

Date	9 th October 1995	3 June 2013	20 June 2013	20 June 2013	21 June 2013	24 June 2013
Event	Appointed Consultant Surgeon	Meeting held with E, in attendance CD1 and AMD3. Info incorrect (Please note that meeting was held between Clinical Director and Neurosurgery Clinical lead. Consultant colleague in attendance to support for E)	Meeting held with MD1, in attendance CD1 and GM.	Letter MD1 to CD1 and GM requesting external Royal College of Surgeons review into E's practice.	Meeting held with E, in attendance CD1, HR Business Lead and Consultant 1.	Letter received from E to CD1 What letter? There is an acceptance email from E to CD
Supplementary Info	Confirmation of GMS registration. Curriculum Vitae. Note of appointment panel. [redacted] documentation. Letter of appointment. Staff engagement form. Honorary appointment letter. Job plan. [redacted] . Additional EPA's correspondence. References.	Discussion regarding escalating number of complaints and Significant Clinical Event Analysis. Performance issue raised, and chosen to address at Clinical Director level in the first instance. E had reflected and agreed to alter practice significantly. Agreement that any other issues would be dealt with within the appraisal	Concerns shared with MD1 re E. List of complaints which reflected emerging common themes about E's practice with a particular focus on poor communication between E, his colleagues and his patients. MD1 informed Clinical Director and General Manager of a further case of wrong level surgery.	Personal File & MD1 Office	E was advised that since the last meeting on 3 June 2013, two further complaints had been received and there was now a requirement to implement formal measures in response to the concerns raised. Advised of an external review commissioned by MD1. Advised that pending this review, measures will be implemented to	MD1 Office

		<p>and revalidation system and no requirement for any additional input at this juncture.</p>	<p>MD1 to seek to commission an external review into E's practice through the Royal College of Surgeons (RCS) London.</p> <p>Practice adjustments restrictions to be agreed and placed on E's practice by Clinical Director and Clinical Lead for Neurosurgery</p>		<p>support E.</p> <p>Clinical Practice to be supervised by Clinical Lead through reflective discussions with CL.</p> <p>Advised he would not participate in on-call rota and junior staff were not to undertake cases on his behalf, teaching responsibilities to continue. (I do not recollect that this is correct-email form CL 25 June advising that clinical view was that there was not a safety issue with E continuing his regular on-call duties. Cases arising from emergency referrals are a significant part of regular neurosurgical practise and believed clinically important that E continued to have this responsibility).</p>	
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Further Info Required		<i>Please see Annex B for attached document.</i>	Agreed <ul style="list-style-type: none"> • Joint ward round • Continue with on-call duties: and emergency cases to be reviewed during the joint ward round. • Review of theatre list structure and number of cases 			
With hindsight should something different have happened						
Learning						

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Date	24 June 2013	25 June 2013	26 June 2013	18 July 2013	23 August 2013 (GM1 has this dated 29 August 2013)	23 August 2013
Event	Email received from Royal College providing documentation to be completed for invited review mechanism for an individual review forwarded to CD1.	Email from Clinical Lead confirming restrictions of practice.	MD1 completed Invited Review Mechanism pro-forma and sent to Royal College of Surgeons	Dates for Invited Review Mechanism agreed and communicated to E.	Letter received by MD1 from E confirming agreement to the review	Letter from Royal College of Surgeons to MD1.
Supplementary Info	MD1 Office	Agreed that a joint ward round would take place on regular post-operative day with Clinical Lead and E. Agreed that Clinical Lead would take clinical responsibility for patients under E's care during this period.	MD1 Office	Advised that dates for the review were to be 16 and 17 September 2013 and provided with a copy of the list of information required by the Review Team.	MD1 Office	Confirming that as E would not be available for interview during the Invited Review Mechanism taking place 16 and 17 September 2013, he would be offered an opportunity to provide a written statement in advance of 16 September 2013 and would have a separate interview in London on 2 October 2013.
Further Info Required				Letter sent to staff involved in IR Example letter for reference non medical staff		

				<p><i>Please see Annex C for embedded document.</i></p> <p>Example letter for reference non medical staff</p> <p><i>Please see Annex D for embedded document.</i></p>		
With hindsight should something different have happened						
Learning						

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Date	16 & 17 September & 2 October 2013	8 October 2013	8 October 2013	21 October 2013	9 December 2013	10 December 2013
Event	Review Visit took place	Letter Royal College of Surgeons dated Friday, 4 October 2013 to MD1 providing interim points. Received by MD1 office on Tuesday, 8 October 2013 (due to public holiday on Monday, 7 October 2013).	Response to Royal College of Surgeons. Letter forwarded to CD1/GM1.	Meeting held MD1/CD1/GM1 to discuss letter from Royal College of Surgeons.	Final Report received from Royal College of Surgeons dated 6 December 2013.	Meeting with E, in attendance CD1 and Associate HR Business Lead.
Supplementary Info		MD1 Office	MD1 Office	MD1 Office	MD1 Office received this report by mail on Monday, 9 December 2013. Opened mail approximately 11.30 a.m.	Discussion regarding report received from Royal College of Surgeons with regard to Fitness to Practice and Probity and advised that due to the nature of the allegations and pending GMC enquiry, he would be suspended on full pay with immediate effect.
Further Info Required						
With hindsight should something						

different have happened						
Learning						

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Date	10 December 2013	20 December 2013	23 December 2013	27 December 2013	6 January 2014	7 January 2014
Event	Letter from AMD1 to E informing of suspension with effect from 10 December 2013 following outcome from Royal College of Surgeons review.	Letter from MD1 to General Medical Council Scotland requesting advice on how to proceed to avoid duplicating investigating process.	Letter to E from MD1 advising of formal referral to GMC.	Letter from E to HR Business Lead, copied to MD2, informing of intention to take Voluntary Early Retiral. Last working day 31 May 2014.	E-mail MD1 to AMD2 requesting involvement in preliminary enquiry.	Letter PM to E extending suspension.
Supplementary Info	Personal File.	Personal File & MD1 Office	MD1 Office	Personal File	Personal File	Personal File
Further Info Required						
With hindsight should something different have happened						
Learning						

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Date	28 January 2014 (GM1 has 27 January 2014)	3 February 2014	10 February 2014	11 February 2014	13 February 2014	13 February 2014
Event	1 month follow up on recommendations sent to Royal College of Surgeons	Letter PM to E extending suspension **PM become AMD Nov 2013.	Letter from GMC confirming receipt of letter dated 20.12.13, requesting further information	Letter MD1 to Vice Principle, Medical School informing University that not the intention to continue with internal investigation.	Letter (?draft) from MD1 to GMC Scotland notifying intention not to pursue internal investigation.	Letter from PM to E informing of intention not to continue with internal investigation and acknowledging E's application of intention to retire.
Supplemen tary Info	Advised that review of spinal cases over the last three years was in progress. 150 high risk spinal cases identified by cross match to Pain Clinic attendance. Approximately 90 cases reviewed at this point, one additional wrong level case identified. Patient to be informed. All previously identified patients have now been met with. Confirmation that a referral had been made to the GMC regarding fitness to	Personal File	MD1 Office	Personal File	Personal File	Personal File

	<p>practice and probity.</p> <p>Advised that approval for a Locum Consultant Neurosurgeon had been granted, and an advert had been placed. A bid had also been placed to appoint a fifth Neurosurgery Consultant appointment in December 2013.</p> <p>Advised that review of current on-call arrangements for Neurosurgery should be undertaken as existing service model in place whereby Consultant on-call is in theatre; this was considered as less than optimum and does not allow continuity of care and ease of contact.</p>					
Further Info Required						
With hindsight						

should something different have happened						
Learning						

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Date	13 February 2014	17 February 2014	17 February 2014	17 February 2014	26 February 2014	28 February 2014
Event	<p>Letter from AMD1 to E regarding application for early retiral.</p> <p>Signed by MD1 due to absence of AMD1.</p>	<p>Letter to Vice Principal Dundee University from MD1 advising of situation in relation to E's honorary contract.</p>	<p>Termination Form for E.</p>	<p>Letter to GMC from MD1 advising that E has formally notified his intention to retire from NHS Tayside and no formal internal investigation would proceed.</p>	<p>GMC Fitness to Practice Conditions added for E.</p>	<p>Email GMC alert notification for registration of employees notifying Board of interim conditions effective from 26 February 2014. "He (E) must not carry out any spinal surgery".</p>
Supplementary Info	<p>Application indicating E's retiral received.</p> <p>Intention to retire from the employ of NHS Tayside on 31 May 2014.</p> <p>Discussion with MD1 and agreed that the internal investigation would not proceed.</p> <p>GMC enquiry outstanding and agreed inappropriate for E to return to work in the intervening period prior to retiral.</p> <p>Current period of suspension from</p>	<p>MD1 office</p>	<p>Personal File</p>	<p>MD1 Office</p>	<p>E may not work at any grade in the NHS including consultant. He must not undertake any private practice. He must not carry out any spinal surgery. He must inform the GMC if he applies for medical employment outside the UK.</p>	<p>Personal File.</p>

	<p>duty extended.</p> <p>E remained on full pay.</p> <p>E confirmed his agreement to this in writing on 20 February 2014.</p>					
Further Info Required						
With hindsight should something different have happened						
Learning						

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Date	31 March 2014	14 April 2014	17 April 2014	31 May 2014	23 June 2014	4 July 2014
Event	Letter to MD2 from E regarding applying to be removed from GMC medical register. MD2 completed form.	Letter to MD1 from GMC advising they had received a complaint from a member of the public in relation to E.	Response letter to GMC from MD1.	Retirement of E. E has been on suspension since November 2013.	Letter from GMC to MD1 seeking information regarding dates of referral to GMC and date E submitted retirement application.	Response letter to GMC from MD1.
Supplementary Info	MD1 Office	MD1 Office	MD1 Office		MD1 Office	MD1 Office
Further Info Required						
With hindsight should something different have happened						
Learning						

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Date	22 July 2014	15 August 2014	18 August 2014	19 November 2014	7 August 2015	13 August 2015
Event	6 month follow up on recommendations sent to Royal College of Surgeons.	Follow-up on recommendations provided to Royal College of Surgeons.	Letter to GMC from MD1 advising of a further case of wrong level surgery undertaken by E.	Letter from Royal College of Surgeons concluding active follow up of the review.	Letter from GMC to MD1.	Email received by MD1 from GMC confirming conclusion of investigation & E application for voluntary erasure from register.
Supplementary Info	MD1 Office	Advised that all recommendations had been completed.	MD1 Office	MD1 Office	Approval granted for voluntary erasure for E from the GMC Medical register.	MD1 Office
Further Info Required						
With hindsight should something different have happened						
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NOTE OF MEETING HELD 3RD JUNE 2013**In attendance:**

Mr Philip McLoughlin, Clinical Director, Specialist Services and Oncology

Professor Sam Eljamel, Consultant Neurosurgeon

Mr Musheer Hussain, Consultant ENT Surgeon and AMD for Professional Governance

	ACTION
<p>This meeting was a follow-up meeting to a previous meeting held between Mr McLoughlin, Professor Eljamel and Mr David Mowle, Clinical Lead for Neurosurgery.</p> <p>At this meeting there was a general discussion of events that had taken place leading to an escalating number of complaints involving Professor Eljamel, ultimately resulting in a Significant Clinical Event Analysis. There had been other items of personal communication that had raised a performance issue, and we had chosen to address this at a Clinical Director level in the first instance.</p> <p>We accept that Professor Eljamel had been under significant pressure in recent years with his clinical practice due to a culmination of factors. These included a deterioration in the quantity and quality of junior staff support, an increased through put of patients and the pressures of Waiting Times Guarantees.</p> <p>Professor Eljamel had reflected on these factors and has altered his practice significantly, such that he is able to maintain the quality of his service within these constraints.</p> <p>Mr Hussain was in agreement that any other issues would be dealt with adequately within the Appraisal and Revalidation system and that we are happy with the measures that Professor Eljamel has taken and that there is no requirement for any additional input at this juncture. I was advised that Professor Eljamel has not been personally unaffected by these events and will be afforded all the support necessary in the coming months.</p>	

Mr Philip McLoughlin
Consultant Maxillofacial Surgeon
Clinical Director Specialist Services and Oncology

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Date 16/08/2013
Our Ref AW/[redacted]
Your Ref
Enquiries to [redacted]
Extension 35721
Direct Line [redacted]
Email [redacted]

I would ask you to respect the confidential nature of this document and its importance in ensuring the integrity of the process.

Dear

A number of concerns have emerged through the complaints process, incident reporting and through local significant event analysis methodology within the Neurosurgical Service. Some of these incidents have led to specific enquiries, the results of which remain confidential to the individuals involved. In view of this, we are aware that the working environment within the Neurosurgical Unit may be under stress.

In order to address the increasing level of concern and to support the future development of the service, we have approached our Board Medical Director, Dr Andrew Russell, who has commissioned the Royal College of Surgeons of England to undertake an Invited Review Process within Neurosurgery.

The Royal College have nominated a Review Panel comprising of two senior Neurosurgeons and a lay member and they will visit NHS Tayside on the 16th and 17th September 2013. The aim of the visit is to investigate potential failings within delivery of the service with a focus on medical practice. The emphasis will be on seeking positive resolution, however if any serious issues are identified they will be managed as appropriate.

The review panel have requested a series of interviews with specific staff members who work closely with or within the Neurosurgical Unit and you have been identified to be interviewed as part of this process. I would appreciate it if you would help the review panel and us in this task by consenting to participate in a short completely confidential interview during their visit. Confidential notes will be taken, but care will be taken wherever possible to ensure that remarks will not be identifiable or attributable to individuals in any concluding report or recommendations.

Your assistance in this matter is greatly appreciated.

With kind regards,

Yours sincerely

AUDREY WARDEN
General Manager
Specialist Services & Specialist Surgery

Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY
Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr

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Dr Robert Swingler
Consultant Neurologist
Department of Neurology
Ninewells Hospital

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I would ask you to respect the confidential nature of this document and its importance in ensuring the integrity of the process

Dear Robert

INVITED REVIEW MECHANISM – NEUROSURGERY

Our Medical Director, Dr Andrew Russell, has commissioned the Royal College of Surgeons of England to undertake an Invited Review process within Neurosurgery. This is specifically around the practice of Professor M Sam Eljamel. The Royal College have nominated a review panel comprising two senior Neurosurgeons and a lay member and they will be visiting NHS Tayside on the 16th and 17th September 2013.

The review panel have requested an interview with certain specific members of staff who work closely with the Neurosurgical unit or Professor Eljamel specifically. The reason that this review has been commissioned is to investigate certain failings that have arisen in the practice of Professor Eljamel, to investigate the facts of the matter and to recommend a robust solution.

The review panel would be most grateful if you would help them in this task by consenting to a short completely confidential interview with them during the days that they are at Ninewells. A date and time for this interview will be forwarded in the very near future, but if you wish to indicate a preference for this interview please contact [REDACTED] by Wednesday 14th August 2013.

As the process is confidential, so will be the outcome, but your assistance in reaching the correct outcome would be greatly appreciated.

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

With kind regards,

Yours sincerely

Mr Philip McLoughlin
Consultant Maxillofacial Surgeon
Clinical Director
Specialist Services and Oncology

Mrs Audrey Warden
General Manager
Specialist Services and Oncology

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