide feedback and monitor progress of each objective against milestones. At each milestone identified within the action plan, the supervisor should review evidence of progress and provide a written report indicating whether sufficient progress has been demonstrated to the programme manager. A template is available for progress reports.²
14. Detailed feedback should be provided to the practitioner throughout the programme, and where concerns regarding progress arise these should be discussed and where appropriate the use of additional interventions explored. If necessary, supervisors may seek advice from Health Education England, Local

² Practitioner Performance Advice would appreciate a copy of progress reports to inform the ongoing quality evaluation of the PSR service, but this is entirely at the discretion of the employer / contracting organisation.

Education and Training Boards (LETB), Royal Colleges or Practitioner Performance Advice on standards of performance, completing WPBA, methods for reviewing progress / outcomes or the delivery of effective feedback.

Educational supervisor

15. Ideally, the clinical supervisor for a practitioner will also have experience as an educational supervisor (e.g. for medical trainees). However, where this is not the case, and where the action plan includes a focus on the development of knowledge and skills, an educational supervisor may be required.
16. The educational supervisor supports the practitioner through guidance and supervision of learning and skills development. The educational supervisor may be from a nearby LETB or relevant Royal College, and should understand the principles of learning and professional development, application of standards, WPBA and progress review.

Coaching and mentoring

17. The similarities and differences between coaching and mentoring are an issue of continuing debate, and definitions of each vary across professional and social contexts. Although some overlap may exist in that both coach and mentor support the development of the practitioner, these are considered distinct roles. In the context of professional development of healthcare professionals, and for the purpose of Practitioner Performance Advice action plans, the following descriptions of coaching and mentoring are used:
 - **Coaching** is a process which is forward focused and led by the development needs of the practitioner. Coaches support the practitioner in self-directed learning, through active listening and guiding their reflection in the areas needing development. Coaches should have a clear understanding of the skills or behaviours in question, and how these might be developed, and will support the practitioner to improve their performance through reflection and building strategies for change / improvement which address such issues as insight, motivation, self-awareness, cognition and behaviour. Depending on the requirements of the practitioner, coaches may specialise in certain areas (e.g. leadership) or provide overarching support for the development of insight and self-directed learning. Coaches do not need to be clinicians but should be experienced in coaching the skills / behaviours in question in the healthcare context with senior practitioners, and have had training and experience in coaching techniques (ideally accredited).
 - **Mentoring** is a process which provides personal, confidential support for the practitioner in a safe environment outside the line management system. They should ideally also have experience in the field of practice of the practitioner, and may advise on practical strategies to improve performance, or share knowledge and experience in the relevant area particularly if difficulties arise. Mentoring is a personal

support and developmental process which is separate from clinical supervision and has no formal input to performance management or monitoring of performance. Although Practitioner Performance Advice recognises the benefits of mentoring and highly recommends a mentor for practitioners undergoing a return to work or remediation programme, a mentor is rarely compulsory and the practitioner should decide if they would like this support.

Section 3: Factors considered when developing PSR action plans

18. In order for Practitioner Performance Advice to identify the most useful, relevant and effective interventions and support for the practitioner, a wide range of information is considered, including (but not limited to):

a) Evidence of the development needs of the practitioner

For action plans supporting a programme of **remediation**, robust evidence regarding the nature of deficiencies in performance will be required. For practitioners who have undergone a Practitioner Performance Advice assessment, the evidence from this process will be considered. For practitioners requiring remediation who have not undergone an assessment, the employer / contracting organisation (or practitioner if requesting a plan themselves) should provide evidence of the performance problems to inform the development of the remediation programme. Robust evidence should extend beyond the subjective opinion of single colleagues or isolated patient complaints, and include multiple examples such as (but not limited to) WPBA's, audits (e.g. clinical records, prescribing, patient outcomes), investigations into untoward incidents, Multi-Source Feedback (MSF), and reflective accounts.

For **return to work** action plans, where no previous concerns about the practitioner's performance have been identified, the development needs of the practitioner will be identified through consideration of the scope of practice of the role to which they are returning, the length of absence from work, and through discussion with the practitioner and employer / contracting organisation (see paragraphs d and e below).

b) The nature of the deficiencies in performance (remediation plans)

Consideration of the type of performance problems is vital for the identification of appropriate interventions and support strategies. Practitioner Performance Advice considers whether the deficiencies are with the practitioner's knowledge, skills, attitudes or behaviours, or (more often the case) multifactorial and a combination of these. The content of the action plan will reflect this, for example, deficiencies in knowledge only might result in the signposting of relevant Continuing Professional Development (CPD) courses or guidelines to update or increase knowledge in the area. Changing behaviours is likely to require a different approach, and may benefit from regular guidance, feedback and coaching.

c) The severity of the performance problems, and potential impact on patient safety or the working environment [remediation plans], and / or the length of time away from practice [return to work plans].

Practitioner Performance Advice will also consider the severity of the performance problems (and / or the length of time away from practice) in terms of potential impact upon patient safety or the working environment. This information will be used to identify recommended levels of supervision (see Section 4), opportunities for observation and feedback prior to 'hands-on' practice if required, and regularity of WPBA and feedback (i.e. the minimum amount needed to enable a supported plan to progress). This information will also inform the identification of relevant and achievable milestones at which the practitioner can demonstrate progress.

d) Structured discussion with the practitioner

Prior to the development of either a remediation or return to work action plan, Practitioner Performance Advice will hold a structured discussion with the practitioner to explore their feelings about any performance problems (if relevant) or their return to clinical practice, including insight, reflections, motivation, feelings of self-efficacy and any perceived barriers in the working environment which might impede their return to safe and effective clinical practice. This discussion may help target interventions in the plan appropriately, and address any particular concerns the practitioner may have for support requirements. This discussion will generally be held via telephone at a time convenient to the practitioner, and take approximately 30 minutes. The information discussed is not shared directly with the employer / contracting organisation, but if relevant, may help inform the types of interventions used within the action plan.

e) Employer (contracting organisation) / programme provider discussion

In addition to the discussion with the practitioner, Practitioner Performance Advice may also have a discussion with the employer / contracting organisation (or host organisation where a placement is being used for the programme) prior to the development of the action plan. The focus of this discussion will be to identify any potential barriers to effective remediation / return to work / professional development associated with the workplace environment, and to explore the anticipated opportunities within the programme across targeted areas or (for return to work plans) the full scope of practice of the role to which the practitioner is returning. In primary care, this discussion will usually be held with the programme manager with input from the PAG, and may explore options for funding or other support.

f) Health of the practitioner

Where the practitioner has been away from clinical practice for health reasons, or where health problems have contributed to poor performance, Practitioner Performance Advice will seek reassurance from the employer / contracting organisation that the practitioner has Occupational Health support and is considered well enough to undergo the programme. In cases where the practitioner works in primary care, Practitioner Performance Advice will seek reassurance from the practitioner that they have been / are attending their own GP.

Section 4: Interventions – their use and implementation

19. A range of interventions is recommended within action plans in order to support the practitioner in their professional development to achieve the required outcomes upon completion of the programme. When developing action plans, we will suggest what is considered to be the optimum number of interventions needed to support the practitioner's individual requirements, and provide valid and reliable evidence of progress (or otherwise) against the milestones throughout the programme.
20. Three overarching types of interventions are described in this section:
- a) Supervision and teaching
 - b) WPBA
 - c) Other Interventions

a) Supervision and teaching

Practitioner Performance Advice remediation or return to work programmes describe the level of supervision appropriate for the practitioner based on their individual circumstances (see section 3), and generally operate on the principle that the degree of supervision (i.e. intensity) can be reduced as the practitioner demonstrates progress against milestones. The differing supervision categories identified by Practitioner Performance Advice are as follows:

Direct Supervision All activities carried out by the practitioner involving direct contact with patients are observed by the clinical supervisor, to ensure appropriate patient safety. For other activities not involving direct patient contact, the clinical supervisor should be within an immediate distance (e.g. same ward, or within the practice) in order to provide support and feedback as required.

Indirect Supervision The clinical supervisor should oversee and be within an immediate distance for activities carried out by the practitioner involving direct contact with patients, to ensure patient safety. Activities not involving patient contact should be observed regularly in order that feedback and support can be provided where needed, but not necessarily in every instance.

Opportunistic Supervision The clinical supervisor will observe and provide feedback on activities on an opportunistic basis. This may include (but not be limited to) observation at the request of the practitioner in order to provide guidance and feedback. Meetings with the practitioner to discuss progress or review performance with specific activities will continue if considered necessary.

(It is important to note that although action plans will reference the appropriate level of supervision throughout the plan for each objective, this may differ between objectives particularly where progress is being made at different rates. Furthermore,

where progress with specific activities within an overarching objective differs, it may be appropriate to specify different levels of supervision at the same time³.)

To address gaps in knowledge and skills, clinical supervisors should discuss specific requirements, ideally in the clinical context, with practitioners. This may include the use of **Scenario-based Discussion (SbD)** which is a formative process, where the practitioner discusses a hypothetical clinical scenario with their clinical supervisor in order to get feedback on the optimal management of the case. This may be particularly useful in the early stages of remediation or return to work plans, or for the discussion of particularly complex or rare case scenarios.

b) WPBA

WPBAs will be recommended based on the particular aspects of practice which require feedback, e.g. Case-based Discussion to target knowledge, clinical decision making and clinical management, and Mini Clinical Evaluation Exercise (Mini-CEX) for overall performance within patient encounters (see below). The number and frequency of WPBAs will depend on the nature and significance of the performance problem(s) (or length of time away from practice for return to work programmes) and the consequential support needs of the practitioner in terms of feedback. Sufficient WPBAs will also be recommended to inform decisions on progress at milestones within the programme. Practitioner Performance Advice will recommend WPBAs which have been demonstrated as being robust within the healthcare context, and further guidance on their effective implementation can be provided from an Assessment and Intervention Adviser upon request.

A description of some of the different WPBAs used within remediation and return to work plans is provided below.

Assessment and feedback on practitioner performance

An assessment of the performance of the practitioner requires observation of their performance in clinical practice.

Mini-CEX is an established tool which involves the assessor (clinical supervisor or appropriate level peers) observing the practitioner during a patient encounter, and providing ratings (descriptor categories 'Unsatisfactory', 'Satisfactory', or 'Superior') against skill domains such as 'Examination & Diagnosis', 'Technical Skills', 'Clinical Decision Making', 'Communication Skills', 'Professionalism', and 'Organisation'. Following observation, it is essential that the assessor provides detailed written and verbal feedback on strengths and areas for improvement, and the practitioner has the opportunity to ask questions. As with all WPBA, the use of different assessors if possible will enhance the validity and reliability of the process.

³ E.g. management of a specific condition, within the wider objective of clinical management, where the practitioner might be under direct supervision for that condition, but indirect supervision will suffice for other aspects of 'clinical management'.

Directly Observed Procedural Skills (DOPS) is a tool which focuses primarily on the assessment of a specific clinical procedure. Standardised checklist forms are used by the assessor, following observation of the practitioner completing the procedure to identify areas of good performance and aspects which may need further improvement. The use of multiple assessors over time is recommended, and it is essential that the practitioner receives detailed, constructive feedback following the observation.

Objective Structured Assessment of Technical Skills (OSATS) is another WPBA tool which records judgements on the practitioner's performance of a particular technical skill (including non-technical components such as communication with staff / patients). Although the approach used is similar to Mini-CEX and DOPs, OSATS may be preferred in some specialities as they are recommended by the Royal Colleges e.g. Royal College of Obstetricians & Gynaecologists, and the Royal College of Ophthalmologists.

Assessment and feedback on knowledge, clinical decision making and clinical management

Although WPBA tools assessing performance (above) may include the assessment of knowledge, clinical decision making and clinical management, other tools exist which can target these areas alone which do not involve the direct observation of practice, but explore these areas following the practitioner's presentation of (or discussion about) a case to the assessor.

Case-based Discussion (CbD) is a tool to record the judgements on the knowledge, clinical decision making and clinical management of a practitioner following their presentation of a case and subsequent questioning by the assessor. Although judgements on the standard of performance are recorded, CbD should involve the provision of detailed, structured feedback to the practitioner on their strengths and areas needing improvement.

Case-based Assessment (CBA) is a similar approach to CbD in that the practitioner's knowledge, clinical decision making and management of a case are assessed through questions targeting a specific case. However, these questions are derived directly from case information, such as patient records, rather than the practitioner's presentation of a case.

SbD can also be useful as an informal tool for formative assessment and feedback (see above).

Assessment of Communication, Teamwork, Management and Leadership Skills

Although the other WPBA tools may include assessment and feedback of these non-clinical skills, other tools exist which focus on these areas alone.

Multi-Source Feedback (MSF) is useful in getting feedback from a range of clinical and non-clinical team members regarding the performance of the practitioner over a period of time. The strength of this tool lies in the qualitative feedback (comments provided by participants), and the practitioners reflection on this information. Care should be taken when implementing MSF to maintain the anonymity of participants when providing feedback to the practitioner, and obtain feedback from a minimum of 10 team members if using the results to

partly inform decision making regarding the practitioner's progress. The practitioner should rate themselves in each of the areas within the tool, and reflect upon any differences between their own self-ratings and those of other team members in order to gain insight and develop strategies for improvement. The use of a coach alongside MSF may also be helpful.

Patient Feedback (often in the form of a Patient Satisfaction Questionnaire (PSQ)) is often used to obtain the views of patients on the performance of the practitioner with regard to non-clinical skills such as communication and professionalism. Although useful (particularly any free text comments provided by the patient) the ratings provided by patients are prone to positive bias, and many responses are required (perhaps 25-30+) in order to achieve a reliable result. This tool is best used qualitatively, alongside complaints and compliments, for reflection by the practitioner.

c) Other interventions

Practitioner Performance Advice hosts a database of interventions and resources which might be useful for remediation or return to work programmes, and may signpost specific courses, reading or other resources from Royal Colleges, Health Education England, professional organisations and indemnity / defence organisations. Although providers are asked to only submit interventions to the database which are current and quality assured, the practitioner and employer / contracting organisation should contact the provider to satisfy themselves that the intervention is appropriate.

Furthermore, a key intervention for many remediation programmes and return to work programmes where, for example, the period of absence from work has been significant, is **coaching and mentoring**. Further information on coaching and mentoring is described in Section 2.

Section 5: Evidencing progress and achievement at milestones and upon completion of the action plan

21. Practitioner Performance Advice action plans identify milestones throughout the duration of the programme, at which point the progress of the practitioner is reviewed. This process is essential to ensure that the practitioner is receiving the level of support they require, and the employer / contracting organisation can get feedback on whether the interventions within remediation or return to work programme are proving effective and progress is being made as anticipated.
22. The potential consequences for insufficient progress being made during the programme are agreed between the practitioner and employer / contracting organisation prior to starting the programme. If insufficient progress is being made as a result of circumstances beyond the practitioner's control, amendments to the plan can be made accordingly. Similarly, if the support agreed by the employer / contracting organisation or host organisation could not be delivered for any reason, amendments to the plan may be appropriate. As the programme and action plan is an agreement between the practitioner and employer / contracting organisation (not Practitioner Performance Advice), any amendments to the duration of the programme (either to extend it where progress is insufficient, or to shorten it where progress is better than expected) would need to be agreed by both parties.
23. It is expected that the clinical supervisor will be responsible for producing a report on the practitioner's progress at each milestone and upon completion of the programme, to be considered by the programme manager in their decision regarding next steps, i.e. continue through the programme or other action.
24. The supervisor's report should provide a summary of the work experiences, and areas of clinical practice completed (along with level of supervision and relative frequency), with judgements on the standards reached and improvements / progress made against each of the objectives. These judgements should be supported by a clear rationale, and reference to the evidence-base included (e.g. observation of x cases completed under supervision, 4 WPBA and reflective report). The supervisor's report should be appended to the plan, and the programme manager should complete the "Progress Review at Milestones" section of the objectives to indicate next steps once this information has been considered. Practitioner Performance Advice can provide a template for progress reports, which facilitates decisions being reported in an evidence-based manner.
25. In addition to the personal judgement of the clinical supervisor on the spectrum of experience, supervision discussions (e.g. SbD's) and observed clinical practice of the practitioner, a range of other evidence should be used to inform and provide a rationale for overall judgements regarding progress, including:
 - WPBAs (ideally carried out by other peers in addition to the clinical supervisor).

- Practitioner's reflective log.
- MSF.
- Patient Feedback.
- Additional outcomes data available, e.g. audit results.

26. In order for Practitioner Performance Advice to monitor progress of the action plan (for our own evaluation purposes and service improvement⁴), the practitioner and employer / contracting organisation will be contacted at key milestones. This will also enable us to provide advice, if requested, regarding the review of progress, and further support should the Action Plan need revising in any way.

⁴ Formal review of the practitioners progress remains the responsibility of the employer / contracting body

Section 6 Glossary

CbD	Case-based Discussion
CPD	Continuing Professional Development
DOPs	Directly Observed Procedural Skills
LEPs	Longitudinal Evaluation of Performance (Dental version of Mini-CEX)
Mini-CEX	Mini Clinical Evaluation Exercise
MSF	Multi Source Feedback
OSATS	Objective Structured Assessment of Technical Skills
PSQ	Patient Satisfaction Questionnaire
SbD	Scenario-based Discussion
SUI	Serious untoward incident
WPBA	Workplace-based Assessment

Section 7 Contacts for further information

Advice line for Practitioner Performance Advice

020 7811 2600

Or email:

PSR@resolution.nhs.uk



Professional Support & Remediation (PSR) Service Action Plans: guidance for practitioners

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Purpose and scope of the PSR service

1. The Practitioner Performance Advice PSR service drafts a range of bespoke action plans for doctors, dentists and pharmacists who need support in order to return to safe and effective clinical practice, or improve their knowledge and / or skills for overall professional development. The reasons for practitioners needing support are wide ranging, and may involve:
 - Remediation - following the identification of deficiencies in aspects of their clinical practice.
 - Return to work / re-integration (following a prolonged period of absence from clinical practice) – these may or may not include aspects of remediation.
 - Professional Development – where standards of performance are acceptable but further development in certain aspects of practice are indicated.
2. The process is designed to be:
 - Supportive.
 - Fair.
 - Bespoke, being focused on the specific development needs of the practitioner.
 - Inclusive; inviting contribution from both the referring / employing organisation and practitioner during the development process.
3. Accounting for the variations in support requirements highlighted above, the overarching purpose of Practitioner Performance Advice PSR action plans is to:

“Provide the practitioner with the opportunity to demonstrate (upon successful completion) that they are practising at the standard reasonably expected for the role they will be practising.”

4. This aim to be achieved through the provision of:

“A structured programme of support, learning opportunities, experience and feedback based on the individual needs of the practitioner and wider service requirements, which is considered fair, proportionate and sufficient.”

5. The draft plan is developed by Practitioner Performance Advice, however, the final action plan and programme represents an agreement between the employer / contracting organisation and the practitioner, not Practitioner Performance Advice.

Expectations of employer, practitioner and Practitioner Performance Advice**6. The employer / contracting organisation is expected to:**

- Provide evidence of the performance problems (remediation plans), duration of absence / restrictions from practice (return to work plans) or professional development requirements, to enable a bespoke and focused Action Plan to be drafted. Evidence may include: a Practitioner Performance Advice Assessment Report, Royal College review, regulator investigation report etc. or other supporting evidence (e.g. audit outcomes or other agreed data source).

- Consider the contents of the draft plan to ensure that the objectives and standards described in the draft are appropriate and relevant to the scope of practice of the practitioner and take account of any regulatory requirements.
- Share the programme with the practitioner and encourage them to share it with their defence organisation.
- Inform Practitioner Performance Advice when the both parties have agreed the final action plan and the date it will commence.
- Facilitate the implementation of the plan (including the provision of supervisory support and completion of progress reviews).
- Maintain communication between the practitioner and also with Practitioner Performance Advice.

7. The practitioner is expected to:

- Engage with the process that allows Practitioner Performance Advice to draft a focused plan, which includes having a structured discussion at the start of the process with a member of the PSR team.
- Seek advice if required on the contents of the action plan and proposals for implementation from a suitable source, such as a defence organisation.
- Engage fully with the programme to provide the best opportunity for successfully completing the action plan and achieving the objectives.

Both the practitioner and employer / contracting organisation are expected to sign-up to the plan and take ownership of it and confirm their commitment to its implementation.

8. Practitioner Performance Advice will:

- Provide the initial draft action plan based on the available evidence and guided by structured discussions with the practitioner and employer / contracting organisation (or 'host' of a clinical placement if relevant), in line with our agreed process.
- Facilitate discussions about the programme and progress at milestones / upon completion of the action plan, and provide advice if requested.
- Maintain contact with the practitioner and employer / contracting organisation at key milestones throughout the duration of the plan to support the process and consider whether amendments may be needed based on the progress made.

The process for developing Action Plans

9. Requests for an action plan are made initially via a Practitioner Performance Advice Adviser, who will put the individual making the request in contact with the PSR team. In cases where a Practitioner Performance Advice assessment has been carried out recently, the process for developing an action plan will proceed directly (see below). In

other cases where an action plan is being requested (without an assessment) the adviser will provide the individual (usually the employer / contracting organisation, but may also be a practitioner if self-referring) with the appropriate PSR request form to be completed. The information in the PSR request form is reviewed by the Practitioner Performance Advice team to check whether there is sufficient information available for an action plan to be developed.

10. To inform the development of a draft action plan, we will contact you to arrange a convenient time for a structured telephone discussion between yourself and a member of the PSR team, to better understand your view of your development needs, including your personal motivations, confidence, feelings of self-efficacy and any potential barriers to successful completion of the plan. This will usually take around 30 minutes, although the duration is likely to vary depending on the individual circumstances involved. The PSR team will complete a separate discussion with the employer / contracting organisation or host organisation depending on case circumstances, to ask about support available within the workplace environment, and / or potential barriers to success.
11. On completion of the telephone discussions the PSR team will aim to send a draft action plan to the employer / contracting organisation within ten working days.
12. The employer / contracting organisation is responsible for:
 - Ensuring the contents, objectives and standards described in the draft are appropriate, relevant to the scope of practice of the practitioner, fit with any regulatory requirements and can be supported.
 - Making any amendments to the programme to match the above aim
 - Sending the draft action plan to you for consideration.
13. You should be given the opportunity to take advice from your defence organisation (or other suitable source) before committing to agree to the plan.
14. Any amendments to the plan should be negotiated with the programme manager (for information about this role, see page 5) before the final version is agreed and signed.

Contents of a drafted Action Plan

15. Practitioner Performance Advice draft action plans will include the following:
 - Clear and time specific objectives, and milestones at which progress will be measured.
 - Clearly identified personnel to support the process and the practitioner throughout the duration of the plan, and their responsibilities at each stage.
 - Activities and interventions appropriate to support the development of the practitioner, provide structured feedback on progress, and an evidence-base to inform decisions regarding achievement at key milestones. These may include

relevant workplace-based assessments (WPBA), a reflective learning log, supervision records, audits and peer feedback.¹

- Regular review points that will allow the plan and progress to be considered to see if it remains relevant or the plan's contents or timescales need to be amended.

Roles and responsibilities

16. As the focus of an action plan is on your remediation, reskilling or reintegration into the workplace you should be made aware of those responsible for managing, implementing and supervising the programme and the decision-makers involved. These may include:

Programme manager

17. The programme manager has overall responsibility for the programme, and is accountable to the employer / contracting organisation for its development, implementation, and ensuring reviews of progress and outcome. In secondary care the programme manager might be the Medical Director or Responsible Officer for the organisation, or others such as Clinical Director, Clinical Governance Lead or other person of equivalent seniority and with the authority to make decisions regarding the action plan or progress. In primary care, an identified programme manager for performance may coordinate the programme, but responsibility for deciding whether progress has been made and outcomes achieved will rest with the Performance Advisory Group (PAG) or Performers List Decision Panel.

18. Where the remediation or return to work programme is taking place at a location different to the employer / contracting organisation, e.g. a host organisation, the programme manager should fulfil this role through effective partnership working with the host.

Clinical supervisor

19. The clinical supervisor should be an experienced clinician in the same specialty at the same or a more senior level to you. Where direct supervision is required, they will normally be expected to be practising in the same location as you will be working, or nearby, to ensure you have regular and appropriate access to support.

20. The clinical supervisor should:

- Meet with you in accordance with the level of supervision required
- Ensure safe practice, observe performance, provide feedback and monitor progress of each objective against milestones.
- Review evidence of progress and provide a written report indicating whether sufficient progress has been demonstrated to the programme manager at agreed intervals.²
- Provide constructive and detailed feedback to you throughout the programme.

¹ If you require more detailed information please request our separate Professional Support and Remediation Implementation Guidelines document

² Practitioner Performance Advice would welcome a copy of progress reports to inform the ongoing quality evaluation of the PSR service, but this is entirely at the discretion of the employer / contracting organisation.

Educational supervisor

21. Where a clinical supervisor does not have experience of educational supervision (e.g. for medical trainees), and where the action plan includes a focus on the development of knowledge and skills, an educational supervisor may be required.
22. The educational supervisor is expected to provide you with support, guidance and supervision of learning and skills development.

Coaching and mentoring

23. **Coaching** is a process which is forward focused and led by the development needs of the practitioner. A coach may support your self-directed learning, through active listening and guiding reflection in the areas needing development. Coaches should have a clear understanding of the skills or behaviours in question, and how these might be developed, and will support you to improve your performance through reflection and building strategies for change / improvement.
24. **Mentoring** is a process which provides personal, confidential support, in a safe environment, outside the line management and performance management systems and is separate from clinical supervision. Although, Practitioner Performance Advice recognises the benefits of mentoring and highly recommends a mentor for practitioners undergoing a return to work or remediation programme, a mentor is rarely compulsory and you should decide if you would like this support.

Factors considered when developing action plans ³

25. In order for Practitioner Performance Advice to identify the most useful, relevant and effective interventions based on your situation, a wide range of information is considered, including (but not limited to):

a) Evidence of the development needs

For action plans supporting a programme of **remediation**, robust evidence regarding the nature of performance concerns will be required. Robust evidence should extend beyond the subjective opinion of individual colleagues or isolated patient complaints, and include multiple examples.

For **return to work** action plans, where no previous concerns about performance have been identified, an individual's development needs will be identified through consideration of the scope of practice of the role to which they are returning, the length of absence from work, and through discussion on development needs with the practitioner and their employer / contracting organisation (see paragraphs d and e below).

³ If you require more detailed information please request our separate Professional Support and Remediation Implementation Guidelines document

b) Performance Concerns (remediation plans)

Consideration of the type of performance concern is vital for the identification of appropriate interventions and support strategies. The focus of the plan may be on knowledge, skills, attitudes or behaviours, or a combination of these.

c) Severity of any performance problems, and potential impact on patient safety of the working environment

Practitioner Performance Advice will also consider the depth of any performance concerns, and potential impact on patient safety or the working environment [remediation plans], and / or the length of time away from practice [return to work plans]. This information will be used to identify recommended levels of supervision, opportunities for observation and feedback prior to 'hands-on' practice if required, and regularity of WPBA and feedback (i.e. the minimum amount needed to enable a supported plan to progress). This information will also inform the identification of relevant and achievable milestones at which you can demonstrate progress.

d) Structured discussion with the practitioner

Practitioner Performance Advice will hold a structured discussion with you to explore how you feel about any performance concerns or your return to clinical practice, including reflections, motivation, insight, feelings of confidence / self-efficacy and any perceived barriers in the working environment which might impede your return to safe and effective clinical practice. The information discussed is not shared directly with the employer / contracting organisation, but if relevant, will help inform the types of interventions used within the action plan.

e) Employer (contracting organisation) / programme provider discussion

Practitioner Performance Advice may also have a discussion with the employer / contracting organisation (or host organisation where a placement is being used for the programme). The focus of this discussion will be to identify any potential barriers to effective remediation / return to work / professional development associated with the workplace environment. In primary care, this discussion will usually be held with the programme manager with input from the PAG, and may explore options for funding or other support.

f) Health of the practitioner

Where a practitioner has been away from clinical practice for health reasons, or where health problems have impacted on performance, Practitioner Performance Advice will seek reassurance from the employer / contracting organisation that the practitioner has Occupational Health support and is considered well enough to undergo the programme. In cases where the practitioner works in primary care, Practitioner Performance Advice may seek reassurance from the practitioner that they have been / are attending their own GP.

Interventions

26. A range of interventions is recommended within action plans in order to support your professional development and to achieve the required outcomes upon completion of the programme. When developing action plans, we will suggest what is considered to be the minimum number of interventions needed to support your individual requirements, and provide valid and reliable evidence of progress (or otherwise) against the milestones throughout the programme.
27. Interventions may include: supervision and teaching, WPBA, personal development and self-directed learning and reflection and may be further supported by Continuing Professional Development activity.
28. Practitioners undergoing a Practitioner Performance Advice remediation or return to work programme require different levels of supervision based on their individual circumstances. The programmes generally operate on the principle that the degree of supervision (i.e. intensity) can be reduced as the practitioner demonstrates progress against milestones.

Evidencing progress and reporting

29. Practitioner Performance Advice drafted action plans identify milestones throughout the duration of the programme, at which point your progress will be reviewed. This is essential to ensure that you are receiving the level of support required, and the employer / contracting organisation can get feedback on whether the interventions within the action plan are proving effective and progress is being made as anticipated.
30. It is expected that the clinical supervisor will be responsible for producing a report on your progress at each milestone and upon completion of the programme, to be considered by the programme manager and inform their decision regarding next steps, i.e. continue through the programme or other action.
31. A supervisor's report should provide a summary of the work experiences, areas of practice completed (along with level of supervision and relative frequency), with judgements on the standard of performance reached and progress made against each of the objectives. These judgements should be supported by a clear rationale, and reference should be made to the evidence-base which has informed the judgement (e.g. observation of x cases completed under supervision, 4 WPBA and reflective report).

Amending the programme

32. The potential consequences for insufficient progress through the programme are agreed between you and the employer / contracting organisation prior the implementation of the programme's implementation.
33. Amendments to the programme's duration or content may be appropriate if progress is hindered as a result of circumstances beyond your control, including if the support

agreed by the employer / contracting organisation or host organisation could not be delivered for any reason.

34. As the programme and action plan is an agreement between you and your employer / contracting organisation, any amendments to the duration of the programme (either to extend it where progress is insufficient, or to shorten it where progress is better than expected) would need to be agreed by both parties.

Additional information

35. A more detailed description of the processes, interventions and terms described above is available in our separate Professional Support and Remediation Implementation Guidance document.

36. If you require additional information you may wish to contact Practitioner Performance Advice on:

Contacts

Advice Line for Practitioner Performance Advice

020 7811 2600

Or email:

PSR@resolution.nhs.uk



Request for Professional Support and / or Remediation Action Plan

Case 18665

Allocated Adviser: Dr Grainne Lynn

Instructions for completing this form:

This form should be completed where an NHS employing / contracting organisation, practitioner or other stakeholder ("applicant") is approaching Practitioner Performance Advice's Professional Support and Remediation (PSR) Service to request a remediation, return to work or professional development action plan. **It is not necessary to complete this form if the request for an action plan follows a Practitioner Performance Advice full performance assessment and a report has been issued in the last six months. In such cases, the request can be made directly by contacting psr@resolution.nhs.uk.**

The applicant should complete the form fully to ensure Practitioner Performance Advice has all the information it needs to progress the case in a timely manner (if necessary, additional pages may be attached).

Before completing this form the applicant should review Appendix 1 which sets out Practitioner Performance Advice's policy on the use of personal data.

The applicant may contact the Adviser assigned to the case if they require assistance with the completion of this form. Practitioner Performance Advice may contact the applicant if it requires further information.

This form should be regarded as strictly private and confidential and secure methods should be used for its storage and transmission. Practitioner Performance Advice uses electronic files only and this form when signed should be sent together with any enclosures by email to **psr@resolution.nhs.uk**.

Practitioner Performance Advice will acknowledge receipt of the request form and will endeavour to contact the applicant [and practitioner] if any additional information is required to support the request for a PSR Action Plan within 5 working days of receiving this form, and initiate arrangements for a discussion¹ with the applicant (and / or host if a clinical placement is being used) and with the practitioner. It is expected that the applicant will discuss the contents of this form with the practitioner prior to submission and tell them to expect direct contact from Practitioner Performance Advice in relation to the Action Planning process. (In some circumstances, the practitioner may request an Action Plan for themselves.) We will aim to provide a draft Action Plan to the applicant within 10 working days following completion of both the practitioner and applicant / host discussions.

The draft Action Plan should be reviewed by all relevant parties and, subject to any requests to Practitioner Performance Advice for changes to the Plan, signatures provided as formal agreement to implementation. **Please note that the Action Plan is an agreement between the employing / contracting organisation and the practitioner, and not Practitioner Performance Advice.** Further guidance on implementation can be found in the *Professional Support and Remediation Implementation Guidelines* available on request via psr@resolution.nhs.uk.

Our publication 'A guide for healthcare practitioners – frequently asked questions' is aimed at healthcare practitioners whose employing or contracting organisation has made contact with Practitioner Performance Advice for advice about an individual doctor, dentist or pharmacist where there are performance concerns. It is intended to provide clear and helpful information about Practitioner Performance Advice's role and to address some of the most frequently asked questions about our services. It can be accessed on our website <https://resolution.nhs.uk/> or click here [Frequently Asked Questions](#).

Section 1: Information about the applicant²

1.1	Name of organisation	
1.2	Name and position of applicant	
1.3	Direct telephone number	
1.4	Mobile telephone number	
1.5	Secure NHS email address	
1.6	Please provide the name and telephone number of the contact person for this case (if different from the applicant), for discussion about the contents of the Action Plan.	

¹ Usually held by telephone, but may be in person under certain circumstances

² For practitioners requesting an action plan themselves, please give details of the place of employment

Section 2: Information about the Practitioner

2.1	Name	
2.2	Practitioner Performance Advice case number (if applicable)	
2.3	Contact details including telephone number and email	
2.4	Current job title / role	
2.5	Time in current post	
2.6	Current working status (e.g. employed, contracted, locum)	
2.7	Scope of practice of role to which practitioner will be returning, following successful remediation / professional development	
2.10	Has the practitioner informed the employing / contracting organisation that they have a disability or health problem affecting or having the potential to affect their practice?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Has the practitioner been cleared by occupational health as fit to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details of any adjustments made to the working environment as a result:

Section 3 Type of Request

Please identify which of the following options best describes the support required:

- ☐ 1. **Remediation** (*Please complete Section 3.1 below*).
- ☐ 2. **Return to Work, following a prolonged period of absence (no previously Identified performance concerns).** (*Please complete section 3.2 below*)
- ☐ 3. **Return to Work, following a prolonged period of absence where previous performance problems had been identified.** (*please complete both sections 3.1 and 3.2 below*)
- ☐ 4. **Professional Development.** (*Please complete section 3.3 below*).

3.1	Remediation requirements
3.1a	Has the practitioner previously undergone a Practitioner Performance Advice assessment? <input type="checkbox"/> No <input type="checkbox"/> Yes Case number: Date of assessment report:

3.1b	Please list below the performance concerns below, and provide details of the evidence by which the concerns have been identified.	
	<u>Area of concern / poor performance</u>	<u>Supporting evidence</u>
3.1c	Has the practitioner previously undergone any remediation programme? Please provide details (e.g. date, placement, duration, content, outcomes and reasons if unsuccessful).	
3.1d	Please provide details of any previous or current (give dates) involvement of external bodies, including any undertakings, restrictions or exclusions.	
3.1e	Please provide any additional information relevant to the areas identified for development that may assist Practitioner Performance Advice in drafting specific objectives for inclusion in the Action Plan.	

3.2	Return to Work Requirements												
3.2a	<p>Please provide details of the dates the practitioner has been absent from clinical practice (either the partial or full scope of the role to which they wish to return to identified in Section 2), and reasons for the absence.</p> <p>Dates of Absence:</p> <table border="0"> <tr> <td><u>From</u></td> <td><u>To</u></td> <td><u>Reason for Absence</u></td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3"> </td> </tr> </table>	<u>From</u>	<u>To</u>	<u>Reason for Absence</u>									
<u>From</u>	<u>To</u>	<u>Reason for Absence</u>											

3.3	Professional Development / Other Requirements
	Please provide details of the professional development or other requirements of the practitioner, including any supporting evidence or other reasons for the request.

Section 4 Additional supporting information

Please confirm that this request been discussed with the practitioner? ☐ Yes ☐ No

If the answer is no, please provide details of the rationale/reasons for not discussing the request with the practitioner at this time?

Has a placement been identified for the practitioner? Please provide details, including location and any local supervision arrangements in place.

--

Please provide any additional information you think is relevant such as outcome of any remediation or investigations etc. in the last 2 years.

--

☐ Please confirm that any supporting evidence supplied does not include patient identifiable information

Name of applicant:

Date:

Signature:

Appendix 1**Personal Data**

No third party should be identified in this form unless essential to progress the case.

Where a third party (other than the referred practitioner), such as a colleague or patient, is identified in the form or in any annexed or supporting documents you should make every reasonable effort to:

- A. Obtain the consent of the third party to disclosure of their personal data to Practitioner Performance Advice; and
- B. Direct the third party to Practitioner Performance Advice's fair processing information available on its website.

Please note that, where consent has not been sought, Practitioner Performance Advice can only accept data identifying a third party if that information is already in the public domain.

If the data is not in the public domain and the employing / contracting body is unable to comply with A or B above, it may wish to consider the alternative option of anonymising the information before it is supplied to Practitioner Performance Advice. When doing this the employing / contracting organisation is asked to ensure that it is satisfied that all details that could identify a third party have been removed. This will include removal of the name of the individual and any other information which could lead to the identification of that person.

Chloe Williams

From: Grainne Lynn
Sent: 21 September 2018 12:06
To: CST-B
Subject: CONFIDENTIAL: Personal QA of Case 18665

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Letter - Edyta

Ready for issue, please send. Please send as soon as possible

<https://eks2.resolution.nhs.uk/AdviceReportDetails/Index>

Irrelevant information redacted by the USI

Chloe Williams

From: Grainne Lynn
Sent: 25 October 2018 07:16
To: CST-B
Subject: FW: CONFIDENTIAL: Personal QA of Case 18665 ADVISER TO REVIEW

Categories: UPLOADS NO ACTION - EDYTA

Please upload
Thanks,
G

From: Steve Evans **On Behalf Of** Secondary Care QA
Sent: 21 September 2018 09:43
To: Grainne Lynn
Cc: Secondary Care QA
Subject: RE: CONFIDENTIAL: Personal QA of Case 18665 ADVISER TO REVIEW

Hi Grainne

One or two points:

Para 3: Should you perhaps use 'Maintaining High Professional Standards in the Modern HPSS (MHPS)' in full the first time you mention it?

Para 4: I think might read more clearly if you add the word 'of' i.e. '...which the managers knew of...'

Para 5, 5th bullet: Might you say '... clinical ability with *individual* patients'? (That element of his practice might be OK, but from what you say his overall clinical ability is clearly compromised by his way of working, etc.)

Para 6: What is 'SAI'?

Para 8: Might be better to say: 'Whilst it appears that there are systemic issues...' and '...these would appear to be matters of conduct...'

Please edit as you see fit, then finalise. I'll 'complete QA' on EKS.

BW

Steve

Dr Steve Evans
Senior Adviser, Secondary Care,
Practitioner Performance Advice (Formerly NCAS)

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by the USI

Personal Information redacted
by the USI

General enquiries: 020 7811 2600

NB: I work part-time - usually Wednesdays, Thursdays and Fridays.

Practitioner Performance Advice Service (Formerly NCAS)
NHS Resolution

2nd Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

Advise / Resolve / Learn
resolution.nhs.uk

From: Grainne Lynn
Sent: 21 September 2018 07:54
To: Secondary Care QA
Subject: CONFIDENTIAL: Personal QA of Case 18665

Please QA. thanks G

<https://eks2.resolution.nhs.uk/AdviceReportDetails/Index/>

Irrelevant information redacted by the USI

Chloe Williams

From: Martin Beckett
Sent: 21 September 2018 12:45
To: CST-B
Cc: PSR
Subject: RE: case 18665

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Letter - Edyta

Dear colleagues,

Can Grainne's request for PSR forms to be issued please be actioned.

Thanks
Martin

Martin Beckett | Assessment and Intervention Manager
Practitioner Performance Advice Service (formerly NCAS)

Direct Line: Personal Information redacted by the USI
Advice Line: 0207 811 2600

NHS Resolution
2nd Floor, 151 Buckingham Palace Road, London, SW1W 9SZ
General Enquiries: 020 7811 2600 | Fax: 020 7931 7571

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We offer a variety of education packages to support the local management and resolution of performance concerns relating to individual doctors, dentists and pharmacists. For further details go to <http://bit.ly/ncaseducation>

From: Grainne Lynn
Sent: 21 September 2018 12:14
To: CST-B
Cc: PSR
Subject: case 18665
Importance: High

Hi
Have just sent the letter to be issued but forgot to say that the forms to request PSR assistance should also be sent out with the letter.
Many thanks,
Grainne

Chloe Williams

From: Grainne Lynn
Sent: 21 September 2018 14:52
To: CST-B
Subject: RE: Confidential: personal Practitioner Performance Advice case 18665 - Request for Professional Support & Remediation

Categories: UPLOADS NO ACTION - Edyta

Edyta,
Thank you so much for doing this so efficiently- You are a star!
G

From: Edyta Kazior **On Behalf Of** CST-B
Sent: 21 September 2018 14:42
To: Ahmed Khan's email address
Cc: Grainne Lynn
Subject: Confidential: personal Practitioner Performance Advice case 18665 - Request for Professional Support & Remediation

Dear Dr Khan,

Practitioner Performance Advice case: 18665

Further to your recent communications with Dr Grainne Lynn please find attached a Request for Professional Support and Remediation Form and supporting guidance.

I hope this is helpful to you but please do not hesitate to contact us if you have any related queries.

Best regards

Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)

Personal Information redacted by the USI / Advice Line: 020 7811 2600

NHS Resolution
2nd Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

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resolution.nhs.uk



Chloe Williams

From: Edyta Kazior on behalf of CST-B
Sent: 01 October 2018 16:09
To: Aidan O'Brien's email address
Subject: Case 18665 - call scheduled for 4 October

Dear Dr O'Brien,

I am writing to confirm that Dr Grainne Lynn will call you on the 4 October 2018 at 14:00.

Please note, that she has another call scheduled for 14:30 so she may need to call you at a later time if there is need for longer discussion.

Please call our office if you require any assistance.

Kind regards

Personal Information
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Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)

Personal Information
redacted by the USI

/ Advice Line: 020 7811 2600

NHS Resolution

2nd Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

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Chloe Williams

From: Edyta Kazior on behalf of CST-B
Sent: 01 October 2018 16:10
To: Grainne Lynn
Subject: RE: Advice brief –existing - closed case – number 18665

Thank you, Grainne. I know it is on tight schedule.

I have confirmed the call with practitioner and informed him of your other call at 14:30.

Kind regards

Personal Information
redacted by the USI

Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)

Personal Information
redacted by the USI

/ Advice Line: 020 7811 2600

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2nd Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

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resolution.nhs.uk



From: Grainne Lynn
Sent: 01 October 2018 15:38
To: CST-B
Subject: Re: Advice brief –existing - closed case – number 18665

Hi Edyta

Yes that's fine. But will you tell him I have another call booked at 2:30. I could always follow up later if necessary but at least it would mean him not waiting 2 weeks

Thanks

G

Sent from my iPhone

On 1 Oct 2018, at 15:02, CST-B Irrelevant information redacted by the USI wrote:

Dear Grainne,

Please confirm if you are able to make this call back – otherwise I will contact Practitioner to rearrange.

Please see below the advice brief for the above mentioned case. Please can you place a call as per the details below:

Date call taken	01/10/2018
Time Taken	14:45
Case Number	18665

Organisation name	SOUTHERN HEALTH AND SOCIAL CARE TRUST
Referrer name	Dr Aidan O'Brien
Referrer Landline	
Referrer Mobile (if app)	Personal Information redacted by the USI
Referrer e-mail address	Aidan O'Brien's email address
Call requested by	Practitioner:
Call back date requested	4 October 2018 at 14:00 (Dr said he is on call so he was not sure what his exact availability would be) 15 October – anytime (I noticed you are unavailable in the week between 8-12 October 2018 and practitioner did not mind to wait if necessary)
Call back time requested	
Summary of concerns	Dr was calling in regards of correspondence exchange between our service and the Trust that was not shared with him. I advised him about SAR and provided him with FOI email address as one of available options.
Linked cases	
Assigned to	Regional Adviser: Grainne Lynn On take adviser:
Other notes or comments	

Please let me know if you have any problems

Kind regards

Personal Information redacted by the USI

Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)

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Chloe Williams

From: Grainne Lynn
Sent: 25 October 2018 07:17
To: CST-B
Subject: ? FW: CONFIDENTIAL: Personal QA of Case 18665

Categories: Letter - Edyta

For the file
Thanks,
G

From: Steve Boyle
Sent: 15 October 2018 15:52
To: Grainne Lynn
Cc: Secondary Care QA
Subject: CONFIDENTIAL: Personal QA of Case 18665

Hi Grainne

QA Complete. Good to go.

<https://eks2.resolution.nhs.uk/AdviceReportDetails/Index/>

Irrelevant information redacted by the USI

Diolch yn fawr



Steve

Dr. Steve Boyle
Senior Adviser /Uwch Ymgynghorydd
Practitioner Performance Advice/ Cyngor Perfformiad Ymarferwyr

In the first instance please try to contact me via email/mobile phone

 Personal Information redacted by the USI (Mobile)
 Personal Information redacted by the USI (Desk)
 0207 811 2600 (NHS Resolution)

 [Practitioner Performance Advice \(formerly NCAS\)](#)

Cyngor Perfformiad Ymarferwyr (NCAS gynt)

[NHS Resolution, 2nd Floor, 151 Buckingham Palace Road, London, SW1W 9SZ](#)

NHS Resolution
[Advise / Resolve / Learn](#)
resolution.nhs.uk



www.ncas.nhs.uk



Steve Boyle's email address

Chloe Williams

From: Grainne Lynn
Sent: 15 October 2018 17:44
To: CST-B
Subject: CONFIDENTIAL: Personal QA of Case 18665

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Letter - Edyta

Ready for issue, please send. Please issue this. It is **to the practitioner**

Thanks,
Grainne

<https://eks2.resolution.nhs.uk/AdviceReportDetails/Index/>

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Practitioner Performance Advice (formerly NCAS)

2nd Floor, 151 Buckingham Palace Road

London

SW1W 9SZ

Advice line: 020 7811 2600

Fax: 020 7931 7571

www.resolution.nhs.uk

CST-B@resolution.nhs.uk

17 October 2018

PRIVATE AND CONFIDENTIAL

Dr Aidan O'Brien
Consultant Urologist
Southern Health and Social Care Trust

Ref: 18665 (Please quote in all correspondence)

Dear Dr O'Brien,

Thank you for ringing me to discuss your case. We spoke by telephone on 1 and again, as scheduled, on 11 October 2018, and I am writing to summarise the issues which we discussed on these occasions. Please let me know if any of the information is incorrect

In summary, you are a senior consultant urologist and have been the subject of a long running investigation after allegations were made about your practise. This investigation has now concluded and the matter is to proceed to a hearing. I note that the investigative report, which identified issues which have led to the matter being put to a hearing, also identified previous failings in management of your case. You told me that you have grave concerns about many aspects of the process. Specifically, you allege that the Trust has misled Practitioner Performance Advice service (formerly NCAS) by implying that you were supported to address concerns in 2016. Whilst you were told about the concerns, you did not receive any support or assistance in managing the difficulties (which you attribute to serious workload issues). You reported that when you asked in 2016 how the issues could possibly be addressed, the manager shrugged his shoulders

You also told me that, despite repeated requests, you have not received any of letters prior to the recent communication with Dr Khan. You are considering legal options.

You are aware of your right to see information which is held about you and will likely submit a Subject Access Request (SAR) to Practitioner Performance Advice service. You know that I cannot act as your advocate and I advised that you seek advice from your

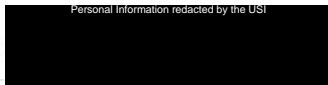
defence organisation or legal team so that you can consider how best to raise your concerns. We discussed it is open to you to raise a grievance in line with Trust policy, and to write to the Designated Board Member, Chair or Chief Executive about your concerns. I suggested that before you would take legal action or approach any outside bodies with your concerns, it would be prudent to ensure you have exhausted internal processes, and that your defence organisation considers that this action is appropriate and necessary in the circumstances.

As discussed, I will inform Dr Khan of our conversation, and the subject of it. You are welcome to share this letter with him if you wish.

I hope you found our conversation helpful.

Relevant regulations/guidance:

Yours sincerely,

Personal information redacted by the USI


Dr Grainne Lynn

Adviser

Practitioner Performance Advice

Chloe Williams

From: Edyta Kazior on behalf of CST-B
Sent: 17 October 2018 10:22
To: Aidan O'Brien's email address
Cc: Grainne Lynn
Subject: Confidential: Personal – Case 18665
Attachments: LETO 181017 Advice letter 18665.pdf

Dear Dr O'Brien,

Please find attached the advice letter following your discussion with our Adviser, Dr Grainne Lynn.

Please note that Practitioner Performance Advice does not issue hard copies of advice letters.

Please do not hesitate to contact our office should you have any further queries.

Kind regards,

Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)

Personal Information
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/ Advice Line: 020 7811 2600

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London

SW1W 9SZ

Advice line: 020 7811 2600

Fax: 020 7931 7571

www.resolution.nhs.uk

CST-B@resolution.nhs.uk

17 October 2018

PRIVATE AND CONFIDENTIAL

Dr Aidan O'Brien
Consultant Urologist
Southern Health and Social Care Trust

Ref: 18665 (Please quote in all correspondence)

Dear Dr O'Brien,

Thank you for ringing me to discuss your case. We spoke by telephone on 1 and again, as scheduled, on 11 October 2018, and I am writing to summarise the issues which we discussed on these occasions. Please let me know if any of the information is incorrect

In summary, you are a senior consultant urologist and have been the subject of a long running investigation after allegations were made about your practise. This investigation has now concluded and the matter is to proceed to a hearing. I note that the investigative report, which identified issues which have led to the matter being put to a hearing, also identified previous failings in management of your case. You told me that you have grave concerns about many aspects of the process. Specifically, you allege that the Trust has misled Practitioner Performance Advice service (formerly NCAS) by implying that you were supported to address concerns in 2016. Whilst you were told about the concerns, you did not receive any support or assistance in managing the difficulties (which you attribute to serious workload issues). You reported that when you asked in 2016 how the issues could possibly be addressed, the manager shrugged his shoulders

You also told me that, despite repeated requests, you have not received any of letters prior to the recent communication with Dr Khan. You are considering legal options.

You are aware of your right to see information which is held about you and will likely submit a Subject Access Request (SAR) to Practitioner Performance Advice service. You know that I cannot act as your advocate and I advised that you seek advice from your

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To find out how we use personal information, please read our privacy statement at www.nhs.uk/Pages/PrivacyPolicy.aspx



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until 2020



defence organisation or legal team so that you can consider how best to raise your concerns. We discussed it is open to you to raise a grievance in line with Trust policy, and to write to the Designated Board Member, Chair or Chief Executive about your concerns. I suggested that before you would take legal action or approach any outside bodies with your concerns, it would be prudent to ensure you have exhausted internal processes, and that your defence organisation considers that this action is appropriate and necessary in the circumstances.

As discussed, I will inform Dr Khan of our conversation, and the subject of it. You are welcome to share this letter with him if you wish.

I hope you found our conversation helpful.

Relevant regulations/guidance:

Yours sincerely,

Personal Information redacted by the USI

Dr Grainne Lynn
Adviser
Practitioner Performance Advice

Chloe Williams

From: Edyta Kazior on behalf of CST-B
Sent: 17 October 2018 10:22
To: Aidan O'Brien's email address
Subject: Practitioner Performance Advice service Case 18665 - Notification re encrypted email
Attachments: How to access your encrypted email.docx

Dear Dr O'Brien,

This is just to let you know that I have sent you a separate encrypted email.

Please let me know as soon as possible if you have any problems accessing the encrypted email.

Please note the following:

- **Version 11 of Internet Explorer** is now required to access encrypted emails from our service.
- Practitioner Performance Advice encrypted emails need to be accessed within 30 days otherwise they expire and it is then not possible to access the information contained within them.
- All encrypted emails expire after 30 days even if accessed within that period and therefore it will not be possible to access the email or any attachments again after the 30 day period unless a copy is saved onto your own system within the 30 day period.
- If you do not receive a notification from the NHS Resolution Secure Encryption Portal please utilise the below link and click on the "forgotten password" option to activate your account.

Personal Information redacted by the USI

I would be most grateful if you would acknowledge receipt of this email.

Regards

Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)

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/ Advice Line: 020 7811 2600

NHS Resolution

2nd Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

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How to access your encrypted email

In order to meet our information security requirements NCAS will now be sending all case information via our encrypted email system.

The system is quick and easy to use.

PLEASE NOTE

SECURE Encryption Portal requires a Java-enabled internet browser.

Please speak to your local IT team for help in enabling JAVA or with other java related issues

When you first receive an encrypted email from NCAS it will appear in your inbox like this:

	Joel Henderson	Your SECURE Encryption Portal Activation Information
	Info NHSEngland (NHS ENGLAND)	Direct information and updates from NHS England
	no-reply	Your password will expire soon
	NHSMail Team (HEALTH AND SOCIAL CARE INF...	NHSMail newsletter January 2014
	NHSMail Team (HEALTH AND SOCIAL CARE INF...	NHSMail newsletter November 2013

When you open the email you will see the following message:

The screenshot shows a Gmail inbox with an email from Catherine O'sullivan titled "Your SECURE Encryption Portal Activation Information". The email content includes:

- From:** Catherine O'sullivan
- Subject:** Confidential
- Sent:** April 3, 2014 12:35:30 PM
- Activation Information:** To view this message, click the link below and use your activation code to create a free SECURE Encryption Portal account. Once you've created your account, you can view your messages you receive from Catherine O'sullivan <catherine.osullivan@ncas.nhs.uk> directly from your SECURE Encryption Portal account:
- Email:** [Redacted]
- Activation Code:** [Redacted]
- Click here to access your account and view email from NHS LA/NCAS**
- For SECURE Encryption Portal online help, visit:** https://pr-uk.lps.emailprivacy.net/brand?act=download&ntp=Ncas&locale=en_US&cat=Resource_Center&f=emx/help/index.html
- Do not reply to this message. This is a system-generated email and the mailbox is not checked.**

You will need to click on 'Click here to access your account and view email from NHS LA/NCAS'.

From there you can follow the simple instructions to activate and register your account on the system and then retrieve your email. If you don't see the activate button a window resize might be required otherwise enable JAVA.

Once you are registered all you will need to do to view subsequent correspondence is to sign in with the password that you have previously set for yourself.

If you have any queries or are having any difficulties accessing your email please contact us via email helpdesk@nhsla.com or call Personal Information redacted by the USI.

Many thanks
NCAS

Chloe Williams

From: Grainne Lynn
Sent: 18 October 2018 15:12
To: Ahmed Khan's email address
Cc: CST-B
Subject: case 18665 confidential

Categories: UPLOADS NO ACTION - EDYTA

Hi Ahmed,

I have been speaking to the practitioner in this case on a couple of occasions- he consented for me to discuss with you.

When you have some time could we discuss?

Many thanks,
Grainne

Chloe Williams

From: Edyta Kazior on behalf of CST-B
Sent: 22 October 2018 15:48
To: 'Gibson, Simon'
Subject: CONFIDENTIAL - Resending first advice letter - case 18665
Attachments: LETO_160913_To RB_Advice letter_18665.pdf.pdf

Dear Mr Gibson,

As requested, please find attached an advice letter dated 13 September 2016.

Kind regards

Personal Information
redacted by the USI

Edyta Kazior
Case Officer
Practitioner Performance Advice (formerly NCAS)

Personal Information
redacted by the USI

/ Advice Line: 020 7811 2600

NHS Resolution

2nd Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

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From: Gibson, Simon [Personal Information redacted by the USI]
Sent: 22 October 2018 15:10
To: CST-B
Subject: Request for letter to be resent - Dr A O Brien

Dear Edyta

Could you resend this letter from September 2016 please

Kind regards

Simon

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

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Personal Information redacted by
the USI

Personal Information redacted by
the USI

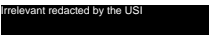
(DHH)

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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  irrelevant redacted by the USI

NCAS

N I office
HSC Leadership Centre
The Beeches
12 Hampton Manor Drive
Belfast
Co Antrim
BT7 3EN

Tel: Personal Information
redacted by the USI

www.ncas.nhs.uk

Jill Devenney's email address

13 September 2016

PRIVATE AND CONFIDENTIAL***Sent by email only***

Mr Simon Gibson
Assistant Director
Southern Health and Social Care Trust
Craigavon Area Hospital
68 Lurgan Road
Portadown
Craigavon
BT63 5QQ

NCAS ref: 18665 (Please quote in all correspondence)

Dear Mr Gibson

I am writing following our telephone discussion on 7 September. Please let me know if I have misunderstood anything as it may affect my advice.

You called to discuss a consultant urologist who has been in post for a number of years. You described a number of problems. He has a backlog of about 700 review patients. This is different to his consultant colleagues who have largely managed to clear their backlog.

You said that he is very slow to triage referrals. It can take him up to 18 weeks to triage a referral, whereas the standard required is less than two days.

You told me that he often takes patient charts home and does not return them promptly. This often leads to patients arriving for outpatient appointments with no records available.

You told me that his note-taking has been reported as very poor, and on occasions there are no records of consultations.

To date you are not aware of any actual patient harm from this behaviour, but there are anecdotal reports of delayed referral to oncology.

*The National Clinical Assessment Service is an operating division of the NHS Litigation Authority.
For more information about how we use personal information, please read our privacy notice at
<http://www.nhs.uk/AboutNHS/PrivacyPolicy.aspx>*

*Please ensure that any information provided to NCAS which contains personal data of any type
is sent to us through appropriately secure means.*



The doctor has been spoken to on a number of occasions about this behaviour, but unfortunately no records were kept of these discussions. He was written to in March of this year seeking an action plan to remedy these deficiencies, but to date there has been no obvious improvement.

We discussed possible options open to you. The Trust has a policy on removing charts from the premises and it would appear that this doctor is in breach of this policy. This could lead to disciplinary action. He was warned about this behaviour in the letter sent to him in March so it would be open to you to take immediate disciplinary action; however, I would suggest that he is asked to comply immediately with the policy.

With regard to the poor note-taking it would be useful to conduct an audit. If there is evidence of a substantial number of consultations for either inpatients or outpatients with no record in the notes, this is a serious matter which may merit disciplinary action and possible referral to the GMC. If, after the audit, it appears that the concern is more about the quality of the notes rather than whether there are any notes at all, a notes review by NCAS may be appropriate. If you wish us to consider that, please get back to me.

The problems with the review patients and the triage could best be addressed by meeting with the doctor and agreeing a way forward. We discussed the possibility of relieving him of theatre duties in order to allow him the time to clear this backlog. Such a significant backlog will be difficult to clear, and he will require significant support. I would be happy to attend such a meeting, if this was considered helpful.

Relevant regulations/guidance:

- Local procedures;
- General Medical Council Guide to Good Medical Practice;
- Maintaining High Professional Standards in the Modern HPSS (MHPS).

Review date:

7 October 2016.

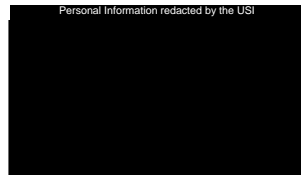
As it seems likely that further NCAS input will be required, we will keep this case file open and review the situation in about one month. If you require further advice in the meantime, please do not hesitate to contact me.

If you have any further issues to discuss, or any difficulties with these arrangements, please contact the Northern Ireland office on the direct line above.

I hope the process has been helpful to you.

Yours sincerely

Personal Information redacted by the USI



Dr Colin Fitzpatrick
NCAS Senior Adviser

cc: Jill Devenney, Case Officer (N I)



Please ensure that any information provided to NCAS which contains personal data of any type is sent to us through appropriately secure means.

Chloe Williams

From: Grainne Lynn
Sent: 25 October 2018 10:01
To: Ahmed Khan's email address
Cc: CST-B
Subject: case 18665 confidential

Categories: UPLOADS NO ACTION - EDYTA

Hi Ahmed,

We were scheduled to review this case today. Just let me know when it suits to have a conversation about it? I am available on [Personal Information redacted by the USI]

Kind regards,
Grainne