

UROLOGY SERVICES INQUIRY

USI Ref: Notice 49 of 2022

Date of Notice: 29th April 2022

Addendum Witness Statement of: Mrs Vivienne Toal, Director of Human Resources & Organisational Development, Southern Health & Social Care Trust

I, Vivienne Toal, wish to make the following amendments and additions to my response to Section 21 Notice Number 49 of 2022:-

1. At paragraph 5(ii) (WIT – 41018) under ‘*Deputy Director of HR & OD from 1st February 2016*’, the sentence, which reads, “*There was separate no job description for this role, and no additional remuneration.*” should be changed to “*There was no separate job description for this role, and no additional remuneration.*”
2. At paragraph 6(iii) (WIT- 41026), under the sub-heading of Mr Stephen McNally the year should be changed from “15.11.2018” to “15.11.2017”.
3. At paragraph 7(xiii) beginning at WIT – 41034, I wish to add to add a subparagraph (k) as follows:

“k) Drs 12*, 13, 14

**Please note Dr 12 is the same clinician as Dr 9 referenced in 7(xiii)(h).*

This case related to an anonymous concern, which had been raised in the 2014 GMC National Training Survey. This concern had been included as a free text field dedicated to bullying and undermining concerns. NIMDTA forwarded to the Trust at the start of April 2014, the text of the bullying and undermining concern noted in the free text field by one trainee working in a particular speciality in the Trust, to enable the Trust to undertake a local investigation. The trainee specifically named three individual Consultants as displaying behaviours that could be described as bullying and intimidating in nature.



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Following discussion between the Medical Director, Dr Simpson and the Director of Human Resources & Organisational Development, Mr Kieran Donaghy, I was appointed as the HR Case Manager to undertake an initial fact finding investigation to determine the veracity of the concerns. I am unaware of the involvement of the Director of Acute Services and Chief Executive.

It was agreed that Mr Colin Weir, the Trust's Associate Medical Director for Medical Education, would provide his assistance with the interviews of the 3 named consultants given his role with the Training Programme, and the seniority of one of the Consultants named in the Trainee's feedback. Dr John Collins, Associate Dean for Career and Personal Development, NIMDTA, was appointed by NIMDTA to provide his assistance with the interviews involving 23 trainees to ensure they were adequately supported during the investigation process.

I worked with Dr Collins and Mr Weir to produce the report of the fact finding investigation, which was provided to Dr Simpson and Mr Donaghy in June 2014. The investigation did not find a culture of bullying and harassment within the particular speciality. Whilst not referenced in the final report, in my view, this investigation was the stage outlined in Para 2.6 of the Trust 2010 Guidelines. No further action was required under MHPS in respect of the 3 consultants. Two recommendations were however included for Dr Simpson to consider in the report in respect of x-ray teaching meetings and teaching on ward rounds in the speciality.

The Trust 2010 Guidelines did not specifically cover the circumstances where concerns were raised in this way, however, my view is that the most appropriate clinicians were involved (both from NIMDTA and the Trust) at this stage given that the Clinical Manager for one of the Consultants was in fact the Medical Director."

I omitted to include my involvement in the above case relating to 3 Consultants in 2014. Following submission of my Section 21, I was asked by the Trust's Public Inquiry Team about this particular case by email on 13th February 2023, as the USI Legal Team had been made aware of it. Miss Emma Stinson, Document Librarian, asked me to forward a copy of the report to her so that she could respond to this



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query. It was at this point that I recalled my involvement in this case, and realised I had omitted it from my response to this question in my Section 21 response. The report had been saved in a different folder in my filing system to the other MHPS cases I had been involved in.

I forwarded the report to Miss Stinson on 14th February 2023.

I apologise to the Inquiry for this oversight.

4. At paragraph 7(xiv) (WIT - 41047), the last sentence which states '*Our solicitor replied with her comments marked on the document on 4th August 2017 (This can be found at Attachment folder S21 49 of 2022- Attachment 35), and these were incorporated into the draft Guidelines*' should be replaced with '*We obtained legal advice on this matter.*'

5. At paragraph 27(ii) (WIT – 41142), I indicated that a training plan would be provided once complete to the Urology Services Inquiry. I now attach a copy of the completed training plan. Please see '**1. SHSCT - Training Plan MHPS 2022 FINAL 18.9.2022 Version 1.0**' and '**2. Trust Board_Committee Cover Sheet MHPS Training Plan 18.9.2022**'.

6. At paragraph 28(iv) (WIT – 41147), I indicated that I would provide evidence of a Case Report submitted to the Board when complete to the Urology Services Inquiry. I now attach the following:

3. 'MHPS Cases Sept 22 Final Agreed' – which includes Cover Sheet for Meeting dated 8th September 2022 and attached MHPS Formal Cases.

The September 2022 Case Report at 3. above was submitted to the Governance Committee meeting dated 8th September 2022 alongside an accompanying summary report from the Medical Director outlining the improvements made to date regarding implementation of MHPS within the



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Trust. Please see **4. 'Governance Committee _ update re MHPS improvements Sept 2022'**.

5. 'MHPS Cases December 2022' - Cover Sheet for Meeting dated 12th January 2023 and attached MHPS Formal Cases.

6. 'MHPS CASES FEBRUARY 2023' - Cover Sheet for Meeting dated 9th February 2023 and attached MHPS Formal Cases.

NOTE:

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

Statement of Truth

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

Personal Information redacted by the USI

Signed: _____

Date: 24th February 2023



Training Plan

Maintaining High Professional Standards (MHPS)

Lead Author & Job Title:	Zoe Parks, Head of Medical HR
Directorate responsible for document:	HROD
Issue Date:	TBC – once approved
Review Date:	TBC – once approved



Document Checklist

Document name:	Training Plan – Maintaining High Professional Standards
Lead Author & Job Title:	Zoe Parks, Head of Medical HR
Director responsible::	Mrs Vivienne Toal, Director of HROD
Directorate responsible:	HROD
Date approved by SMT:	Click here to enter a date.
Date approved by Trust Board:	Click here to enter a date.
Circulated to:	Eg Directors, Assistant Directors, Heads of Service for onward distribution to line managers, Global email, Staff Newsletter
Document uploaded to:	Eg SharePoint, Trust website

Version Control

Version:	Version 1.0		
Version History			
Version	Notes on revisions/modifications and who document was circulated or presented to	Date	Lead Policy Author
1.0	New document	September 2022	Zoe Parks

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1.0 INTRODUCTION

Maintaining High Professional Standards (MHPS), DHSSPS, November 2005, states at Section VI, paragraph 1:

“Employers must ensure that managers and Case Investigators receive appropriate training in the operation of formal performance procedures. Those undertaking investigations or sitting on disciplinary or appeals panels must have had formal equal opportunities training before undertaking such duties. The Trust Board must agree what training its staff and its members have completed before they can take a part in these proceedings.”

This Training Plan therefore sets out the agreed training requirements to enable the effective implementation of MHPS in the Southern HSC Trust.

Training must be completed and in date before any member of staff can undertake a role under the MHPS Framework.

Training records will be maintained by Medical Staffing Team, HR & OD Directorate.

Staff involved in the implementation of MHPS also require equality e-learning (Corporate Mandatory Training).

2.0 SCOPE OF GUIDANCE

This guidance applies to all medical and dental staff however it is also relevant for all those who have a role in managing concerns about doctors; including non-executive directors, senior operational managers and HR Case Support staff.

3.0 TYPES OF TRAINING IN SHSCT

This Southern Trust Training Plan set out three Tiers of Training programme.

Tier 1: Non-Executive Directors/ Trust Board Training
Tier 2: Formal Case Manager & Case Investigator Training
Tier 3: Managing low-level concerns – for all Clinical/operational managers

5.0 SOURCES OF ADVICE AND FURTHER INFORMATION

This document has been developed with reference to the following, published by NHS Revalidation support team (please click for reference):

- [Guidance for recruiting for the delivery of case investigator training \(RST, 2014\)](#)
- [Guidance for recruiting for the delivery of case manager training \(RST, 2014\)](#)
- [Case investigator person specification and competencies \(RST, 2012\)](#)
- [Case manager person specification and competencies \(RST, 2012\)](#)

The links below are also useful background reading for Case Investigators and Case Managers:

- [NHS England » Useful reading for case investigators and case managers](#)
- [Southern Trust Supporting Doctors in Difficulty HUB](#)

5.0 Training Plan – Trust Board Training – MHPS

Training Name	MHPS Procedures for full Trust Board
Refresh required	Every 2 years
Externals Involved	DLS – Legal Adviser with Trust support
Duration	1 Half Day
Date and Time	This training will be arranged as required and communicated to Trust Board
Logistics Required	Online or Face to Face. Records of Training Attendance to be recorded by facilitator and returned to Medical HR
Room Arrangements	Computer and Wi-Fi access

Training Objectives:	By the end of course, delegates will:
▪ Have an understanding of the Maintaining High Professional Standards Framework and the Trust Guidelines 2022	
▪ Understand the Informal & Formal procedures outlined with MHPS and Trust Guidelines 2022	
▪ Know how MHPS interfaces with appraisal & revalidation, NHS Resolution/PPA, Remedial Action/Back on Track	
▪ Gain an overview of how risk and patient safety is managed under MHPS Framework	
▪ Be clear on expectations of role and responsibilities as Chief Executive, Medical Director, Director of HR, Designated Board member and /or Panel member within MHPS	
▪ Know the specific arrangements that apply when a formal exclusion is implemented	
▪ Gain an overview of the legal challenges that can result from MHPS cases	
▪ Be clear on MHPS reporting to governance committee	

5.0 Training Plan – Case Manager (MHPS) Secondary Care

	Case Manager Training (Secondary Care). This 2 day course has been designed for anyone who undertakes the case manager role in MHPS investigations about doctors/dentists which may emerge from the processes underpinning revalidation or from concerns raised about performance. *This training (or a recognised equivalent) is considered mandatory for Medical Director, all Divisional/Deputy Medical Directors. The Director of HR must also attend this training for awareness.
	Trained case managers are required to attend retraining every 3 years
	NHS Resolution (or a recognised alternative)
	Min. 1 full day
	This training will be arranged annually or biannually (every 2 years) and communicated to all clinical managers
	This is Face to Face Training requiring suitable venue. Records of Training Attendance to be recorded by facilitator and returned to Medical HR
	Computer and Wi-Fi access

Training Objectives:	By the end of course, delegates will be able to:
▪	Outline the key principles and frameworks that ensure a fair, proportionate and just response to concerns raised including Maintaining High Professional Standards in the modern NHS (MHPS)
▪	Know how to source, gather and analyse data to inform decisions and recommendations
▪	Consider when an investigation is and is not appropriate and other options for resolution of performance concerns
▪	Explain the role and responsibilities of the Case Manager and how these differ to those of the Case Investigator
▪	Write a set of Terms of Reference which are robust, meaningful and effective
▪	Plan for and undertake a crucial conversation in a way that balances the protection of patient safety and the support for the practitioner and doesn't jeopardise future working relationships. Opportunity to practice skills including to practice the skills a case manager requires.
▪	Manage the investigation, identify bias and manage potential conflicts of interest
▪	Describe interventions that may be offered to resolve a performance concern
•	Formulate high quality, robust reports that can withstand scrutiny and challenge
▪	Describe the appeals process

- **Course Topics:** Introduction to case management, Understanding performance concerns, Planning for a performance conversation, Preliminary analysis, What do we mean when we say 'investigation?', Commissioning an investigation, Terms of Reference (ToR), Roles & Responsibilities, Reviewing the case investigation report, Decision making, Writing the management case, Panel hearings, Appeals, Interventions to resolve concerns, Sources of support, Embedding the learning.

5.0 Training Plan – Case Investigator (MHPS) Secondary Care

Training Name	Case Investigator (Secondary Care) MHPS. This 2 day interactive course is designed for anyone who undertakes the case investigator role in investigations about doctors/dentists which may emerge from processes underpinning revalidation or from concerns raised about performance. *This training (or a recognised equivalent) is considered mandatory for all our Clinical Directors and HR Case Support Staff
Refresh required	Trained case Investigators are required to attend retraining every 3 years
Externals Involved	NHS Resolution (or a recognised alternative)
Duration	2 full days
Date and Time	This training will be arranged annually or biannually (every 2 years) and communicated to all consultants
Logistics Required	This is Face to Face Training requiring suitable venue Records of Training Attendance to be recorded by facilitator and returned to Medical HR
Room Arrangements	Computer and Wi-Fi access

Training Objectives:	By the end of course, delegates will be able to:
▪	explore how concerns about a practitioner's practice arise and identify the most common factors affecting performance
▪	explain why the decision to investigate is made and suggest other options to resolve performance concerns
▪	describe roles and responsibilities for those involved in investigations
▪	plan for an investigation which meets national requirements
▪	describe the principles of robust and meaningful terms of reference and know how to work within them
▪	collect, review and weight evidence
▪	conduct an investigative interview using a structured approach, including the PEACE model.
▪	recognise the key skills and attributes of a case investigator
•	recognise their own limits of competence and access sources of support and expertise
▪	reference relevant national/local standards
▪	write an investigation report with conclusions
▪	describe the potential legal challenges to an investigation

- **Course Topics:** Dealing with concerns about a practitioner's practice; investigation roles and responsibilities; starting the investigation; gathering evidence; interviewing witnesses; report writing; supporting the practitioner; responding to legal challenges; support for case investigators

5.0 Training Plan – Managing Low-Level Concerns

Training Name	Managing low-level Concerns. *This training is considered mandatory for all our Clinical Directors, Clinical Leads and operational Heads of Service, Assistant Directors.
Refresh required	Every 3 years
Externals Involved	No. Trust delivered. Reference to Trust Guidance and systems for managing concerns
Duration	1 Half day
Date and Time	This training will be arranged twice yearly and offered to all Clinical Directors, Clinical Leads and operational Heads of Service, Assistant Directors
Logistics Required	Face to Face, online or Recorded Webinar Training Records of Training Attendance to be recorded by facilitator and returned to Medical HR
Room Arrangements	Computer and Wi-Fi access

Training Objectives:	By the end of course, delegates will be able to:
▪	Understand what to do when a concern first arises
▪	Know where to locate guidance and support
▪	Describe the clear practical steps to follow to ensure an effective and consistent response in line with accepted standards
▪	Know how to use risk templates to help assess and effectively identify if a concern is low-level or needs escalating
▪	Understanding of the Just Culture approach to managing concerns
▪	Clear on the importance of documentation
▪	Aware of the role of the Doctors & Dentists Oversight Group and reporting of all established concerns to Chief Executive
▪	Understand what support can be offered to practitioners

Appendix: Training Calendar 2022/23

Training Calendar for 2022/23																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Oct 22																				*Case Investigator												
Nov 22										*Case Manager																						
Dec 22																																
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Feb 23																																
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Dec 23																																

*Facilitated by NHS Resolution



COVER SHEET

Meeting and Date of meeting	Trust Board 29 th September 2022	
Title of paper	Maintaining High Professional Standards – Training Plan	
Accountable Director	Name	Vivienne Toal
	Position	Director of HR & OD
Report Author	Name	Zoe Parks – Head of Medical Staffing
	Email	Personal Information redacted by the USI
This paper sits within the Trust Board role of:	Accountability	
This paper is presented for:	Approval	
Links to Trust Corporate Objectives	☒	Promoting Safe, High Quality Care
	☐	Supporting people to live long, healthy active lives
	☐	Improving our services
	☒	Making best use of our resources
	☒	Being a great place to work – supporting, developing and valuing our staff
	☐	Working in partnership

	<i>The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).</i> <i>Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee</i>
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1. Detailed summary of paper contents:

Maintaining High Professional Standards (MHPS) in the NHS Framework sets out a requirement in Section VI Paragraph 1: *“The Trust Board must agree what training its staff and its members have completed before they can take part in these proceedings.”*

The attached MHPS Training Plan sets out three levels of training to enable the effective implementation of MHPS in the Southern HSC Trust by those with designated roles under the Framework. Implementation of the Training Plan ultimately seeks to ensure safe, high quality care for patients by training our HR, Medical and General Management leaders to address performance concerns relating to medical staff fairly, supportively and in accordance with the Framework.

The Trust Board is asked to approve the MHPS Training Plan.

2. Areas of improvement/achievement:

This is one of a number of improvements in professional medical governance arrangements arising from learning relating to the ongoing USI Public Inquiry process.

The inclusion of new training at the third tier – *Managing Low Level Concerns* and the inclusion of Clinical Directors, Clinical Leads, Heads of Service and Assistant Directors is important to ensure knowledge of what to do when performance concerns first arise.

3. Areas of concern/risk/challenge:

NHS Resolution delivers both Case Investigator and Case Manager training sessions. Each 2 day programme costs £6,450 for 24 delegates on each programme. Given the cost, it is vital that our medical leaders commit to attending so that the Trust gains maximum value for money for these training programmes.

4. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.

Corporate Risk Register	Links to USI risk – which aligns clearly to our corporate objective of ensuring safe, high quality care.
Board Assurance Framework	
Equality and Human Rights	

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GOVERNANCE COMMITTEE COVER SHEET

Meeting Date	8 th September 2022	
Agenda item	MHPS	
Accountable Director	Interim Medical Director Director of HROD	
Report Author	Name	Vivienne Toal, Director of HROD
	Email Address	Personal Information redacted by the USI
This paper is presented for: Information		
Links to Trust Corporate Objectives	☒	Promoting Safe, High Quality Care
	☐	Supporting people to live long, healthy active lives
	☐	Improving our services
	☐	Making best use of our resources
	☐	Being a great place to work – supporting, developing and valuing our staff
	☐	Working in partnership

	This report cover sheet has been prepared by the Accountable Director.	
	Its purpose is to provide the Trust Committee with a clear summary of the paper being presented, with the key matters for attention and the ask of the Committee.	
	It details how it impacts on the people we serve.	

1. Detailed summary of paper contents:

The 4 areas outlined in this paper outline a number of areas of improvement progressed to date in relation to the Trust's implementation of MHPS Framework, following emerging learning from Urology Public Inquiry.

2. Areas of improvement/achievement:

- i. Strengthening of Doctor & Dentist MHPS Oversight Arrangements
- ii. Introduction of written notification of all MHPS to CX on a monthly basis following Doctor & Dentist MHPS Oversight Meetings
- iii. Introduction of (anonymised) reporting to Governance Committee of all formal MHPS cases on a quarterly basis
- iv. Development of formal MHPS training plan for Trust Board approval

v. Areas of concern/risk/challenge:

- MHPS Framework continues to be a complex document to navigate, with some roles and responsibilities not clearly defined. The DOH has committed to an urgent review of the MHPS framework as advised to all Trust HR Directors in July 2022.
- Timescale under the MHPS framework for formal investigations to be completed within 4 weeks continues to be unrealistic; however, the monthly oversight group meetings provide a means for regular review of progress and monitoring of timescales / delays.
- The Trust's 2017 Guidelines, which sit alongside the MHPS Framework, are currently undergoing review in light of Public Inquiry learning.

vi. Impact: Indicate if this impacts with any of the following and how:	
Corporate Risk Register	Urology Public Inquiry risk – minimising reputational damage and ensuring lessons are learned and improvements made.
Board Assurance Framework	
Equality and Human Rights	

The following 4 areas outlined below relate to areas of improvement developed in relation to the Trust's implementation of MHPS Framework, following emerging learning from Urology Public Inquiry.

1. Doctor & Dentist Oversight Group (monthly)

The Purpose of the Medical and Dental Oversight Group is to support the Responsible Officer / Medical Director in the discharge of statutory responsibilities by ensuring there is;

- a process for review of all cases where a practitioner's practice, conduct, or health gives cause for concern,
- regular review of all cases where a practitioner is subject to procedures under Maintaining High Professional Standards in a Modern HPSS (MHPS),
- regular review of all cases where a practitioner is subject to Fitness to Practice procedure (or restriction to practice or similar sanction) of the GMC, GDC or any national professional regulatory body of another sovereign state,
- no undue delays in addressing practitioner performance issues.
- adequate support, guidance for clinical managers and individual practitioners
- consistency in approach and decision making where appropriate across the organisation

The members of the Medical and Dental Oversight Group comprise:

- Responsible Officer / Medical Director (Chair)
- Director of HR

In attendance:

- Deputy Medical Director (Workforce)
- Senior Manager MD Office
- Head of Medical HR

During their relevant timeslot:

- Divisional Medical Director from the Service
- Director of Service or a nominated deputy

Terms of Reference of Oversight Group

Divisional Medical Directors are to use the monthly oversight meeting to discuss all medical and dental practitioners employed within their Directorate, or engaged via Agency for whom concerns have been raised. This applies to any medical or dental practitioner registered with the GMC and/or GDC who is currently employed, engaged or was employed at the time concerns arose. Termination of employment,

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for whatever reason, does not necessarily end Trust responsibility in terms of MHPS or regulatory Fitness to Practice procedures.

Concerns about professional practice include:

- all practitioners for which a concern has been established but may need further managed/investigated (i.e. following a screening / preliminary enquiries)
- all practitioners subject to formal procedures under MHPS
- all Fitness to Practice procedures with regulatory agencies
- restrictions, undertakings, suspensions or other sanctions imposed by a regulatory agency,
- all cases where NHS Resolution (formerly NCAS) has provided advice or assessment,
- all practitioners subject to a remediation process e.g. action plans
- practitioners whose performance has been called into question through appraisal and/or governance systems (as determined by the Responsible Officer),
- and all doctors for whom a recommendation to revalidate could not be provided at the time requested by GMC.

Divisional Medical Directors will attend these monthly meetings to update on any concerns within their own specialty area. Individual timeslots are allocated for the DMD and Operational Director to link up with the Oversight Group to ensure confidentiality.

2. Notification of concerns to the Chief Executive

Following each monthly Oversight Group, the Head of Medical Staffing will prepare the summary report of all concerns discussed for the Medical Director to present to the Chief Executive. These will be informal and formal concerns.

Where the concern is to be managed formally under MHPS, the Chief Executive will agree with the Medical Director both the Case Manager and Case Investigator, and request the appointment of a Designated Board Member from the Chair.

This structured notification process will be effective from 1st September 2022, with the first report presented to Chief Executive following the August Oversight Group meeting.

3. Reporting of formal MHPS cases to Governance Committee

All anonymised formal cases under MHPS will be notified quarterly to Governance Committee in confidential section. This will commence in September 2022.

4. Approval of MHPS Training Plan

A formal training plan for MHPS has been developed to formally document the various training requirements and refresh time periods for all those with responsibilities in relation to MHPS. This will be presented for approval to Trust Board in September 2022.

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GOVERNANCE COMMITTEE COVER SHEET

Meeting Date	8 September 2022	
Agenda item	MHPS – Open Formal Cases	
Accountable Director	Interim Medical Director Director of HROD	
Report Author	Name	Zoe Parks: Head of Medical HR
	Email Address	Personal Information redacted by the USI
This paper is presented for: Information		
Links to Trust Corporate Objectives	☒	Promoting Safe, High Quality Care
	☐	Supporting people to live long, healthy active lives
	☐	Improving our services
	☐	Making best use of our resources
	☐	Being a great place to work – supporting, developing and valuing our staff
	☐	Working in partnership

	This report cover sheet has been prepared by the Accountable Director.	
	Its purpose is to provide the Trust Committee with a clear summary of the paper being presented, with the key matters for attention and the ask of the Committee.	
	It details how it impacts on the people we serve.	

1. Detailed summary of paper contents:

The purpose of this paper is to provide a report to Governance Committee summarising the formal Maintaining High Professional Standards cases. (Medical & Dental staff)

- There are currently 0 exclusions in place.
- There is currently 1 formal MHPS case (Personal Information) actively undergoing investigation.
- There is 1 formal MHPS case (Personal Information) on hold (pending a disciplinary hearing) on advice from DLS as we await conclusion of PSNI fraud investigations. The GMC are also completing their investigation into the clinical concerns, which is expected to conclude early October 22.
- There are 2 formal MHPS cases which have concluded but are currently working through actions plans to facilitate return to full practice. (detailed below)
 - (Personal Information) – This consultant is participating in an action plan to reintegrate them back into full remit of their role, with assistance of NHS Resolution **by end of December 2022**.
 - (Personal Information) – This consultant is participating in a 9 month action plan (approved by NHS Resolution) and in line with GMC conditions to reintegrate them back into full remit of role **by end of March 2023**.

2. Areas of improvement/achievement:

- All training for those currently in designated roles for active cases has been completed and is in date.

3. Areas of concern/risk/challenge:

Timescales: 4 weeks timescales as expected within MHPS for the completion of a case investigation is extremely challenging, given our investigators are also full time clinicians.

- Case (Personal Information): The case investigation was delayed 3 weeks in July due to annual leave both of the consultant subject to the investigation and the case investigator. The case investigator is working to conclude witness interviews and complete the case report **by 9th September 2022**.
- Case (Personal Information): This case has been on-hold pending update from PSNI and GMC investigations. The GMC expect their expert report by 12 Sept 2022 which will then be sent to Case examiners to determine action or if the case will proceed to a MPTS (Medical Practitioner Tribunals Service). They expect this decision **by 3 October 2022**.

4. Impact: Indicate if this impacts with any of the following and how:

Corporate Risk Register	N/A
Board Assurance Framework	
Equality and Human Rights	No

Maintaining High Professional Standard Formal Cases

September 2022



FORMAL MHPS CASES – SEPTEMBER 2022

Personal Information	20.5.22	Involved: Consultant Concerns raised by patient who Consent for this procedure later questioned by patient, as not having been given pre-procedure. Preliminary Enquiry report completed on 31 st May 2022.	Dr G Hampton, DMD Emergency Medicine <i>Trained Oct 20</i>	Dr T Kane, Consultant Psychiatrist <i>Trained Jan 20</i>	Mrs P Leeson	No restrictions. Currently at work	Yes advice given Ref	Yes – the doctor has self-referred to GMC	SPPG SAI reference 3 SAI notification submitted 27/05/2022 Patient has had reversal of sterilisation	Terms of Reference issued for investigation on 14 th June 2022. MHPS Case investigator report expected by 9 th September 2022.
Personal Information	24/7/20	Involved: Locum Registrar (Trust Bank) Concerns re responsiveness of locum doctor out of hours Also concerns re fraud with overlap of shifts between .	Dr P Murphy DMD Medicine <i>Trained Oct 20</i>	Dr T Kane Consultant Psychiatrist <i>Trained Jan 20</i>	Ms E Mullan	Not currently working in SHSCT	Yes Ref	Yes Trust referred concerns to GMC 30.6.21 GMC is investigating	SAI in relation to clinical case. SAI REF Completed.	MHPS Determined on 26 th Jun 2021 - referral to Disciplinary Hearing. This is ON HOLD pending PSNI investigations as per DLS advice. No Timescale so seeking updated legal view.
Personal Information	23/7/20 Closed: 27.9.21 Disciplinary outcome.	Involved: Consultant Concerns re allegations of bullying, harassment and victimisation from colleagues within department. Not related to any clinical concerns	Mr D Gilpin Consultant Surgeon (retired) <i>Trained Jan & Oct 2020</i>	Dr N Chada Consultant Psychiatrist (retired) <i>Trained Mar 17</i>	Mrs G Donaghy	Currently restricted to outpatients work but plan in place to phase back to full clinical duties.	Yes Ref	No	No	MHPS completed. Disciplinary Hearing concluded – formal warning. Mediation taking place between consultants and colleagues to integrate back into full role.
Personal Information	16/3/21 Closed 22.10.21 NCAS Action Plan	Involved: Consultant Concerns re Clinical Performance raised by colleagues following clinical incident (never event) on .	Dr P Murphy DMD Medicine <i>Trained Oct 20</i>	Dr C Clarke Consultant ICU <i>Trained Jan 20</i>	Mr M McDonald	Currently under direct supervision	Yes Ref	Yes – GMC Conditions in place	SAI Level 1 REF ongoing	MHPS completed with formal NCAS Action Plan in place to integrate back into full role.

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GOVERNANCE COMMITTEE COVER SHEET

Meeting and Date of meeting	Confidential Governance Committee 12 th January 2023	
Agenda item	MHPS – Open Formal Cases	
Accountable Director	Name	Dr S Austin
	Position	Medical Director
Report Author	Name	Zoe Parks: Head of Medical HR
	Email Address	Personal Information redacted by the USI
This paper sits within the Trust Board role of: Accountability		
This paper is presented for: Information		
Links to Trust Corporate Objectives	☒	Promoting Safe, High Quality Care
	☐	Supporting people to live long, healthy active lives
	☐	Improving our services
	☐	Making best use of our resources
	☐	Being a great place to work – supporting, developing and valuing our staff
	☐	Working in partnership

	<i>The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).</i> <i>Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee</i>
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1. Detailed summary of paper contents:

The purpose of this paper is to provide a report to Governance Committee summarising the formal Maintaining High Professional Standards cases. (Medical & Dental staff)

- There are currently 0 exclusions in place; there are 3 doctors are currently subject to restrictions on practice.
- There is currently 1 new formal MHPS case (Personal Information) actively undergoing investigation.
- There is 1 formal MHPS case (Personal Information) which had been on hold. The Trust is now proceeding to a disciplinary hearing having obtained clearance from PSNI and fraud investigations.
- There is one formal MHPS case (Personal Information) which has now been closed. An informal warning will be issued by his Divisional Medical Director to remain on file for 6 months.
- There are 2 formal MHPS cases which have concluded but continue to work through action plans to facilitate return to full practice. (detailed below)
 - (Personal Information) – This consultant is participating in an action plan to reintegrate them back into full remit of their role. It was hoped this would complete by end of December but due to an unsuccessful mediation programme between Consultant and staff in (Personal Information redacted by the USI), a plan is now in place (with assistance from NHS Resolution) to reintegrate back into acute practice on (Personal Information redacted by the USI).
 - (Personal Information) – This consultant is participating in a 9 month action plan (approved by NHS Resolution) to reintegrate them back into full remit of role by March 2023. GMC Conditions are now no longer required for this doctor.

2. Areas of improvement/achievement:

- All training for those currently in designated roles for active cases has been completed.

3. Areas of concern/risk/challenge:

Timescales: 4 weeks timescales as expected within MHPS for the completion of a case investigation is extremely challenging, given our investigators are also full time clinicians.

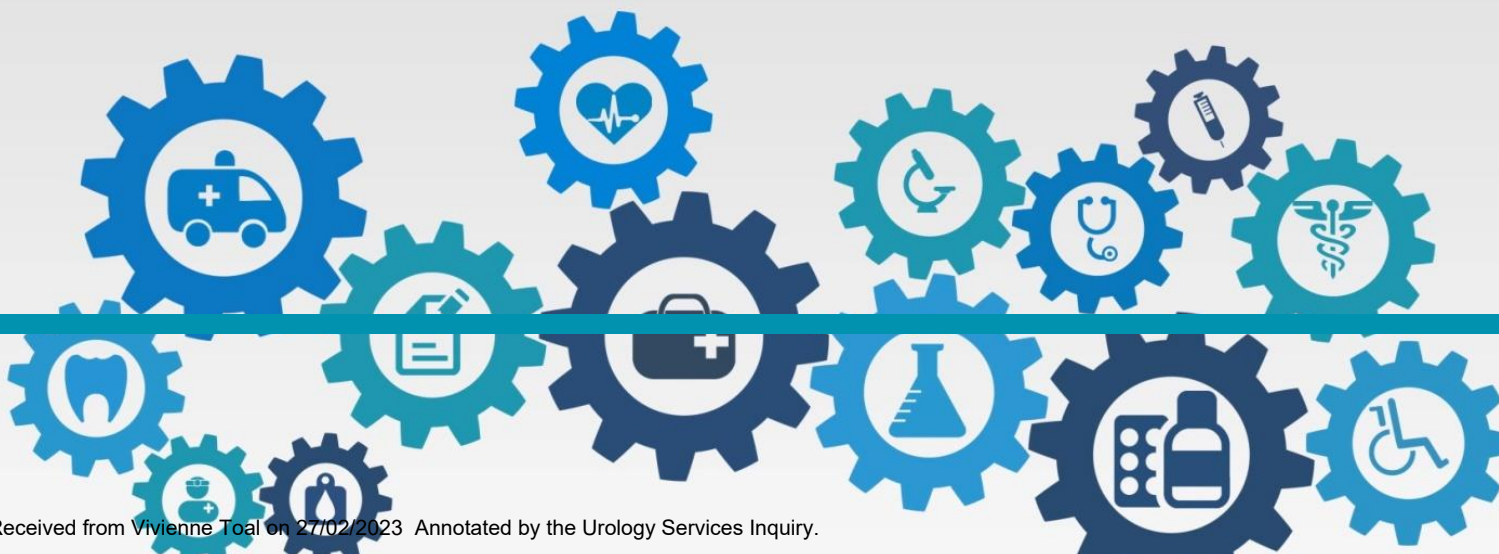
- Case (Personal Information): This case is now complete however, the timescale was longer than the expected 4 weeks, largely due to annual leave of Case Investigator and Consultant subject to investigation. Timescale was a total of 5 months.
- Case (Personal Information): This case has been on-hold pending update from PSNI fraud investigators but the Trust now plans to proceed to disciplinary hearing, which is currently being organised. This doctor has not worked locum shifts in the Southern Trust since July 2020.

4. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.

Corporate Risk Register	N/A
Board Assurance Framework	
Equality and Human Rights	No

Maintaining High Professional Standard Formal Cases

December 2022



FORMAL MHPS CASES – AS AT DECEMBER 2022

New Case since last Quarter:

Ref	Case Opened	Summary	Case Manager	Case Investigator	NED assigned	Any restrictions/exclusions?	Is NHS Resolution involved?	Has GMC been informed?	Impact on Patient Care / associated SAI	Timescales
Personal Information	14.10.22	Consultant Personal Information redacted by the HSA Conduct/behaviour concerns	Mrs B Adams Trained Oct 22	Mr D Gilpin Trained Oct 22	Mrs H McCartan	Consultant Supervision No on-call No teaching	Yes REF Personal Information	ELA Advice 15.9.22 No referral	N/A	MHPS Case investigator report expected 27 January 23 Terms of Reference issued on 22 Nov 22

Previous Case reported:

Ref	Case Opened	Summary	Case Manager	Case Investigator	NED assigned	Any restrictions/exclusions?	Is NHS Resolution involved?	Has GMC been informed?	Impact on Patient Care / associated SAI	Timescales
Personal Information	24/7/20	Involved: Locum Registrar Personal Information (Trust Bank) Concerns re responsiveness of locum doctor out of hours Personal Information. Also concerns re fraud with overlap of shifts between Personal Information and Personal Information.	Dr P Murphy DMD Medicine Trained Oct 20	Dr T Kane Consultant Psychiatrist Trained Jan 20	Ms E Mullan	Not currently working in SHSCT	Yes Ref Personal Information	GMC 30.6.21 GMC investigating	SAI in relation to clinical case. SAI REF Personal Information Completed.	MHPS Determined on 26.6.21 referral to Disciplinary Hearing. Counter Fraud and PSNI have advised we can proceed. Trust in early stages of setting up professional conduct Disciplinary Hearing. No date confirmed as yet.

Closed Cases

Personal Information will be removed next Quarter. The remaining two cases will be removed once they have completed their reintegration Action Plans.

Ref	Case Opened	Summary	Case Manager	Case Investigator	NED assigned	Any restrictions/exclusions?	Is NHS Resolution involved?	Has GMC been informed?	Impact on Patient Care / associated SAI	Timescales
Personal Information	20.5.22 Closed 16 November 2022 Informal Warning to be issued.	Involved: Consultant Personal Information Concerns raised by patient who Personal Information redacted by the USI. Consent for this procedure later questioned by patient, as not having been given pre-procedure. Preliminary Enquiry report completed on 31 st May 2022.	Dr G Hampton, DMD Emergency Medicine <i>Trained Oct 20</i>	Dr T Kane, Consultant Psychiatrist <i>Trained Jan 20</i>	Mrs P Leeson	No restrictions. Currently at work	Yes advice given Ref Personal Information	Yes – the doctor has self-referred to GMC	SPPG SAI reference Personal Information, Level 3 SAI notification submitted 27/05/2022 Patient has Personal Information redacted by the USI	Terms of Reference issued on 14 th June 2022. MHPS Case investigator report completed 30 September 2022 Case Manager Decision sent 16 November 22.
Personal Information	23/7/20 Closed: 27.9.21 Disciplinary outcome. Formal Warning	Involved: Consultant Personal Information redacted by the USI. Concerns re allegations of bullying, harassment and victimisation from colleagues within department. Not related to any clinical concerns	Mr D Gilpin Consultant Surgeon (retired) <i>Trained Jan & Oct 2020</i>	Dr N Chada Consultant Psychiatrist (retired) <i>Trained Mar 17</i>	Mrs G Donaghy	Currently restricted to outpatients work but plan in place to phase back to full clinical duties.	Yes Ref Personal Information	No	No	MHPS completed. Disciplinary Hearing concluded – formal warning. Mediation unsuccessful so plan in place to reintegrate & reskill consultant on Personal Information site.
Personal Information	16/3/21 Closed 22.10.21 NCAS - 9 month Action Plan	Involved: Consultant Personal Information redacted by the USI. Concerns re Clinical Performance raised by colleagues following clinical incident (never event) on 3.3.21	Dr P Murphy DMD Medicine <i>Trained Oct 20</i>	Dr C Clarke Consultant ICU <i>Trained Jan 20</i>	Mr M McDonald	Currently under direct supervision	Yes Ref Personal Information	Yes – GMC Conditions in place	SAI Level 1 REF Personal Information ongoing	MHPS completed with formal NCAS Action Plan to integrate back into full role. Due to complete March 2023

COVER SHEET

Meeting Date	9 th February 2023	
Agenda item	MHPS – Open Formal Cases	
Accountable Director	Name	Dr S Austin
	Position	Medical Director
Report Author	Name	Zoe Parks: Head of Medical HR
	Email Address	Personal Information redacted by the USI
This paper sits within the Trust Board role of: Accountability		
This paper is presented for: Information		
Links to Trust Corporate Objectives	☒	Promoting Safe, High Quality Care
	☐	Supporting people to live long, healthy active lives
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	<i>The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).</i> <i>Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee</i>
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1. Detailed summary of paper contents:

The purpose of this paper is to provide a report to Governance Committee summarising the formal Maintaining High Professional Standards cases. (Medical & Dental staff)

- There are currently 0 exclusions in place; there are 2 doctors are currently subject to restrictions on practice.
- There is currently 1 formal MHPS case [Personal Information redacted by USI] actively undergoing investigation.
- There is 1 formal MHPS case [Personal Information redacted by USI] which had been on hold. The Trust is now proceeding to a disciplinary hearing having obtained clearance from PSNI and fraud investigations. Awaiting engagement from the doctor, who is out of the country until 31 January 23.
- There are 2 formal MHPS cases which have concluded but continue to work through NHS Resolution action plans to facilitate return to full practice. (detailed below)
 - [Personal Information] – This consultant is reintegrating back into full remit of their role on a different site. A new action plan addressing behavioural aspects is currently being considered (designed by NHS Resolution) to help reintegrate back into their role.
 - [Personal Information] – This consultant is participating in a 9 month action plan (approved by NHS Resolution) to reintegrate them back into full remit of role **by March 2023**.

2. Areas of improvement/achievement:

- All training for those currently in designated roles for active cases has been completed.

3. Areas of concern/risk/challenge:

Timescales: 4 weeks timescales as expected within MHPS for the completion of a case investigation is extremely challenging, given our investigators are also full time clinicians.

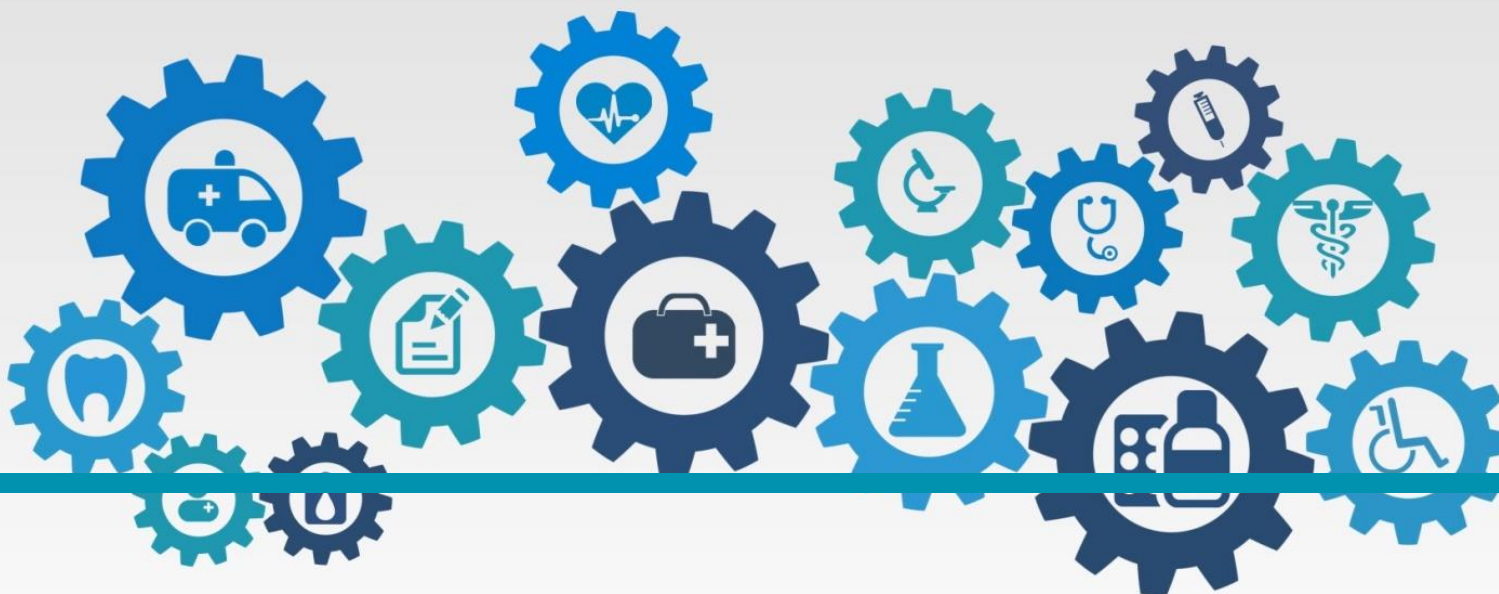
- Case [Personal Information] This case reissued Terms of Reference on 1 December following a requested change from the practitioner. Given the Christmas holidays and some pre planned leave of the investigator, it was agreed with the individual and their representative that the case investigation would aim to complete by end of January 23.
- Case [Personal Information] This case has been on-hold pending update from PSNI fraud investigators but the Trust has now shared counter fraud report with the doctor prior to a disciplinary hearing. This doctor has not worked locum shifts in the Southern Trust since July 2020.

4. Impact: Indicate if this impacts with any of the following and how:

Corporate Risk Register	N/A
Board Assurance Framework	
Equality and Human Rights	No

Maintaining High Professional Standard Formal Cases

January 2023



FORMAL MHPS CASES – AS AT JANUARY 2023

No New Cases this Quarter**Previous Formal Cases reported**

Ref	Case Opened	Summary	Case Manager	Case Investigator	NED assigned	Any restrictions/exclusions?	Is NHS Resolution involved?	Has GMC been informed?	Impact on Patient Care / associated SAI	Timescales
Personal Information	14.10.22	Consultant Personal Information redacted by the LSI Conduct/behaviour concerns	Mrs B Adams Trained Oct 22	Mr D Gilpin Trained Oct 22	Mrs Hilary McCartan	Consultant Supervision No on-call No teaching	Yes REF Personal Information	ELA Advice 15.9.22 No referral	N/A	MHPS Case investigator report due 31 January 23 Terms of Reference issued on 22 Nov 22
Personal Information	24/7/20	Involved: Locum Registrar (Trust Bank) Concerns re responsiveness of locum doctor out of hours Also concerns re fraud with overlap of shifts between and	Dr P Murphy DMD Medicine Trained Oct 20	Dr T Kane Consultant Psychiatrist Trained Jan 20	Ms E Mullan	Not currently working in SHSCT	Yes Personal Information	GMC 30.6.21 GMC investigating	SAI in relation to clinical case. SAI REF Completed.	MHPS process determined on 26.6.21 referral to a Disciplinary Hearing. Could not proceed due to PSNI investigation. Counter Fraud Report now shared with doctor in for comment. No response to date. Doctor out of country until If no engagement will proceed to Disciplinary Hearing in absence to determine final outcome.

Closed Cases

These two cases will be removed once they have completed their reintegration NHS resolution approved Action Plans.

Ref	Case Opened	Summary	Case Manager	Case Investigator	NED assigned	Any restrictions/ exclusions?	Is NHS Resolution involved?	Has GMC been informed?	Impact on Patient Care / associated SAI	Timescales
Personal Information	23/7/20 Closed: 27.9.21 Disciplinary outcome. Formal Warning	Involved: Consultant Personal Information redacted by the ULS Concerns re allegations of bullying, harassment and victimisation from colleagues within department. Not related to any clinical concerns	Mr D Gilpin Consultant Surgeon (retired) <i>Trained Jan & Oct 2020</i>	Dr N Chada Consultant Psychiatrist (retired) <i>Trained Mar 17</i>	Mrs G Donaghy	Currently working on Personal Information with a new action plan under consideration.	Yes Ref Personal Information	No	No	MHPS completed. Disciplinary Hearing concluded – formal warning. Mediation unsuccessful so plan in place to reintegrate & reskill consultant on Personal site. NHS resolution action plan to address behavioural concerns received Jan 2023
Personal Information	16/3/21 Closed 22.10.21 NCAS - 9 month Action Plan	Involved: Consultant Personal Information redacted by the ULS Concerns re Clinical Performance raised by colleagues following clinical incident (never event) on 3.3.21	Dr P Murphy DMD Medicine <i>Trained Oct 20</i>	Dr C Clarke Consultant ICU <i>Trained Jan 20</i>	Mr M McDonald	Currently under supervision with action plan in place	Yes Ref Personal Information	Yes	SAI Level 1 REF Personal Information ongoing	MHPS completed with formal NCAS Action Plan to integrate back into full role. Due to complete March 2023