VERITA

IMPROVEMENT THROUGH INVESTIGATION

Independent review into governance arrangements at Kent and Medway NHS and Social Care Partnership Trust following the identification of VB's offending behaviour

A report for Kent and Medway NHS and Social Care Partnership Trust

August 2016

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1. Introduction

1.1 The acting chief executive and director of workforce and organisational development commissioned this independent review in April 2016 on behalf of Kent and Medway NHS and Social Care Partnership Trust ('the trust'). The review was commissioned after VB's conviction in August 2015 of four counts of rape and nine counts of sexual assault. VB was a mental health nurse who worked at the trust. His employment at the trust began in 2004 when he started as a part time health care assistant (HCA) at one of the trust's predecessor organisations, West Kent NHS and Social Care Partnership Trust. VB completed his training as a mental health nurse in March 2006 having studied at Canterbury Christ Church University[1]. VB's final employment at the trust was as a Band 6 mental health nurse in the Swale mental health team at Sittingbourne Memorial Hospital. The trust suspended him on 7 March 2014 after an allegation of inappropriate behaviour towards a patient. The trust terminated his contract on 24 June 2015. He did not work for the trust again after his suspension.

1.2 Four of the six victims in the prosecution were trust service users and one was a trust student nurse. The other victim had no connection with the trust. The trust commissioned an independent reviewer to undertake a serious incident review after VB's conviction. The review identified improvements to trust services that could reduce the likelihood of similar incidents occurring. The reviewer completed a preliminary report in February 2016. The trust commissioned Verita to carry out a further independent review in April 2016 because additional work was needed to complete the review. This report is the output of the further review and builds on the work of the original reviewer.

1.3 The purpose of this review is to evaluate the management and supervision of VB during the period of his employment with the trust, review relevant trust policies, reflect on learning for the trust and make recommendations to improve patient and staff safety and reduce the likelihood of similar occurrences in future. The full terms of reference are included in section two.

1.4 Senior consultant Kieran Seale and consultant Charlie de Montfort led the review team. Director Amber Sargent peer reviewed the report. We refer to the review team as 'we' from this point onwards. Our biographies can be found at appendix A.

[1] The trust offers placements to student nurses from Canterbury Christ Church University.

Overview of the trust

1.5 The trust provides mental health and social care services for the population of Kent in partnership with Kent County Council. The trust also works with Medway Council to provide integrated mental health and social care services in the area.

1.6 The trust was formed in April 2006 after East Kent NHS and Social Care Partnership Trust, and West Kent NHS and Social Care Trust merged. The trust's headquarters is in Maidstone.

1.7 The trust serves a population of 1.7 million across Kent and Medway, covers an area of 1,450 square miles and employs approximately 3,500 staff and 250 seconded staff, based across 83 buildings on 47 sites.

1.8 Eight clinical commissioning groups (CCGs) commission the majority of the trust's services. The trust operates a locality model, with localities aligning to each of the CCGs. The trust provides services to key urban centres including Maidstone and Canterbury as well as a range of community locations. Community based teams, outpatient clinics and inpatient units provide the majority of the trust's services. The trust's services fall into four service lines: community, older people, acute and forensic. The forensic service includes specialist services such as substance misuse. The trust also has a corporate directorate.

The Swale mental health team

1.9 VB committed his most recent offences while working at the Swale community team. He worked in that team as a band 6 community nurse from 5 January 2009 until he was suspended on 7 March 2014. The trust terminated his contract on 24 June 2015.

1.10 The Swale mental health team is based at Sittingbourne Memorial Hospital. The team provides community services to adults with moderate to severe mental health needs aged 18-65 years. The team provides most of its services in the Sittingbourne and Isle of Sheppey areas. During the period of VB's employment in the team, the staff headcount was approximately 50, including 10 nurses. As a community service provider, the team falls into the trust's community service line.

1.11 The CQC produced an inspection report[2] about the trust on 30 July 2015 after it visited them for an inspection in March that year. The CQC said the Swale team *"demonstrated that use of the (personality disorder) pathway had improved the confidence, self-esteem and participation of patients whilst also increasing capacity for the crisis team"*. However, the CQC instructed the trust to report on actions it was taking to ensure staff in the Swale team received regular supervision because this essential standard of quality and safety was not being met at that time.

[2] https://www.cqc.org.uk/sites/default/files/new_reports/AAAC9675.pdf

2. Terms of reference

1. To review and evaluate the management and supervision of VB during the period of his employment with the trust with particular attention to the following:

    - Incidents of alleged misconduct
    - The Human Resources processes followed
    - Monitoring of disciplinary outcomes and recommendations
    - Information held on personal file and record keeping
    - Supervision and line management arrangements
    - 'Hand-offs' of soft intelligence on staff when there is a change in line manager
    - Prescribing practice
    - Management by VB of the Depot clinic at the Swale Team Base
    - The potential risk VB posed to clients based on previous investigations and whether the alleged victims have been better protected by the Trust
    - Whether any safeguarding opportunities were missed
    - Review of Student Nurse Support for raising concerns.

2. To review the following policies and make recommendations to improve patient safety:

    - Chaperone Policy
    - Depot Clinic policy
    - Physical Health Policy
    - Boundaries Policy and quality of the training
    - Supervision Policy, in particular with regard to staff who have objectives set as part of the disciplinary process.
    - Disciplinary policy and the support Human Resources Department should offer to managers overseeing staff post a written warning or a final written warning being issued.
    - Safeguarding Policies
    - Non-Medical Prescribing

3. To reflect any learning for the trust, having regard to how VB was managed during his employment, and to make recommendations to reduce the likelihood of any future risk of similar happenings in the future.

3. Executive summary and recommendations

Executive summary

3.1 VB was employed as a mental health nurse at Kent and Medway NHS and Social Care Partnership Trust (the trust). He had worked at the trust or one of its predecessor organisations since 2004. The trust suspended him on 7 March 2014 following an allegation of inappropriate behaviour towards a patient and terminated his contract on 24 June 2015. He did not work for the trust again after his suspension. VB was jailed for life on 20 August 2015 for four counts of rape and nine of sexual assault against six victims. A judge ordered him to serve a minimum of 11 years, less time spent in custody, before being considered for parole.

3.2 Four of the six victims in the prosecution were trust service users and one was a trust student nurse. The other victim had no connection with the trust. VB committed his most recent offences whilst working at the trust's Swale community team. He worked in the team as a band 6 community nurse from 5 January 2009 until he was suspended on 7 March 2014.

Incidents of alleged misconduct

3.3 Our review has identified 11 incidents of alleged misconduct against VB during his 12 years at the trust (2004 – 2015). Seven of these allegations came from patients and four from staff. In accordance with our terms of reference we have only sought to consider incidents of alleged misconduct that relate to trust patients or staff.

3.4 It should be noted that these 11 incidents of alleged misconduct only reflect what the review team knows, based on the evidence that we have seen. The trust has assured us that it provided us with all known trust documentation about VB. However, there is a possibility that documentation has been lost prior to it being provided to us and, therefore, some details may be unaccounted for in this report. For example, we have received no information on VB's employment at the trust across the whole of 2011.

3.5 For three of the allegations **(patient allegation 1 - 2004, staff allegations 1 and 2 - both June 2005)** we found no record of a trust investigation. It is unclear whether this is due to personnel data being lost or no investigations being undertaken.

3.6 On 22 March 2007 the trust's acting acute services manager wrote to VB to formally notify him that an adult protection investigation had concluded concerning an allegation (**patient allegation 2 - March 2007**) that the trust had received earlier in the month. A female service user raised an allegation that VB had sexually assaulted her. The correspondence says that the investigation ended because it found no evidence that the sexual assault had happened. The police and the adult protection panel were involved but neither took further action because of a lack of evidence to support the allegation. The investigation took the form of interviewing the people involved and examining the records of the individuals involved. The trust has not retained the details of the investigation other than a letter in VB's personnel file containing the above information.

3.7 For one allegation (**staff allegation 3 – April 2009**), the complainant did not want their statement acted on and no further action was taken by the trust.

3.8 In April 2009 an adult protection meeting was held at the Swale team following an allegation (**patient allegation 3 – April 2009**) from a female patient that VB had acted inappropriately towards her while administering a depot injection. The patient reported the incident to the police, who interviewed VB under caution. The trust concluded that it was likely some inappropriate activity had taken place but the police were unable to take the matter further due to a lack of evidence. The trust investigated a formal complaint from the patient and VB's workload was restricted during this investigation.

3.9 In May 2010 VB was subject to a combined investigation after two separate allegations **(staff allegation 4 – October 2009 and patient allegation 4 – December 2009**) inappropriate behaviour to a female client and a female student nurse.

3.10 On 22 October 2010 the trust undertook a formal disciplinary hearing for VB covering both incidents. This involved HR, the community service associate director and the Swale service manager.

3.11 After the disciplinary hearing on 26 October 2010, the community service associate director issued VB with a formal written warning for inappropriate contact with both a patient and a student nurse. This was to be placed on his personnel file for 12 months, and would be removed after that providing his conduct improved.

3.12 A female service user reported to the trust an allegation (**patient allegation 5 – February 2014**) of inappropriate behaviour by VB. The partner of the service user called the police. The partner raised an adult protection alert. The police started an investigation. The trust met with VB and informed him that an allegation had been made against him and that the trust and the police were carrying out an investigation. HR advised the trust to instruct VB not to work with female patients until further notice. These instructions were put in writing to him. The trust sought to employ VB on restricted clinical duties.

3.13 After VB had been suspended on 7 March 2014, another female service user raised an allegation (**patient allegation 6 – March 2014**) to the trust that her previous care coordinator (VB) had made her feel uncomfortable. She alleged that VB had made inappropriate comments to her. The trust raised a serious incident and an adult protection alert. The trust and the police spoke to the service user. The police decided to not take further action against VB regarding this allegation because they considered it a professional boundary issue that the trust should deal with. We have not found evidence of a trust investigation into this. However, VB was suspended at this point in time.

3.14 Another female service user made an allegation (**patient allegation 7 – April 2014**) against VB of sexually inappropriate behaviour. She alleged that this behaviour occurred when VB was administering her medication at her home prior to his suspension. She also alleged that VB had been calling her on the phone constantly despite her asking him to stop. The trust raised a serious incident and an adult protection alert. The trust was unable to undertake a serious incident investigation due to ongoing police investigations into VB. This was in line with national practice. VB remained suspended at this time.

The trust's record keeping practices

3.15 The trust's current model for managing personnel files is a devolved system, as opposed to one where personnel files are held centrally. Across the trust, hard copies of personnel files are maintained. There are no electronic copies. The files follow staff members from team to team. Line managers across the trust's sites manage this process.

3.16 We found a lack of consistency regarding the management of personnel files at the trust. The evidence we have seen suggests that managers do not maintain, record

information in or hand over personnel files systematically due to an absence of trust policy underpinning these processes.

3.17 The trust's devolved record keeping system for personnel files is not supported by sufficient trust guidance or training. Line managers are not clear on what they should record in personnel files. The lack of central oversight and scrutiny of these processes restricted the trust's ability to recognise the risks VB posed. The trust lacked an overarching narrative on the incidents of alleged misconduct against VB.

3.18 In terms of what should and should not be stored in personnel files, the VB case illustrates the conflict that exists between the right to privacy of an individual and the need to share information in the interests of safeguarding patients and other staff. Trusts must strike a balance between the privacy of staff and the interests of patients. This case illustrates that there can be a direct benefit to patients in keeping and where necessary, sharing data relating to complaints and disciplinary processes for members of staff who have contact with patients, particularly vulnerable patients.

Liaison with Canterbury Christ Church University

3.19 The trust offers placements to Canterbury Christ Church University student nurses. VB was a Canterbury Christ Church University student nurse who undertook placements at the trust.

3.20 Trust staff told us that historically, liaison with Canterbury Christ Church University could have been better. From the evidence we have seen it is not clear whether VB's relevant personnel information concerning safeguarding or fitness to practice matters was transferred from Canterbury Christ Church University to the trust. Historically, information sharing between these organisations has been problematic but improvements have been made.

3.21 The university has link lecturers assigned to each student nurse placement area to help support student nurses, mentors and managers and act as liaisons between the university and the trust. In addition, the university has appointed a senior lecturer in practice learning (0.4fte) specifically for the trust, whose role will be to work with the

trust's corporate nursing team to help improve communication between the university and the trust to ensure a positive learning environment.

3.22 However, Canterbury Christ Church University and the trust should seek better communication and closer co-operation.

Raising concerns

3.23 Due to VB's long employment history at the trust (12 years) it is difficult to be certain about the extent to which a safeguarding culture existed across the entire period. This is further complicated by significant personnel changes in the trust's executive team.

3.24 However, the evidence we have seen suggests that trust has not had a strong safeguarding culture in recent years, particularly at the Swale team. The VB case has demonstrated this. It is apparent that, prior to the VB case, concerns were not being raised effectively at the Swale team and this indicates that the trust did not have an effective safeguarding culture.

3.25 The lack of service line management visibility at the Swale team combined with VB's confident personality and his relatively long experience at the trust contributed to the lack of challenge to his behaviours. It is likely that a greater presence of service line management level staff at the Swale team would have supported the team's managers and instilled a culture where VB's behaviour would have been challenged and acted upon more readily.

3.26 In order for the trust to assure itself that it safeguards all vulnerable adults, in all situations and all settings, a culture change is needed. This culture change must centre on the empowerment of patients, their relatives, their carers and staff. The trust must ensure that all of these groups of people feel empowered to act when they have a concern. The trust must build on the work it has done to distribute information on, for example, the chaperone policy to encourage patients to question or raise anything untoward.

3.27 Furthermore the trust must ensure that line managers are empowered to take disciplinary action when their instincts tell them to, and that they are supported by the HR department in doing so.

Monitoring disciplinary outcomes

3.28 The trust largely treated each allegation against VB in isolation. The trust lacked a central resource that would have provided an overarching narrative of VB's conduct. In a trust covering a large geographic area and adopting a devolved model for managing personnel records, VB was able to avoid adequate monitoring from senior management. VB's personnel information was managed by his line managers who received no formal trust guidance on this process or on the handing over of VB's files to his new managers.

3.29 There has been limited formal trust guidance and structure around feedback and objectives following formal written warnings. It is both the incoming and outgoing line managers' responsibility to take forward recommendations and ensure that these are carried forward when staff leave a post and a new manager takes them on.

3.30 Allegations made against nurses prior to 2014 were not routinely reported to the trust's corporate nursing team. This was a missed opportunity for the trust to achieve central oversight of its nurses who face disciplinaries. We welcome the fact that, since 2014, a member of the trust's corporate nursing team sits on every disciplinary panel for trust nurses.

3.31 VB did not have supervisions in line with trust policy. From reviewing VB's personnel files it is apparent that the minimum standard for managerial supervision, one every six weeks, was not met consistently. The trust's supervision policy states that all recording of supervision must be done in line with the trust's record of management and clinical/professional supervision document. This document is included as an appendix in the policy. We have not found evidence that this document was completed or indeed stored.

The role of human resources

3.32 There has historically been a divide between the trust's HR team and the nursing managers. This divide has emerged due to a lack of clarity on the roles and responsibilities of these professional groups resulting in a difference in perception on the need for suspending staff. The trust's HR team, like all HR teams in the NHS, has to balance the protection of its employees with the protection of patients. In order to achieve this balance

the trust must provide greater clarity and guidance on when suspension is an appropriate response to an allegation.

3.33 Line managers must be encouraged by the trust to pursue their instincts on decisions about suspending staff, taking advice from HR. The trust is looking to introduce activities to help the HR team understand that suspending a member of staff may actually protect the staff member and not just the patients.

3.34 It is clear that a better working relationship between the HR department and the local nursing managers is needed. Greater clarity and transparency is required about the roles of these two professional groups so that they adopt a more integrated approach. This would help to give local managers confidence around exactly what they managerial responsibilities are and what they can expect form the trust's HR team. More rapid actions were needed by HR to suspend VB. The new HR management team recognises this and has assured us that it is working with the HR team to develop a better understanding of the appropriate use of suspensions.

3.35 We have also reflected on the trust's response to the VB case. The trust demonstrated a number of areas of good practice. The Task and Finish group, set up by the trust board to facilitate learning and assure that it was delivering an appropriate response to the risks identified during the prosecution of VB, has been the main driving force behind the trust's response. Through this group the trust established a helpline for those affected by VB, provided psychological support to clients and staff, and reviewed its chaperone policy and devised posters and leaflets to inform clients of the existence of the policy and its details.

3.36 We have seen evidence that a whistleblowing poster and the chaperone policy poster were on display on a notice board in reception of the Swale team in late 2015. The chaperone policy poster was also on display in the clinic room for physical examinations. We also understand that a resource file was available to clients that contained information on advocacy, chaperones and raising concerns.

3.37 The trust has provided staff with training on reinforcing boundaries, and developing appropriate relationships with patients. The chaperone policy, and its associated information leaflets and posters, have been widely distributed across the trust, particularly to the community mental health teams such as Swale. The trust has ensured that the details

of the chaperone policy are publicised ‘front and centre’ so that both patients and staff are informed on what is expected and that, for example, if patients do not want to be seen by someone of the opposite gender, the trust will facilitate this.

3.38 The trust has recently introduced monthly meetings for the trust’s senior management teams and the service managers across the localities to share concerns about safeguarding as well as more general issues. Within the community service line there is now a monthly leadership forum for where all of the operational and clinical leads assemble to discuss, amongst other matters, safeguarding.

3.39 Senior members of the trust’s nursing team informed us that the six-weekly modern matron forum has developed a standing agenda item on safeguarding. In addition a member of the senior management team from the community service line visits each of the community teams every Friday on a rotational basis. This has already helped to break down barriers and improve relationships between senior trust management and front line staff.

3.40 The HR department is undertaking various projects to improve relations between HR and the managers across the localities. There is a new pilot being introduced by HR whereby it ensures that written warnings are followed up by line managers. Under this programme the line managers must develop an improvement plan which is continually monitored by HR. If the pilot is successful, this programme will be added to the disciplinary policy. The HR department is also implementing an ‘HR2U’ programme whereby more HR staff are visiting sites across the localities to get to build relations with the front line teams and ‘put a face to a name’ for the line managers who seek HR support. The HR team hears that many staff had not experienced face-to-face contact with HR staff for a ‘number of years’. The HR department is reviewing options for introducing electronic personnel files in the same way as patient records are stored and will soon submit a paper to the trust’s executive management team on this.

3.41 In terms of future learning for the trust, we have provided recommendations to help it reduce the likelihood of similar incidents, such as those surrounding VB, happening again.

Recommendations

R1 The trust's executive team must, as a priority, develop a guide and training programme for all line managers across the trust to inform them about the appropriate management and handover of personnel files. A checklist must be developed by the trust's HR team for line managers to use at handover of a staff member. The trust must update its supervision policy to include this guide and the checklist.

R2 The trust's executive team must, as a priority, develop a trust-wide formal process for auditing personnel files to ensure that they are maintained properly. This process must cover all teams across all service lines and must monitor compliance with guidance (see recommendations 11 and 12).

R3 The trust should, over the coming months, consider transitioning to an electronic system for managing personnel files. This system would enable the central trust offices to readily scrutinise and audit personnel folders and would protect against the risk of data loss posed by the current devolved, paper-based system.

R4 The corporate nursing team must ensure that it develops and implements a joint protocol with Canterbury Christ Church University for the management of the fitness to practise process for pre-registration nurses to ensure a shared understanding and information exchange.

R5 The trust must, over the coming months, develop a trust-wide cultural assessment tool to consolidate data from patient experience surveys, staff surveys, friends and family tests, complaints and other relevant indicators. The service lines must apply the tool to their front line teams on a regular basis and review, escalate and act on emerging issues, particularly around raising concerns.

R6 The director of nursing must nominate a member of senior nursing staff who has been involved with the VB case to develop a 'case study' on the importance of raising concerns for use in safeguarding training sessions for trust staff. The first-hand experiences of the senior nurse must be incorporated in the training.

R7 The trust must, as a priority, develop and deliver a compulsory workshop for all of its front line staff to familiarise them with the council for healthcare regulatory excellence's guidance on clear sexual boundaries between healthcare professionals and patients.

R8 The trust's executive team must ensure that patients have a clear and well-publicised point of contact if they wish to raise a concern or make a complaint. The executive team must, over the coming months, ensure that this information is available to patients across the clinical areas as well as on the trust's website and conduct a trust-wide patient experience survey to review whether patients are aware of their point of contact.

R9 The trust's executive team must ensure that information is routinely given to patients attending appointments on what to expect from their health professional(s) in terms of professional boundaries. Information leaflets must be produced and distributed where this is not the case.

R10 The trust's executive team must, as a priority, amend the disciplinary policy so that it explicitly states that a member of the trust's corporate nursing team must attend every disciplinary panel for a trust nurse. The policy must also explicitly state that a service line lead nurse must be involved in disciplinary proceedings against nurses from the point at which a concern is raised. These nurses must provide professional regulatory advice, based on the NMC's Code, and contribute to terms of reference for disciplinary investigations.

R11 The trust's HR department must, as a priority, produce and distribute formal guidance on monitoring conduct following formal written warnings to all line managers. This guidance must include a schedule, with key dates and the obligations of staff (from the service lines, HR, safeguarding and the corporate nursing team) outlined. It must be included as an appendix in the trust's disciplinary policy.

R12 The trust's senior nursing team, in conjunction with HR department must as a priority develop a formal 'sign off' procedure for staff whose conduct has improved following disciplinary action. The procedure must involve the production of a debrief report, produced by the line manager, senior service line staff, HR and the safeguarding team. The report must be kept, but marked as 'spent', in a sealed envelope on the member of staff's personnel file. The trust's disciplinary policy must be updated to reflect this procedure and the circumstances under which these 'spent' disciplinaries can be viewed.

R13 The trust executive must develop a series of focus groups for representatives of the HR and nursing teams to develop greater clarity on their respective roles in managing staff and create a better working relationship. The trust must solidify output from these sessions in the form a 'memorandum' document to be used by all trust HR and nursing staff to understand what their respective managerial duties are.

4. Approach and methodology

Documentary evidence

4.1 We conducted a review of trust policies and national guidelines including:

- the trust's safeguarding policies;
- the trust's managing serious incidents, accidents and near misses policy;
- the trust's investigating serious incidents and complaints policy;
- the trust's investigating allegations made by patients against clinical staff policy;
- the trust's delivering performance management, supervisions and disciplinaries policies;
- the trust's whistleblowing policy;
- the trust's physical health and examinations policy;
- the trust's chaperone policy;
- the nursing and midwifery council's (NMC) code of conduct;
- the council for healthcare regulatory excellence's guidance on sexualised behaviour;
- NHS England guidance on record keeping;
- the 1997 Caldicott report; and
- the Advisory, Conciliation and Arbitration Service (ACAS) guide on grievances and discipline at work.

4.2 We reviewed all known trust HR documentation on VB including:

- appraisal forms;
- records of management and professional supervision;
- records of the monitoring of disciplinary outcomes and subsequent recommendations; and
- investigation notes and reports into allegations about VB.

4.3 The review team spent time at the trust organising VB's six known personnel files into a single chronological order.

4.4 We also reviewed minutes from the trust's Task and Finish group[3].

4.5 A full list of documents reviewed is provided at appendix B.

Testimonial evidence

4.6 The previous reviewer carried out a series of interviews. We did not want to duplicate work nor risk causing further distress and therefore limited ourselves to three interviews all with members of trust staff. We did not conduct further interviews with service users. Before each interview we sent the interviewee a letter of invitation, a guide for interviewees and the terms of reference for the review. We told interviewees that a colleague, friend or a member of a professional body or trade union could accompany them. With the agreement of the interviewees, the interviews were recorded and transcribed. We gave each interviewee a copy of their transcript and offered them the opportunity to review it for accuracy.

4.7 The previous reviewer provided us with 15 transcripts directly. These transcripts are the result of 15 one-to-one interviews carried out by the previous reviewer, 13 of which were with trust staff and two with victims of VB. The previous reviewer interviewed the service users who wished to contribute to the review in their homes. We did not pass the transcripts onto the trust, so confidentiality between the previous interviewer and the interviewees was preserved.

4.8 We sought permission to access all the transcripts the previous reviewer obtained. The trust, and in some cases Verita, contacted the interviewees to confirm that we could examine their transcripts. We were unable to examine three transcripts because the interviewees either not respond or did not grant us permission.

4.9 We drew evidence from the 15 existing transcripts as well as the three additional produced from our interviews. Appendix C lists the staff whose transcripts were reviewed. Staff are listed by their job title at time of interview.

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[3] The trust established a Task and Finish group in May 2014 to assure itself that it was delivering an appropriate response to the risks identified during the prosecution of VB.

Visit to the Swale mental health team

4.10 The previous reviewer undertook an observational visit to the Swale mental health team late in 2015 at Sittingbourne Memorial Hospital. They used CQC criteria in *Essential standards of quality*[4] (2010) to guide analysis of the team. We include this analysis in our report.

Limitations

4.11 In building a chronology of VB's employment at the trust it was difficult to verify some events precisely because of poor record keeping and re-organisation at the trust and staff turnover. These factors limited our ability to track some evidence but presented us with a finding that a lack of corporate memory, spanning VB's 12 years' of employment at the trust, had hindered the trust's ability to monitor of VB. We discuss this further in section six.

Support for victims and staff

4.12 The original reviewer met three of VB's victims who wanted to participate in the review in 2015. The original reviewer relayed information to the trust following this. The trust has assured us that actions have been taken to address the issues raised. In agreement with the trust we did not seek to interview victims in order to minimise any additional distress to them. In any case, the original reviewer fed back staff experiences to the trust so that it could learn from them and help staff members who need to support service users who are giving evidence in court.

The structure of this report

4.13 We provide our comments and analysis on the areas outlined in the terms of reference (ToR) if the following sections of the report. In sections five to nine we address

[4] http://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf

the ToR and review relevant trust policies to make recommendations on improving patient safety and preventing similar incidents. The following sections are:

- Section 5 – A timeline of VB's employment and allegations made against him at the trust;
- Section 6 – The trust's record keeping;
- Section 7 – The trust's management and supervision of VB;
- Section 8 – The trust's response to the VB case; and
- Section 9 – Conclusions and future learning.

4.14 Our findings from the interviews and document review are written in regular font and our comments are written in bold italics.

5. A timeline of VB's employment and allegations made against him at the trust

5.1 We describe VB's employment at the trust and its predecessor organisations below. Our review has identified 11 incidents of alleged misconduct against VB during his 12 years at the trust. Seven of these allegations came from patients and four from staff. In accordance with our terms of reference we have only sought to consider incidents of alleged misconduct that relate to trust patients or staff. We have marked these 11 allegations with headings in the timeline below.

5.2 It should be noted that the details in the chronology below reflect 'what we know' based on the evidence that we have seen. The trust has assured us that it provided us with all known trust documentation about VB. However, there is a possibility that documentation has been lost prior to it being provided to us and, therefore, details may be missing from the chronology. For example, the absence of any information on VB's employment at the trust across the whole of 2011, supports this. We comment on the trusts record keeping practices in section six.

2004

5.3 VB worked at West Kent NHS and Social Care Partnership Trust from 2004 to 2006 as a part time health care assistant (HCA). He carried out this work while training to become a nurse.

5.4 **Patient allegation 1:** A female service user made an allegation against VB of sexual assault in 2004. At the time West Kent NHS and Social Care Partnership Trust employed VB at the Arundel Unit. The police interviewed VB and he denied the allegation. The police took no further action because they found no reliable witnesses. We have found no evidence that the trust took further action.

5.5 VB began training as a student mental health nurse at Canterbury Christ Church University in March 2004, studying for a Diploma of Higher Education in Nursing Studies.

2005

5.6 Staff allegation 1: One of VB's female colleagues made a formal allegation on 15 June 2005 to a practice placement facilitator (PPF) at West Kent NHS and Social Care Trust that VB had behaved inappropriately towards her. VB was on a student nurse placement at the time. The PPF escalated the allegation within the trust on 16 June 2005. We saw evidence that the trust sought immediate action and requested a full internal investigation. When we interviewed the lead nurse for the community recovery service they described how they had been involved with issues concerning VB when a PPF expressed a concern about VB's practice because VB had been "overfamiliar" with the member of staff. The lead nurse reported the concern to the university. The trust and the PPF met with VB to formally inform him that Canterbury Christ Church University was withdrawing him from the placement for a week pending its investigation. This was in line with the university's practice of 'neutral withdrawal', a safeguarding measure whereby pre-registration nurses were, and are today, withdrawn from placements after concerns are raised about their practice and before these concerns are investigated. A professor at the university met VB with student support to formally warn him. Although there is evidence that the PPF asked for a full trust investigation following the complaint, we found no evidence to suggest that this happened.

5.7 Staff allegation 2: On 16 June 2005 another of VB's female colleagues reported to a PPF at West Kent NHS and Social Care Trust that VB had made her feel uncomfortable on multiple occasions during the first week of his student nurse placement at West Kent NHS and Social Care Trust, which had started on 16 May 2005. VB was on a student nurse placement at the time. We have found no record of follow up actions from this allegation.

5.8 VB worked as a student nurse for West Kent NHS and Social Care Trust at the Trevor Gibbens Unit from 28 November 2005 to 17 March 2006. This was his final placement as a student nurse. VB was involved in assessments, care planning, ward rounds and case conferences.

2006

5.9 On 15 February 2006 the Arundel Unit provided a reference for VB as part of his application for a band 5 staff nurse role at Leedham Ward[5], Pembury Hospital, West Kent NHS and Social Care Trust. The reference said that VB had *"excellent relationships with colleagues"* and that he was *"very able to fulfil the role of a staff nurse"*. The previous allegations were not mentioned.

5.10 On 16 February 2006 the information office in the Faculty of Health and Social Care at Canterbury Christ Church University wrote a reference for VB as part of his application for the band 5 staff nurse role. This reference said *"as far as I am aware VB is honest and there is nothing to declare under the Rehabilitation of Offenders Act 1974"*. The reference did not mention the previous allegations and suggested that VB's practice was considered good by his practice mentors and assessors.

5.11 On 14 March 2006 West Kent NHS and Social Care Trust offered VB a band 5 staff nurse post at Leedham Ward, Pembury Hospital.

5.12 On 17 March 2006 VB qualified as a mental health nurse from Canterbury Christ Church University.

5.13 On 20 March 2006 VB confirmed his acceptance of the Leedham Ward band 5 staff nurse post.

5.14 On 5 June 2006 VB started employment at Leedham Ward. His role involved working with the multi-disciplinary team (MDT), delivering care to elderly service users with mental health needs that require inpatient treatment, using the care programme approach (CPA) and acting as the associate or named nurse.

5.15 On 20 November 2006 VB attended an interview for a band 5 acute mental health staff nurse role with the trust based on A block at the Medway Maritime Hospital with the trust at Kent and Medway NHS and Social Care Partnership.

[5] A mental health ward for adults over 65 years. The ward is now closed.

5.16 On 1 December 2006 a team leader at the Leedham Ward provided a reference for VB. The team leader said they would re-employ VB and that his relationships with colleagues were *"very good"* and with service users *"good"*.

5.17 On 3 December 2006 VB confirmed his acceptance of the A block acute mental health nurse post.

5.18 On 13 December 2006 a continuing care lead nurse at the Leedham Ward provided a reference for VB describing him as *"reliable and trustworthy"* and *"more than capable of taking the role"*.

5.19 On 31 December 2006 VB started his post as a band 5 acute mental health staff nurse based at A Block. This post was mostly based on Brooke, Emerald and Shelley Wards. The role involved VB acting as the primary and associate nurse for patients, the named professional for a group of patients, leading a small team of nursing staff and working in the MDT.

2007

5.20 **Patient allegation 2:** On 22 March 2007 the trust's acting acute services manager wrote to VB to formally notify him that an adult protection investigation concerning an allegation that the trust had received earlier in the month had concluded. A female service user raised an allegation that VB had sexually assaulted her. The correspondence says that the investigation ended because it found no evidence that the sexual assault had happened. The police and the adult protection panel were involved but neither took further action because of a lack of evidence to supporting the allegation. The investigation took the form of interviewing the people involved and examining the records of the individuals involved. The trust has not retained the details of the investigation other than a letter in VB's personnel file containing the above information in this paragraph.

5.21 On 23 May 2007 VB completed a 'Preparation to Become a Mentor' course at Canterbury Christ Church University.

2008

5.22 On 21 October 2008 VB attended an interview for a band 6 community mental health nurse post at the Swale community mental health team, Sittingbourne Memorial Hospital, at Kent and Medway NHS and Social Care Partnership Trust.

5.23 On 13 November 2008 the trust offered VB the post at the Swale team.

2009

5.24 On 5 January 2009 VB started work at the Swale team.

5.25 On 7 January 2009 VB received an enhanced DBS[6] check.

5.26 Patient allegation 3: In April 2009 an adult protection meeting was held at the Swale team following an allegation from a female patient that VB had acted inappropriately towards her while administering a depot injection. The patient reported the incident to the police, who interviewed VB under caution. The trust concluded it was likely some inappropriate activity had taken place but the police were unable to take the matter further due to a lack of evidence. The trust investigated a formal complaint from the patient and VB's workload was restricted during this investigation. As part of the investigation, the trust reviewed documents available from previous allegations against VB, which Medway Hospital or the Arundel Unit held. The associate director of the community service line disclosed that they had been made aware of a previous incident (March 2007) involving VB at Medway Hospital but they could find no details about it because the trust kept little on record. The local adult protection officer disclosed that they had found a file from 2004 that included details of a sexual assault allegation (patient allegation 1) against VB from a female patient. At the time VB was employed at the Arundel Unit as a part time HCA. We saw no evidence of outcomes from the investigation into the formal complaint or from the documents available about previous allegations against VB.

5.27 Staff allegation 3: On 8 April 2009 one of VB's female colleagues submitted a confidential statement to the trust alleging that VB had behaved sexually inappropriately

[6] The Disclosure and Barring Service helps employers make safer recruitment decisions.

towards her while they were working a late shift on 24 March 2009. The member of staff informed the trust that they did not want the statement acted on and they took no further action.

5.28 **Staff allegation 4:** On 12 October 2009 a senior lecturer at Canterbury Christ Church University wrote to the trust to disclose that a female student nurse had reported concerns about the conduct of her prospective mentor (VB) for her forthcoming placement at the Swale team. The female student nurse reported that on 7 October 2009 VB had sent overfamiliar text messages to her after an introductory meeting they had had earlier that day. Canterbury Christ Church University arranged a new placement for the student the following day. The trust initiated an investigation into the allegation (see paragraph 5.40 for the outcome).

5.29 **Patient allegation 4:** On 26 December 2009 a female service user alleged to the trust that VB had been inappropriately and excessively contacting her with phone calls, voicemails and texts. On 30 December the trust completed an adult protection order. The same service user also alleged that VB had attempted to arrange a private meeting with her at a supermarket café in October and attempted to meet her at her home address but her father had turned VB away. It was unclear from VB's file whether these incidents were reported to the police. The trust initiated an investigation into this allegation (see paragraph 5.40 for the outcome).

2010

5.30 On 7 January 2010 the same female student nurse who had complained in October 2009 (staff allegation 4), wrote a formal complaint to the trust about VB's conduct. The Swale service manager started an investigation.

5.31 On the same day the associate director for community services and the Swale service manager discussed the possibility of suspending VB after the allegation from the female service user (patient allegation 4) that was made in December 2009. The Swale service manager started an investigation into the matter, looking at cross-referencing the dates and times of phone calls and texts.

5.32 On 19 January 2010 the Swale service manager wrote to VB informing him of the information the trust had received about his alleged inappropriate and excessive contact with a service user. The correspondence told VB that the trust was starting an investigation into the issues raised.

5.33 On 24 January 2010 the Swale service manager wrote to VB with an invitation to attend an investigatory meeting on 3 February 2010 into allegations from the service user.

5.34 On 3 February 2010 the trust held a preliminary investigation meeting to discuss the allegations from the service user. In attendance were VB, a union representative, a trust HR manager and the Swale locality manager. The trust asked VB if he was aware of the Nursing and Midwifery Council (NMC) code of conduct regarding professional boundaries. VB confirmed that he was and acknowledged that he may have broken boundaries.

5.35 On 21 March 2010 the trust told VB that the investigation into allegations from a service user was still ongoing.

5.36 On 19 April 2010 a trust HR manager, the Swale service manager and the student nurse (staff allegation 4) attended a meeting to discuss the student nurse's complaint.

5.37 On 23 April 2010 the student nurse (staff allegation 4) wrote another formal complaint to the complaints department at the trust to provide an additional statement to her original complaint.

5.38 In May 2010 VB was subject to a combined investigation after the two separate allegations (patient allegation 4 and staff allegation 4) of inappropriate behaviour to a female client and a female student nurse.

5.39 On 22 October 2010 a formal disciplinary hearing took place for VB covering both incidents. This involved HR, the community service associate director and the Swale service manager.

5.40 After the disciplinary hearing on 26 October 2010, the community service associate director issued VB with a formal written warning for inappropriate contact with both a patient and a student nurse. This was to be placed on his personnel file for 12 months, and would be removed after that providing his conduct improved.

2012

5.41 On 14 March 2012 VB had an appraisal. His line manager commented that VB *"is a good team player, helpful to all clinicians. Shows enthusiasm for new learning."*

2013

5.42 On 12 March 2013 VB was due to have supervision with his line manager but did not attend because he was unwell.

5.43 On 8 April 2013 VB was due to have a supervision session with his line manager but cancelled it. We found no further details on record.

5.44 Between April 2013 and February 2014 the trust arranged six supervision sessions and two appraisals for VB. VB attended four supervisions and one appraisal. We found no details on why VB did not attend all of these sessions nor of action taken by the trust when VB failed to attend.

2014

5.45 **Patient allegation 5:** On 27 February 2014 a female service user reported to the trust an allegation that VB had behaved inappropriately on 25 February 2014. The partner of the service user called the police. The partner raised an adult protection alert. The police started an investigation. The trust met with VB and informed him that an allegation had been made against him and that the trust and the police were carrying out an investigation. HR advised the trust to instruct VB not to work with female patients until further notice. These instructions were put in writing to him. The trust sought to employ VB on restricted clinical duties.

5.46 On 4 March 2014 the community service line's management team spoke to VB after Swale staff told their managers that VB attended the clozapine (depot) clinic over the weekend, which included female clients. He disobeyed a direct managerial instruction. The trust reiterated to VB the importance of not having contact with female clients. The trust issued VB with a letter to confirm this.

5.47 On 5 March 2014, the first day in post for the new Swale service manager, the management at Swale contacted the trust's HR department with a request to suspend VB from work. The new Swale service manager had examined VB's personnel file and was concerned by VB's involvement with a series of allegations. However HR advised Swale management not to suspend VB because they consider this action not to be 'neutral' in terms of treating the employee fairly.

5.48 On 6 March 2014, after a request from the trust's adult protection lead, VB was removed from clinical duties but not suspended. The trust encouraged VB to take time off in lieu or annual leave and the HR department again advised the Swale management team that VB should not be suspended because they considered this action not to be 'neutral'.

5.49 On 7 March 2014 the trust held a meeting involving the police, Swale management and trust HR to discuss the incident with the female service user and share information with one another. The police updated the trust with further details on the allegation made against VB. The police told the meeting's attendees that in addition to VB's home visit to the female service user on 25 February 2014, he made a second home visit on 27 February 2014. The police said that the service user alleged that VB behaved inappropriately towards her during this second home visit. Given the additional severity of the allegations, the police expressed concern that VB had not been suspended. The trust subsequently decided to suspend VB from duty. The trust emailed a letter of suspension confirmation to VB that afternoon. VB confirmed receipt of the letter and the trust blocked VB's access to RiO, IT and NHS professional shifts. The trust also informed the Nursing and Midwifery Council (NMC) and NHS professionals of VB's suspension.

5.50 On 27 March 2014 the police arrested and interviewed VB. He was released on bail until 3 July 2014.

5.51 **Patient allegation 6:** On 28 March 2014 another female service user alleged to the trust that her previous care coordinator (VB) had made her feel uncomfortable. She alleged VB had made inappropriate comments to her. The trust raised a serious incident and an adult protection alert. The trust and the police spoke to the service user. The police decided to not take further action against VB about this allegation because they considered it a professional boundary issue that the trust should deal with.

5.52 Patient allegation 7: On 8 April 2014 another female service user made an allegation against VB of sexually inappropriate behaviour. She alleged that this behaviour occurred when VB was administering her medication at her home. She also alleged that VB had been calling her on the phone constantly despite her asking him to stop. The trust raised a serious incident and an adult protection alert. The trust was unable to undertake a serious incident investigation due to ongoing police investigations into the allegation. This was in line with national practice[7]. VB remained suspended at this time.

5.53 In April and May the trust began looking through VB's caseload by examining RiO notes and detailing service users he had been in contact with across the previous 12 months, focusing on female clients. The purpose of this was to review whether other alleged incidents of misconduct had happened. The police advised the trust to take this approach. The review involved the trust contacting 140 female patients.

5.54 On 15 April 2014 the NMC issued VB with an 18-month interim suspension of registration order. The NMC was to review this after six months and then every three months.

5.55 On 16 April 2014 the trust reviewed the line management and supervision of VB to determine if issues were escalating through this route and the extent to which the line managers and the service line followed up this formal written warning in 2010. The trust established that its supervision of VB had not been robust. Managers found that VB avoided supervision sessions whenever possible. The trust established that there were neither references to follow-ups from the 2010 written warning, nor action plans in VB's records. This is not in line with the trust's supervision policy which states that recording must be done in line with the trust's record of management and clinical/professional supervision document.

[7] The Department of Health produced guidelines (2006) (http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_063043.pdf) outlining a memorandum of understanding between the NHS and the police. This guidance covers a situation where there is a conflict between the needs of the police's criminal investigation and the NHS responsibility to ensure patient safety and emphasises that the obligations to ensure patient safety have to take priority but criminal investigations should not be jeopardised.

5.56 On 17 April 2014 the trust reminded VB that while on suspension he was still bound by the terms and conditions of employment and that a trust investigation would take place once the police confirmed they were able to proceed.

5.57 In May 2014 the trust established a Task and Finish group to assure itself that it was delivering an appropriate response to the risks identified during the prosecution of VB.

5.58 On 16 July 2014 VB was arrested for an allegation from an individual unrelated to the trust. VB was remanded in custody until 1 August 2014, having been refused bail.

5.59 On 1 August 2014 VB was informed that he would be remanded in custody until his court hearing on 12 January 2015. The court hearing was postponed to 3 August 2015.

2015

5.60 On 24 June 2015 the trust ended VB's employment with it due to frustration of contract[8].

5.61 VB was jailed for life on 20 August 2015 for four counts of rape and nine counts of sexual assault against six victims. A judge ordered him to serve a minimum of 11 years, less time spent in custody, before being considered for parole.

[8] VB's contract was terminated because he was in prison and therefore unable to work.

6. The trust's record keeping

6.1 In this section we examine the trust's recording keeping practices in the context of national and trust guidance. We review the trust's maintenance, recording and retention and handover practices and comment on whether the trust missed opportunities to track VB and take action against him.

Maintenance

6.2 The trust's current model for managing personnel files is a devolved system, as opposed to one where personnel files are held centrally. Across the trust, hard copies of personnel files are maintained. There are no electronic copies. The files follow staff members from team to team. Line managers across the trust's sites manage this process. At the point of recruitment, the trust's recruitment team creates a file for the new member of staff which is then passed onto the hiring manager in the locality. The line manager maintains the file until the member of staff leaves the team, at which point the line manager forwards the personnel file onto the hiring manager. The trust's HR department, based centrally, does not maintain paper nor electronic versions of the personnel files.

6.3 We saw no trust policy that covers the maintenance of staff personnel files, however trust line managers told us that a cover sheet is attached to each new file. This sheet is designed to act as a checklist for managers to ensure the correct documents are being stored and maintained. Despite this checklist, the overwhelming impression from our interviewees, both from central and local teams in the trust, is that there is a serious lack of trust guidance around the retention, maintenance and handover of personnel files. When we asked a senior member of the trust's nursing team, who works centrally, whether sufficient guidance is given to managers in this area they said:

> *"No. There is no guidance at all."*

6.4 A senior member of the HR team expressed concerns to us about the devolved model of record keeping suggesting that it exposes the trust to the risks of inconsistent and poor record keeping. They also said that the devolved model's lack of direct scrutiny from central teams in the trust breeds complacency about the implications of poor record keeping amongst managers in the localities.

6.5 In early 2014 after VB's suspension, a member of the trust's HR team was instructed to form a timeline of VB's employment as part of preliminary internal investigations into his alleged offences. This member of staff acknowledged that the trust had not kept VB's personnel files in order. They said:

> *"I went through each and every file and that's why I have made notes because the information is a bit all over the shop."*

6.6 Senior representatives in the HR team told us that the trust has no formal process for auditing personnel files to ensure that they are maintained appropriately. As stated in the trust's supervision policy, the minimum standard for managerial supervision is once every six weeks but this can occur more often than this depending on the needs of the individual. The policy also says that all recording of supervision must be done in line with the trust's record of management and clinical/professional supervision document. This document is included as an appendix in the policy.

6.7 However, a member of the trust's corporate nursing team told us about occasional informal activities oriented at quality assuring personnel files. For example, a senior nurse has carried out managerial supervision audits across the community service line. In doing so they found inconsistencies in the way the trust stored and maintained records. We heard that some files were stored in filing cabinets in one large folder and some were stored as a series of smaller folders. There was evidence of managerial supervisions being documented, but this is done inconsistently. A senior member of the trust's nursing team told us that the findings from these audits would be issued as:

> *"a report that would go to the divisional management team meeting at KCC* [Kent County Council] *and also to our quality committee or clinical governance here."*

Recording and retention

6.8 Commenting on whether there is any trust guidance on what information should and should not be recorded in personnel files, a service manager said:

> *"I'm not aware of guidance."*

6.9 We spoke to senior members of the trust's HR team who accept that line managers across the trust's localities may not understand the risk implications (e.g. data loss) of badly managed personnel files because the trust has given them limited guidance on what should and should not be recorded. In explaining the possible reasons for this lack of guidance, the senior HR team members we spoke to said that the department has lacked direction and leadership in recent years and that this is attributable to a high turnover of senior HR staff.

6.10 NHS England's guidance on records management (*Corporate records retention and disposal, schedule and guidance,* February 2014) refers to *"papers relating to disciplinary action which has resulted in any changes to terms and conditions of service, salary, performance pay or allowances".* It says that the minimum retention period for these documents is either six years after an incident or until the employee is 79 years old. Other NHS guidance focuses on patient, rather than staff records.

6.11 The Advisory, Conciliation and Arbitration Service (ACAS) produces the most important source of guidance on this subject and this forms the basis for the approach most employers take. Although the guidance itself does not have statutory force, employment tribunals must consider the ACAS code on which it is based must be considered by employment tribunals when making their judgements. It is therefore the closest thing to a statutory code. The guidance ('*Discipline and grievances at work – The ACAS guide*') is not prescriptive, however. It says:

> *"Records should be treated as confidential and be kept no longer than necessary in accordance with the Data Protection Act 1998".*

6.12 The Data Protection Act sets out rules, known as the 'data protection principles' for determining how information should be used. These include that information should be:

- "*used fairly and lawfully*
- *used for limited, specifically stated purposes*
- *used in a way that is adequate, relevant and not excessive*
- *accurate*
- *kept for no longer than is absolutely necessary…*
- *kept safe and secure*".

6.13 Although the Caldicott principles[9] relate specifically to patient records they are also instructive in terms of staff records. The original six principles follow a similar approach to the Data Protection Act with an emphasis on only allowing access to information where it is necessary and can be justified. After a review of the Caldicott principles in 2013 a seventh principle was added, which says that *"The duty to share information can be as important as the duty to protect patient confidentiality"*. It goes on to say that *"Health and social care professionals should have the confidence to share information in the best interests of their patients"*. The code of professional standards for nurses and midwives places a similar emphasis on the need to share information appropriately. It refers to the importance of record keeping and begins with the words:

> *"You put the interests of people using or needing nursing or midwifery services first."*

6.14 Senior members of the trusts HR, nursing and safeguarding teams told us that in the past this balance might not have been struck correctly at the trust. Senior members of the nursing team, involved with VB's disciplinary case said that HR had only told them information on a *"needs-to-know"* basis. A senior nurse told us:

> *"That was very frustrating and I think that was the kind of culture beforehand* [before the VB case]*, was that people were only told things if they needed to know. However, like I say, since we have a new director in, the new chief exec, new Trust Board in that sense it is a lot better now. However, confidentiality was taken a little bit too much* [sic]."

6.15 Interviewees gave examples of documents relating to warnings being removed from VB's file. They told us that HR had advised that these warnings were 'spent' and therefore the information relating to them should be destroyed. The practice was to destroy records after a year had passed.

6.16 The idea of 'spent' convictions originates in the Rehabilitation of Offenders Act 1974. This allows criminal convictions to be forgotten after a set period of time. When the time has passed, the individual is entitled to be treated as if they had not been convicted. This applies to areas such as recruitment and dismissal and is therefore a standard HR procedure.

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[9] The Caldicott report (1997) set out six general principles that health and social care organisations should use when reviewing its use of patient information.

It is important to note that certain 'sensitive' occupations are specifically excluded from this legislation, notably doctors, dentists, midwives and nurses.

Handover

6.17 Commenting on the handing over of personnel files a senior member of the trust's nursing team said:

> *"in my experience you have a new member of the team, and all of a sudden a month later here's their personal file, and that's in the post. There is no actual handover, or anything."*

6.18 We also spoke to the Swale service manager, who initiated VB's suspension, to understand the handover process from their perspective as a locality manager. They described their handover into the Swale team to us:

> *"There wasn't anything formal. It was all on a very informal basis… I'd met with my predecessor and we had a conversation about things in general…It was just that we decided to do it."*

6.19 In terms of the missed opportunities for exchanging information about team members that this informal approach poses, the service manager told us that once they interrogated VB's file after the incident involving VB at the clozapine clinic, they realised that there was sufficient detail in VB's files *"to be concerned"*. Without managers in the locality formally interrogating personnel files, useful intelligence about team members can be lost. Our impression is that the handover processes at the trust were reliant on an informal conversation between the incoming and outgoing managers. A service manager described the process of assimilating a team's 'history':

> *"I think [incoming] managers wrongly assume that the history is in that person's [outgoing manager's] head. It's not robust and it doesn't hold up."*

Comment

We found a lack of consistency regarding the management of personnel files at the trust.

Managers do not maintain, record information in or hand over personnel files systematically. We found no trust policy underpinning these processes other than a guidance document in the trust's supervision policy on recording information from supervisions. However we found that VB's supervisions were not recorded in line with this guidance.

From our review of VB's personnel files it is clear that there is information missing, such as disciplinary outcomes, recommendations and monitoring procedures. Due to the trust's poor record keeping practices, we were unable to perform analysis at the desired level of detail. When we received VB's personnel files they were neither arranged chronologically nor systematically and material was missing.

Our impression is that the devolved system is not supported by sufficient trust guidance or training. Line managers are not clear on what they should record in personnel files.

It is each line manager's responsibility to manage the personnel files of their staff. It is the responsibility of the incoming and outgoing line managers to hand personnel files over. These processes are not monitored centrally or formally guided by the central trust team, and are reliant on the professional competency of each manager. The lack of central oversight and scrutiny of these processes restricted the trust's ability to recognise the risks VB posed. The trust lacked an overarching narrative on the incidents of alleged misconduct against VB.

It is clear that the trust must improve its management of personnel files.

The trust did not and does not have a central repository for holding personnel information about members of staff. A central electronic system would allow the trust's core teams, such as HR or corporate nursing, to audit personnel files centrally without having to travel to the various localities across the trust's large geography. It is reasonable to suggest that the lack of a central repository and the devolved model

led to insufficient scrutiny from the trust executive on the management of personnel files. This led to the trust missing opportunities to identify patterns in VB's behaviour.

The trust is reviewing whether to move towards an electronic records system that supports data protection and protects against data loss either through managers handing over incomplete files to hiring managers or when paper files are irreparably damaged.

In terms of what should and should not be stored in personnel files, this case illustrates the conflict that exists between the right to privacy of an individual and the need to share information in the interests of safeguarding patients and other staff. Trusts must strike a balance between the privacy of staff and the interests of patients. The legal framework does not provide definitive answers about where to strike that balance. The Data Protection Act offers clear guidance of the tests to apply when doing so, using words such as "fair", "limited", "adequate" and "relevant". Health practitioner guidance refers to the need to prioritise the best interests of the patient.

This case illustrates that there can be a direct benefit to patients in keeping and, where necessary, sharing data relating to complaints and disciplinary processes for members of staff who have contact with patients, particularly vulnerable patients. While it would be wrong to over-simplify the law and say that it is always legal to keep or share information, an approach which puts the interests of patients first, is likely to be the correct one to take. Given this, a blanket rule that says that information must be destroyed after the passage of an arbitrary period of time is clearly not appropriate for an NHS organisation. It appears that following changes to the personnel in the trust's executive team across the last 12 months the trust is adopting a more pragmatic approach to information sharing.

7. The management and supervision of VB

7.1 In this section we review the trust's governance systems and processes to evaluate its management and supervision of VB. We comment on these governance arrangements and whether they led to missed opportunities to protect patients and staff.

Liaison with Canterbury Christ Church University

7.2 The trust offers placements to Canterbury Christ Church University student nurses. As outlined in section five, VB was a Canterbury Christ Church University student nurse who undertook placements at the trust.

7.3 Trust staff told us that historically, liaison with Canterbury Christ Church University could have been better.

7.4 A senior member of the trust's nursing team told us that the trust has had difficulties obtaining information about student nurses from Canterbury Christ Church University in a timely or appropriate manner. This member of staff told us of an example when they had a concern about a student nurse and had to submit a freedom of information request to the university in an attempt to access information about them.

7.5 Liaison between the trust and the university has improved. Since 2008 relevant personnel information about student nurses' fitness to practice issues is passed on to the trust by the university in employment references. This information does not describe the specifics of such issues but does flag that there have been practice concerns about a student nurse. The corporate nursing team now directly line manage the trust's practice placement facilitators. The practice placement facilitators are appropriately qualified individuals, employed by and based at the trust. They facilitate the provision of high quality clinical placements for student nurses. Practice placement facilitators act as a liaison between the trust and the university. A member of the trust's corporate nursing team explained:

> *"if there is any student that is going under fitness to practise then they* [the practice placement facilitators] *would get to know about it and then it would be flagged up to me."*

7.6 We were told that a member of the trust's corporate nursing team is now invited to sit on fitness to practise panels at the University of Greenwich, another university that provides student nurses to the trust. At Canterbury Christ Church University, external panel members from a different placement to the one where the student is based are included in fitness to practise panels. It is our opinion that the trust should look to build a model similar to the one with Greenwich University at Canterbury Christ Church University so that a member of the trust's corporate nursing team sits on fitness to practice panels, to ensure a more integrated approach. We were told by the university that it would welcome this approach so long as there was no conflict of interest through prior engagement with the student.

Comment

Historically liaison between the trust and Canterbury Christ Church University could have been better. It is not standard practice for the university to share all personnel information about its students with the trust. However we have not seen evidence in the case of VB that his relevant personnel information, relating specifically to the allegations raised about him while he was a student, was passed on to the trust by the university. The university has assured us that it now has a system, via employment references, for reporting relevant personnel information to the trust relating to practice concerns about its students.

The trust and the university have reassured us that they are taking actions to improve their integration and communication. The university has link lecturers assigned to each student nurse placement area to help support student nurses, mentors and managers and act as liaisons between the university and the trust. In addition, the university has appointed a senior lecturer in practice learning (0.4fte) specifically for the trust, whose role will be to work with the trust's corporate nursing team to help improve communication between the university and the trust to ensure a positive learning environment.

Raising concerns

7.7 In this section we examine the trust's processes and practices for raising concerns. We look specifically at the details of the VB case to review whether safeguarding opportunities were missed.

7.8 The trust's whistleblowing policy encourages staff to take a proactive approach on raising concerns. The policy says that staff should raise concerns about malpractice early, without necessarily waiting for proof, so that the trust can investigate emerging risks promptly. The policy indicates that the trust is committed to achieving openness, transparency and high ethical standards. The following phrase underpins the whistleblowing policy's message on raising concerns:

> *"If in doubt – raise it!"*

7.9 The trust offers several of methods for staff to raise concerns about issues where the interests of patients or staff or indeed the trust itself, are at risk. Staff are encouraged to speak to their line managers first. A senior trust nurse told us:

> *"Within the teams, they are all encouraged to speak to their line manager. If there's something going on they're not sure about the first port of call, for most of these teams, are actually their line managers."*

7.10 Other methods that staff can raise concerns through include the safeguarding alert process, contact with the trust's lead non-executive director for raising concerns, the trust's chief executive, the trust's chairman and external organisations such as the CQC and professional regulatory bodies. These options are detailed in the trust's whistleblowing policy.

7.11 The trust's safeguarding vulnerable adults policy guides staff on raising safeguarding alerts. Any member of staff identifying concerns about a vulnerable person is first encouraged to discuss their concerns with their line manager or a senior member of staff. Following this, if it is deemed necessary to raise a safeguarding alert, the service user involved must be informed. All alerts must be completed with 24 hours of the alleged safeguarding violation and a safeguarding plan must be put in place for the vulnerable person with 48 hours of the alert being raised. The policy asserts that the trust's

safeguarding team must be copied into all alerts raised and submitted to either Kent or Medway local authority. Since 2010 the safeguarding team has kept an electronic database of safeguarding alerts.

7.12 We spoke to a member of the trust's senior nursing team about the efficiency of the alert raising process. They described the process as "long" and told us that they are often first told about a safeguarding alert, raised by a member of trust staff, by the local authority or the CQC (if the local authority has referred the alert to the CQC).

7.13 We were told by a member of the trust's senior nursing team that the trust is improving this process. Commenting on the process today they said that the safeguarding team now pass on alerts to the corporate nursing team. The HR team is not normally involved in this communication.

7.14 However, a senior trust nurse explained a recent case whereby they forwarded a safeguarding alert about a member of trust staff to HR, following another safeguarding alert being raised about the same individual earlier in the month:

> *"I forwarded it straight on to the HR adviser and said,* "you need to read this," *and then she saw the name and said,* "oh yes, we need to suspend." *However, in the meantime I had had the service manager on the phone saying,* "we wanted to suspend but HR said no."

Comment

The example above indicates that there are improvements needed to the process of raising safeguarding alerts and ensuring that HR are involved. If the HR department was involved in the process for raising safeguarding alerts it would have the same level of intelligence as the safeguarding and corporate nursing teams on the alerts raised. This would help to ensure that the HR department has a comprehensive understanding of safeguarding issues relating to staff and the ability to advise line managers in an appropriate manner.

7.15 The trust has a 'green button', available on the staff intranet. This tool provides a medium for expressing concerns to the trust's whistleblowing guardians in line with the principles of openness and transparency. By pressing the button staff can choose to raise a concern anonymously or not. We heard from the trust's corporate nursing team that the green button is often used anonymously and this presents challenges to the trust in terms of taking actions to address risks:

> *"If you want to remain anonymous then it won't say who you are, [or] where you are from. That makes it very difficult because then if the concern is around the safeguarding or a concern around practice it is very difficult then to track to find out where the practice is taking place."*

7.16 Senior trust nurses told us that, in some cases, concerns are raised to lead nurses that are attributable to a particular ward and this makes it easier for the trust to investigate. However, our overall impression is that the green button is used anonymously more often than not. We were told that the trust's lead nurses take action to try and encourage ownership of concerns in order to help the trust to pinpoint risks. The lead nurses issue messages to trust staff saying:

> *"will the person pressing the green button around this sort of incident please come forward because we don't know how to track it".*

7.17 Our interviewees suggested that the root cause of the reluctance to take ownership of concerns is that the trust has suffered from disconnect between the Swale team and the trust's wider management team. We find this has contributed to staff not wanting to associate themselves with raising concerns through a fear of the attention this will bring from the trust executive. Commenting on this gap between the front line and the board room, a senior member of the community service line said:

> *"so I think that we need to, lots of that sort of breaking down of those barriers so that people will not be afraid to speak out."*

7.18 We also spoke to a senior member of the trust's safeguarding team about whether executive level trust staff need to be more visible on wards:

"If you have got service managers and people going in and out there and regularly seen, they are visible, they are accessible, staff might feel better about approaching them and saying 'do you know what can I just run this by you, I am having a bit of difficulty.'"

7.19 A member of the trust's senior nursing team told us about the attitude of staff towards the green button:

"People did think, I've pressed that, and what's the point?"

7.20 A senior member of the trust's safeguarding team, when asked whether it was the norm for staff to avoid speaking up, said:

"I think it probably is actually. Very few people I think are brave enough to come out and say what's going on and I think a lot of people… particularly when you have got… junior staff… are just desperate to get on with the job and hang on to their jobs, they are not going to be ones saying look this has happened, especially if they come up with a member of staff that has been here for years and seems to know the ropes, that can do what they want."

7.21 The point raised here, about junior staff not speaking up about more experienced members of staff is pertinent to the VB case. We heard from interviewees who worked alongside VB that he exuded confidence. Various interviewees described him as follows:

"somebody that would be very persuasive."

"I think he tried to present himself as somebody being quite superior so he had a demure [sic] *around him that I think he felt helped him to carry himself. Some people thought he was a doctor, some patients….He could be quite abrasive and rude as well."*

"he was always pushing boundaries."

7.22 A senior member of the trust's nursing team described, in hindsight, the Swale team's approach to VB:

"I think the culture in that team was, yes, but you know what he's like."

7.23 A senior member of the community service line told us:

"How could people not know that this was going on, or if they didn't know it was going on strongly suspect something and I kind of suppose my only answer is it's actually the culture of safeguarding wasn't there. People didn't see it as their responsibility, they kind of thought well that's kind of a management responsibility whereas actually it is everybody's concern."

7.24 An investigation into a complaint made by a member of the Swale team, which included concerns about managers in the Swale team, has recently concluded. The complaint was raised in early 2014. The complainant had worked alongside VB in the team and submitted the complaint (in part) because they felt there was an absence of a safeguarding culture in the team after a specific incident. The incident involved the complainant speaking to VB following an inappropriate comment he made about one of his patients. While VB's comment was not made in front of patients it was made in front of a group of Swale staff, including a student social worker. In line with the trust's policy on raising concerns, the complainant referred VB's comment to their manager who was supportive but suggested that another senior member of Swale staff should speak to VB about his comment. However, the complainant thought that no action was taken following this and, as such, raised a formal complaint. To this day, the complainant has some doubts about whether such difficult conversations were pursued more widely in the Swale team, in light of this incident.

7.25 The trust's reviewer of the complaint told us that the lack of follow up on this occasion was in fact due to the trust prioritising action on the more serious allegations against VB that emerged in February 2014. Nonetheless, the complainant did not feel listened to when raising their concern.

7.26 Interviewees described the Swale team having *"poor morale"* which the VB case has exacerbated. A senior trust nurse told us that before 2014, the nursing leaders in the team were not very strong and that Swale did not have a high functioning team. In terms of identifying contributory factors for the low morale, beyond the proximity to the VB case, members of Swale staff who joined in 2014 described previous Swale managers as feeling that the wider trust neglected them. The member of staff described the team feeling like

"a poor relative", "they didn't have a voice" and *"pretty much left to manage themselves"*. The Swale team did not have a dedicated service manager before 2014, but instead had a manager responsible for three localities. We heard that this previous manager:

> *"may have gone into Swale once a week or maybe once a fortnight."*

7.27 The trust appointed a service manager early in 2014 dedicated only to the Swale team. This followed members of the Swale team escalating concerns to the trust Board. Since 2014 and the VB case, new nursing staff were appointed to the Swale team to fill vacancies and improve the atmosphere. In addition, trust psychologists were offered to Swale team members to support them through the court proceedings against VB and the associated media interest. The trust's senior nursing team held regular sessions with the Swale team to discuss the updates of the criminal proceedings against VB. Other activities to help boost morale and improve ties between the trust and the team included a member of the trust board visiting Swale as part of a 'Back to front day', a cake-making charity event and redecoration of the unit.

Comment

Despite the trust's whistleblowing policy being in line with the principles of openness, transparency and early reporting, the fact that that the green button is often used anonymously is a sign that there is a culture of fear and reluctance around raising concerns at the trust. This appears to be caused by staff on the front line perceiving a remoteness from senior trust personnel and a sense that raising concerns is a fruitless exercise. A small number of staff told us that they had concerns about VB that were not acted on. It is likely that the lack of service line management level trust staff engagement with the Swale team, combined with VB's confident personality and his relatively long experience at the trust significantly contributed to allowing his behaviour to go unchallenged.

Following multiple changes in personnel in the trust's executive team over the past 12 months, the trust has begun a transition towards a culture where concerns are raised more readily. However, we have made a recommendation for the trust to systematically review whether the culture is improving.

Monitoring disciplinary outcomes

7.28 In this section we review and evaluate the trust's processes for monitoring disciplinary outcomes and recommendations and comment on whether there were any weaknesses.

7.29 The trust's disciplinary policy says that no disciplinary action can take place against an employee until the case has been fully investigated and managers have consulted the HR department. A full investigation of the alleged incident should be conducted before entering a formal disciplinary hearing. The investigation should be carried out by the line manager unless it is deemed inappropriate. In that case the line manager's manager or another designated manager will carry out the investigation. The trust takes three main types of action following a disciplinary process:

1. Formal written warning – if conduct, performance or attendance continues not to meet acceptable standards within the agreed time set out an employee may be issued with a written warning. Similarly if an employee is guilty or a more serious offence that would normally warrant an informal meeting, they may be issued with a written warning. The warning indicates that failure to reach the required standard within 12 months (usually) could lead to a final written warning. The warning will remain live for 12 months (usually). Only one warning at this level can be issued per member of staff before more serious disciplinary action is taken.

2. Formal final written warning – an employee may be issued with this warning if they do not meet acceptable standards set out within the specified time periods set out in the formal written warning.

3. Dismissal – If conduct, performance or attendance continues not to meet acceptable standards within the specified time set out at in the formal written warning an employee may be dismissed with pay in lieu of notice in line with the individual's contract[10].

[10] Note that suspension is not listed here. The act of suspension is taken by the trust pending a disciplinary investigation and generally for the duration of such an investigation.

7.30 Across all three of the disciplinary procedures listed above the following individuals are required to attend disciplinary hearings: the employee, a representative of the employee (if requested by the employee), the employee's line manager, an HR representative and a panel. The panel must consist of an 'appropriate level manager' and an HR manager and an expert advisor will be present if appropriate. The trust's disciplinary procedure does not explicitly state that a senior member of the trust's nursing team must attend the disciplinary hearings of nurses.

7.31 A senior member of the trust's nursing team told us that historically, the trust's senior nursing team were not informed about disciplinaries against nurses:

> *"Prior to the VB case it was very poor. As a corporate nursing team we weren't told* [by the line managers or HR] *of any registrants that were going through disciplinaries or had been referred up to the NMC, or anything like that. It appeared as though it was the service lines, as well as HR having their separate processes."*
>
> *"It was very weak, and to be honest, we* [the trust's senior nursing team] *didn't push it and maybe we should have pushed it a lot harder than what we did, but we didn't. You could ask me why and I would say, I really don't know. It was just one of those processes that historically always happened and just never did anything."*

7.32 Members of the trust's corporate nursing team told us that following the VB case, the HR department updates the team on disciplinaries by the HR department, notifying them if any registered nurse is about to be the subject of such a process. We were also assured that the corporate nursing team is now consistently involved with referring cases to the NMC. Prior to the VB case line managers were responsible for making decisions about referrals to the NMC on their own or with support from HR.

7.33 When discussing whether there have been improvements to these processes in light of the VB case, the same senior member of the nursing team said:

> *"We have really tightened it up. Now if there is any fitness to practise, any disciplinaries I would always hear about it now and a member of my team would sit on the panel, or myself, depending on the severity."*

7.34 However, the involvement of a member of the trust's corporate nursing team on disciplinary panels is not made explicit in the trust's disciplinary policy.

7.35 A senior member of the nursing team described a recent experience to us. They told us that, as recently as July 2016, they had to visit the trust's HR department of their own accord, to ensure they were involved in a decision following a disciplinary. Similar to the VB case, this decision was about whether to move a member of staff to a non-clinical area following a disciplinary, or than suspend them. The senior member of the nursing team received two separate safeguarding alerts about this member of staff in close succession and commented on the lack of appropriate action from HR:

> *"I would have preferably liked them to pick the phone up and say,* "we have this safeguarding alert. This person has had this done two or three times before. What do you think?" *However, it doesn't work that way, it works the other way."*

Comment

There has been limited formal trust guidance and structure around feedback and objectives following formal written warnings. It is both the incoming and outgoing line managers' responsibility to take forward recommendations and ensure that these are carried forward when staff leave a post and a new manager takes them on.

Allegations made against nurses before 2014 were not routinely reported to the trust's corporate nursing team. This was a missed opportunity for the trust to achieve central oversight of its nurses who face disciplinaries. We welcome the fact that, since 2014, a member of the trust's corporate nursing team sits on every disciplinary panel. While we have no reason to doubt that this is the case, we recommend that the trust makes this explicit in its disciplinary policy.

The senior nurse's July 2016 anecdote suggests that there is still work for the trust to do in ensuring that the senior nursing team and the HR department work closely to take an integrated approach on disciplinaries against nurses. It appears that the vestiges of the culture where the corporate nursing team was largely excluded from the disciplinary process remain.

7.36 We spoke to VB's line manager from the February 2013 to March 2014 period. They reported that VB often pushed the boundaries with them. He would frequently cancel supervisions and was a poor time keeper. The line manager provided examples where VB would 'play them off' against other team members in order to get his time off in lieu or leave signed off. The line manager for this period informed us that they were on sick leave from 2 September 2013 to 7 October 2013 and that it was difficult to find a replacement supervisor. A senior trust nurse told us in hindsight that they realised VB:

> *"would never turn up for his clinical supervisions, his managerial supervisions, and I think the manager at that time… let it go."*

7.37 The trust has a standard supervision template that includes safeguarding requirements. From 2013 onwards it is apparent that VB did have regular supervisions booked, however often these sessions did not materialise because VB frequently cancelled sessions at short notice. Supervisions are meant to be carried out every six weeks.

Comment

VB did not have supervisions in line with trust policy. We found no evidence that the minimum standard for managerial supervision of one every six weeks, was met consistently. The trust's supervision policy says that all recording of supervision must be done in line with the trust's record of management and clinical/professional supervision document. This document is included as an appendix in the policy. We have not found evidence that this document was completed, or indeed stored.

The role of human resources

7.38 A key theme emerging from this review is the conflicting opinions of the HR and nursing teams on the use of suspensions. The trust's disciplinary policy asserts that pending a disciplinary investigation an employee may be suspended on full pay without prejudice when:

- the action complained of requires the immediate removal of the employee from their workplace for their safety or the safety of others;

- the action complained of requires investigation and the continued presence of the employee may hinder that investigation;
- to prevent further serious or gross misconduct; and
- no alternative to suspension would be suitable such as redeployment.

7.39 The policy also says that the manager's immediate manager may authorise a suspension in consultation with the HR department. The manager may also authorise a suspension in the case of emergency as long as the manager's managers ratifies it within 72 hours. The policy explicitly says that:

> *"suspension is a neutral act to allow investigation."*

7.40 The policy instructs suspending managers to explain this to employees who are being suspended.

7.41 The trust's HR team, like all HR teams in the NHS, has to balance the protection of its employees with the protection of patients. At times this is a difficult trade off. Both senior HR and senior nursing staff told us that the trust's HR department has historically held the view that suspension from work is an accusation and not a neutral act. However, this is counter to the disciplinary policy.

7.42 The HR team's stance on suspension not being a neutral act has frustrated line managers who, having consulted the disciplinary policy, attempt to suspend staff but are discouraged from doing so by HR. We were assured that the recently appointed (2016) HR management team is looking to develop an understanding across the wider HR team that suspension is a neutral act, as outlined in trust policy.

7.43 A senior member of the trust's safeguarding team told us about events in early 2014, in the week prior to VB's suspension. At this time, the Swale service manager called the safeguarding team to relay that VB had ignored a direct management request by attending the clozapine clinic (where female patients were present). A member of the safeguarding team told us:

> *"One of the reasons why the service manager came through* [to the safeguarding team] *was because they were probably concerned about the advice they were getting from HR. They felt straight away that the individual should be removed, no*

doubt about it…they were very clear but HR said you've got to find some non-clinical work. Well, within the same building, you have patients coming in and out and you're [the Swale unit] *also attached to a general hospital. You don't get any more clinical than that."*

7.44 One of VB's victims, commenting on the fact that he had not been suspended immediately, said that they felt "*betrayed*" and that the trust:

"obviously didn't believe what I said had happened to me."

7.45 A senior member of the trust's safeguarding team said that due to the issues we have outlined about record keeping in section six:

"I'm not even sure just how much of his past history the HR lead, that was working with him, actually knew to be quite honest. Some of it was a while back, I don't know but the staff themselves were very clear that the first thing they [HR] *should have done was say* [to VB] 'go home until such time that we can get this all looked at'. *Then, of course, the police were involved, as you can imagine, who were not best happy to hear that he'd still been around despite the safeguarding being raised."*

7.46 In light of this particular incident the senior member of the safeguarding team suggested that the nursing managers in the localities must 'go with their instincts' on safeguarding matters and suspensions. Commenting on the dynamic between HR and the nursing managers in such decisions they said:

"At the end of the day you [the nursing managers] *take advice from HR but you're the service manager and sometimes you've got to just act. You know what should happen - thank you* [HR] *for your advice but this is what I intend to do".*

7.47 The corporate nursing team told us that the working relationship between the nursing team and HR needs improvement, especially in terms of being more pro-active about providing technical support. A senior member of the community service line described the HR department as:

"not particularly flexible. They are very, it's very black and white with HR."

7.48 A senior member of the trust's nursing team told us that HR and the nursing teams tended to work in silos and this leads to inadequate information sharing. They described this dynamic as follows:

> *"It wasn't joined up, as I've said, now it is strengthened.* [Describing past practices] *The director of nursing and myself, as senior nurses in this organisation, and yet we were not being told about anything."*

7.49 A senior member of the community service line suggested that the two departments share responsibility for the tension and that the problem is not just caused by the HR team. They told us that the nursing teams should handle some queries locally rather than referring them to the HR department. A senior member of the community service line told us:

> *"I think there is a development for the trust to actually, HR to be more proactively working with the managers about what they can and can't do and I think that would help a lot so that actually the managers do what they are supposed to be doing - managing, and then when the really need HR support, HR support is willingly given because HR don't feel constantly bombarded."*

Comment

It is clear that a better working relationship between the HR department and the local nursing managers is needed. Greater clarity and transparency is required about the roles of these two professional groups so that they adopt a more integrated approach. This would help to give local managers confidence around exactly what they managerial responsibilities are and what they can expect form the trust's HR team. It is clear that more rapid actions were needed by HR to suspend VB. The new HR management team recognises this and has assured us that it is working with the HR team to develop a better understanding of the appropriate use of suspensions.

Prescribing practice

7.50 In this section we review trust's supervision of VB's prescribing practice. VB was supervised by a consultant psychiatrist who did not keep notes of supervisions, which is not in line with the trust's supervision policy. The consultant no longer works at the trust.

7.51 Following the allegations against VB in early 2014, the trust undertook an investigation into VB's prescribing practice. This investigation covered seven patients that VB prescribed for. The investigation found that VB's documentation was generally good and evidence of a close dialogue between VB and the consultant psychiatrist that supervised him. This investigation did not identify concerns with VB's practices and this was reported to the trust's Task and Finish group.

7.52 During one of our interview's a senior member of the community service line told us that while, following the investigation, the trust found no concerns with VB's prescribing practice, a trust-level problem existed in this area. There was an invoice recording problem that covered non-medical prescriptions. Pharmacy services, external to the trust, did not accurately invoice the trust and this made it appear that VB was prescribing medicines outside of his area of clinical practice. However this was a generic problem and not one that related specifically to VB.

Comment

The trust conducted an investigation into VB's prescribing practices following the allegations against him in early 2014. While this investigation uncovered no specific concerns about VB, it identified a trust-level problem with the accuracy of invoices provided by external pharmacies to the trust, covering non-medical prescriptions.

The depot clinic at Swale

7.53 Following the allegations made against VB in early 2014, the service manager at Swale told us that they wished to suspend VB immediately but HR advised against this. HR advised that VB should not work with female clients while investigations were concluded into allegations against him. The Swale service manager discovered that, despite VB

receiving written confirmation that he should not be in contact with female clients, he attended the clozapine (depot) clinic where female clients were present. It is important to note that VB did have a chaperone with him at this clinic, but he still broke a direct management request by putting himself in environment where female clients were present.

Comment

VB disobeyed a direct instruction from his managers by attending the clozapine clinic over the weekend of 1 and 2 March 2014. However VB was not alone with patients in the clinic because he had a chaperone with him.

8. The trust's response to the VB case

The Task and Finish group

8.1 The trust board set up the Task and Finish group after the VB case as a forum for sharing updates from the police, HR, the trust's communications team, the community service line, the legal team and the safeguarding team. A key objective for the group was to drive improvement and learning for the trust and assure that it was delivering an appropriate response to the risks identified during the prosecution of VB. We have reviewed the minutes from all seven Task and Finish group meetings below.

8.2 The first formal Task and Finish group meeting took place on 7 May 2014. Prior to this, meetings similar to those of the Task and Finish group had taken place after VB's suspension. These were not, minuted.

8.3 The executive director of nursing, their deputy, the Swale service manager, an HR advisor, the head of safeguarding, a serious incident lead, the associate director of the community service line and a representative from the trust's communications team almost always attended the Task and Finish group meetings. In this first meeting the group discussed the review of RiO records that the trust was undertaking to identify female patients who VB had been in contact with during the previous 12 months. 140 female contacts were identified and the senior nursing team and the police developed a questionnaire as a framework for discussing their experiences at the Swale team that maintained VB's anonymity. The trust's nursing team held a meeting on 20 May 2014 to divide these 140 contacts between 11 senior lead nurses and it was decided that each patient would be called first and then followed up with a face-to-face visit if appropriate. No male members of staff were used in this process. This police and the trust's information governance team approved this process.

8.4 At the 7 May 2014 meeting attendees discussed setting up a helpline and developing a communications strategy in case VB was charged. The trust's psychology team were involved in the operation of the helpline. It was established that the helpline would need to be set up before 3 July 2014 because this was when the press embargo on the case would be lifted. VB's known victims were discussed at this meeting and the executive team were involved in developing a plan to offer support to them via the trust's services. An update to the NMC and NCAs was also discussed. The NMC had suspended VB by this point, however

new allegations were emerging so the trust deemed it appropriate to update the NMC. The meeting's attendees discussed issuing a professional alert via NCAS. The trust's internal disciplinary and investigative processes were discussed. The police had advised the trust to halt its disciplinary proceedings against VB as well as the serious incident investigation. The senior nursing team also outlined that the trust was offering support to VB via counselling, staff support and occupational health.

8.5 The team discussed wider learning for the trust. The attendees decided that HR would look into whether the trust was following good practice in terms of DBS checks and whether these checks should have been carried out on a three-yearly basis. Improvements to the chaperone policy and the adherence to it were discussed. A trust-wide review was initiated to assure the trust board that the policy was being followed across the trust. The review involved input from the head of safeguarding. The Task and Finish team discussed strategies for ensuring that the policy covered home visits. The senior nursing team explained that there were leaflets for every team that explained the policy explicitly and told service users what to expect and when to challenge staff.

8.6 The process of supervision was discussed, particularly how managers supervise staff who have been issued with written warnings. The senior nursing team said that the disciplinary processes had changed and that in future a member of the trust's corporate nursing team would always be present on disciplinary panels.

8.7 Issues about non-medical prescription were raised by the group, particularly given that VB was able to prescribe drugs that were not mental health drugs. It was agreed that the process of non-medical prescription needed strengthening.

8.8 The safeguarding and nursing teams discussed the importance of keeping the Swale team updated, while maintaining VB's confidentiality before charges were made against him. Extra resourcing was allocated to the Swale team to help them cover VB's workload.

8.9 The second formal Task and Finish group meeting took place on 16 June 2014. The senior nursing team confirmed it had completed an audit in the Swale team to ask 140 patients if they were happy with the care they received in order to identify whether incidents of alleged misconduct had not been reported to them. The nursing team agreed to update the NMC with developments in the police investigation. The senior management of the community service line agreed to review the chaperone policy to ensure it was

comprehensive. The nursing team advised that a chaperone poster was in development and would soon be circulated to the group for approval and trust-wide distribution. The nursing team was also working on a chaperone leaflet. The safeguarding team raised the issue that these materials should make it clear to service users what they can and cannot expect and where boundaries are in terms of when they can raise a concern. The HR team raised the issue that managers should follow up from written warnings and recommendations should be made by managers and that HR did not usually follow up with managers on this process. The senior nursing team raised concerns about the lack of a robust process if management changed during the follow up from a formal written warning. The senior community service line team explained that new managers needed to familiarise themselves with personnel files as part of their management supervision. The group agreed to ensure that a benchmark was set and a process formalised for every manager to check that they are familiar with the history of a new member of staff. The HR team said that the trust was in line with practices with regard to DBS checks. The trust carries out new checks when a member of staff changes jobs.

8.10 The next formal Task and Finish group meeting took place on 22 July 2014. The terms of reference for the group were formally approved. The nursing team told the attendees that VB had been arrested on 16 July 2014 for a further allegation from an individual unrelated to the trust and that VB was to be remanded in custody until 1 August 2014, having been refused bail. The group discussed information about VB being in the public domain, given that VB had been remanded. The senior nursing team advised the group that the helpline should be ready if the case became public. Safeguarding and HR outlined the actions needed to ensure VB and his family were supported. These involved referring VB to occupational health and pre-conviction support to VB via a social justice charity. After the meeting, the police reminded the trust that no internal investigation should be conducted until the criminal process was concluded. Furthermore, without further raised concerns from any of the 140 patients contacted, the police told the group that contact did not need to be extended further.

8.11 The fourth Task and Finish group meeting took place on 9 September 2014. Posters and leaflets designed to provide service users with information about chaperones, what to expect and when to challenge staff had been printed for each ward within community services. These were circulated in the following weeks. The senior nursing team asked for the helpline to be set up despite the date of the trial being scheduled for January 2015.

8.12 The fifth Task and Finish group meeting took place on 28 October 2014. The nursing team told the group that the trust only received three responses (but no concerns) following the contact with the 140 female patients. The nursing team advised the group that the trust was supporting two members of staff at the Swale team. The community service line manager confirmed that two posters and 50 leaflets had been allocated to each of their wards. The Swale team said they had not received their leaflets by this point. The senior nursing team asked for further assurance that the posters and leaflets had been circulated. A discussion took place about managers having difficulty monitoring disciplinaries and following actions up. The nursing team asked whether there was a template for this and HR responded that a template was not required because it was already expected that all managers pass relevant disciplinary information as part of the handover when new managers take over a team. The nursing team asked about actions following written warnings. HR responded that information relating to written warnings expires after 12 months. The group discussed concerns about the lack of a signing off process. HR advised that the matter was dealt with under the disciplinary policy so that the employee was not 'tainted' for the rest of their working life. The trust's legal team advised that a care-coordinator was supporting to the victims. The legal team also advised that they would notify the NHS Litigation Authority (NHSLA) because the case would become high profile. The trust's safeguarding team requested that a close eye was kept on VB's family to ensure that they were supported.

8.13 The sixth Task and Finish group meeting took place on 9 December 2014. Attendees of an earlier executive management team meeting decided that the HR business partners would compile a list of disciplinaries that had occurred over the previous 12 months and that these would be shared with the trust's service line directors and cascaded as appropriate. HR were asked at the 9 December 2014 Task and Finish group meeting to ensure and confirm that this information would be distributed. In this meeting, the senior nursing team explained that while terms of reference for an independent serious incident into VB's case had not been finalised, the trust's serious incident team would be asked to propose options in terms of external scrutiny. The senior nursing team followed up distribution of the posters and leaflets. The group agreed that the posters would be sent to clients with information about CPA meetings and that they would be included in the trust's patient safety bulletin. The senior nursing team said that the helpline was then being established on a 9am to 5pm basis and would be managed by volunteers according to a rota the senior nursing team devised. Call handlers would log details of each call and issues arising would be pursued. A provisional meeting was set up for the following weeks so that the team could familiarise itself with the questions and answers before the helpline went live. The

senior nursing team agreed to produce a briefing for the single point of access service to direct relevant enquiries to the helpline. The legal team agreed to provide wording, with assistance from HR, for the trust's intranet and website to alert people to the court date on 12 January 2015 and to provide details of the helpline. The group also agreed some text to advertise the helpline in a local newspaper. The terms of reference for the independent review had been drafted at this stage.

8.14 On 14 July 2015 a final Task and Finish meeting was held. The nursing team updated the group on the date of the start of VB's trial, which had been postponed until 3 August 2015. Further updates included that VB had been dismissed from the trust under frustration of contract and that the NMC had been notified that VB's employment had ended. The helpline was scheduled to start from 3 August 2015 and continue for two weeks after the end of the trial. The police updated the group that further allegations had come to light against VB and that the number of charges he faced had increased. The nursing team raised the issue of support for the service users and staff.

Comment

The trust demonstrated a number of areas of good practice in response to the VB case. The Task and Finish group has been the main driving force behind the improvements made. The trust established a helpline for those affected by VB, provided psychological support to clients and staff, and reviewed its chaperone policy and devised posters and leaflets to inform clients of the existence of the policy and its details. The university has link lecturers assigned to each student nurse placement area to help support student nurses, mentors and managers and act as liaisons between the university and the trust. In addition, the university has appointed a senior lecturer in practice learning (0.4fte) specifically for the Trust, whose role will be to work with the trust's corporate nursing team to help improve communication between the university and the trust to ensure a positive learning environment.

After the Task and Finish Group

8.15 During an observational visit to the Swale team in late 2015, the previous reviewer saw that a whistleblowing poster and the chaperone policy poster were on display on a

notice board in reception. The chaperone policy poster was also on display in the clinic room for physical examinations. Finally, the previous reviewer saw that a resource file was available to clients that contained information on advocacy, chaperones and raising concerns. The Swale team has made progress towards embedding the principles of safeguarding in their culture by recruiting a senior team manager from Kent County Council (KCC) in April 2015 for facilitating better communication between the two organisations.

8.16 The trust has provided staff with training on reinforcing boundaries, and developing appropriate relationships with patients. The chaperone policy, and its associated information leaflets and posters, have been widely distributed across the trust, particularly to the community mental health teams such as Swale. The trust has ensured that the details of the chaperone policy are publicised 'front and centre' so that both patients and staff are informed on what is expected and that, for example, if patients do not want to be seen by someone of the opposite gender, the trust will facilitate this.

8.17 The trust has recently introduced monthly meetings for the trust's senior management teams and the services managers across the localities to share concerns about safeguarding as well as more general issues. Within the community service line there is now a monthly leadership forum for where all of the operational and clinical leads assemble to discuss, amongst other matters, safeguarding. Senior members of the trust's nursing team informed us that the six-weekly modern matron forum has developed a standing agenda item on safeguarding. In addition a member of the senior management team from the community service line visits each of the community teams every Friday on a rotational basis. This has already helped to break down barriers and improve relationships between senior trust management and front line staff.

8.18 The HR department is undertaking various projects to improve relations between HR and the managers across the localities. There is a new pilot being introduced by HR whereby it ensures that written warnings are followed up by line managers. Under this programme the line managers must develop an improvement plan which is continually monitored by HR. If the pilot is successful, this programme will be added to the disciplinary policy. The HR department is also implementing an 'HR2U' programme whereby more HR staff are visiting sites across the localities to get to build relations with the front line teams and 'put a face to a name' for the line managers who seek HR support. There is a rota for this programme. The HR team hears that many staff had not experienced face-to-face contact with HR staff

for a ‘number of years’. The HR department is reviewing options for introducing electronic personnel files in the same way as patient records are stored.

Comment

The trust’s chaperone and personal boundaries policies have strengthened since the VB case. While we consider these policies to be adequate we have recommended that the trust develops and delivers a compulsory workshop for all of its front line staff to familiarise them with the council for healthcare regulatory excellence’s guidance[11] on clear sexual boundaries between healthcare professionals and patients.

[11]http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=6

9. Conclusions and future learning

9.1 In this section we reflect on future learning for the trust and make recommendations to reduce the likelihood of similar incidents occurring again. We also draw conclusions from the analysis in the previous sections of this report.

The trust's record keeping

9.2 We found a lack of consistency regarding the management of personnel files at the trust. The evidence we have seen suggests that managers do not maintain, record pertinent information or hand over personnel files systematically due to an absence of trust policy underpinning these processes.

9.3 The trust's devolved record keeping system for personnel files is not supported by sufficient trust guidance or training. Line managers are not clear what they should record in personnel files. The lack of central oversight and scrutiny of these processes restricted the trust's ability to recognise the risks VB posed. The trust lacked an overarching narrative on the incidents of alleged misconduct against VB.

9.4 In terms of what should and should not be stored in personnel files, the VB case illustrates the conflict that exists between the right to privacy of an individual and the need to share information in the interests of safeguarding patients and other staff. Trusts must strike a balance between the privacy of staff and the interests of patients. This case illustrates that there can be a direct benefit to patients in keeping and where necessary, sharing data relating to complaints and disciplinary processes for members of staff who have contact with patients, particularly vulnerable patients.

Recommendations

R1 The trust's executive team must, as a priority, develop a guide and training programme for all line managers across the trust to inform them about the appropriate management and handover of personnel files. A checklist must be developed by the trust's HR team for line managers to use at handover of a staff member. The trust must update its supervision policy to include this guide and the checklist.

R2 The trust's executive team must, as a priority, develop a trust-wide formal process for auditing personnel files to ensure that they are maintained properly. This process must cover all teams across all service lines and must monitor compliance with guidance (see recommendations 11 and 12).

R3 The trust should, over the coming months, consider transitioning to an electronic system for managing personnel files. This system would enable the central trust offices to readily scrutinise and audit personnel folders and would protect against the risk of data loss posed by the current devolved, paper-based system.

The management and supervision of VB

Liaison with Canterbury Christ Church University

9.5 From the evidence we have seen it is not clear whether VB's relevant personnel information concerning safeguarding or fitness to practice matters was transferred from Canterbury Christ Church University to the trust. Historically, information sharing between these organisations has been problematic but improvements are being made. The university has link lecturers assigned to each student nurse placement area to help support student nurses, mentors and managers and act as liaisons between the university and the trust. In addition, the university has appointed a senior lecturer in practice learning (0.4fte) specifically for the Trust, whose role will be to work with the trust's corporate nursing team to help improve communication between the university and the trust to ensure a positive learning environment. However, Canterbury Christ Church University and the trust should seek better communication and closer co-operation.

Recommendation

R4 The corporate nursing team must ensure that it develops and implements a joint protocol with Canterbury Christ Church University for the management of the fitness to practise process for pre-registration nurses to ensure a shared understanding and information exchange.

Raising concerns

9.6 Safeguarding policies are necessary elements of a safe environment, but are not sufficient on their own. A safe environment also requires a safeguarding culture, in which safeguarding is threaded through everything that everyone does. Due to VB's long employment history at the trust (12 years) it is difficult to be sure whether a safeguarding culture existed across the entire period. This is further complicated by significant personnel changes in the trust's executive team.

9.7 However, our impression is that the trust has not had a strong safeguarding culture in recent years, particularly at the Swale team. The VB case has demonstrated this. It is apparent that, prior to the VB case, concerns were not being raised effectively at the Swale team and this indicates that the trust did not have an effective safeguarding culture.

9.8 The lack of service line management trust staff visible at the Swale team combined with VB's confident personality and his relatively long experience at the trust allowed contributed to the lack of challenge to his behaviours. It is likely that a greater presence of service line management trust staff at the Swale team would have supported the team's managers and instilled a culture where VB's behaviour would have been challenged and acted upon more readily.

9.9 In order for the trust to assure itself that it safeguards all vulnerable adults, in all situations and all settings, a culture change is needed. This culture change must centre on the empowerment of patients, their relatives, their carers and staff. The trust must ensure that all of these groups of people feel empowered to act when they have a concern. The trust must build on the work it has done to distribute information on, for example, the chaperone policy to encourage patients to question or raise anything untoward.

9.10 Furthermore the trust must ensure that line managers are empowered to take disciplinary action when their instincts tell them to and that they are supported by the HR department in doing so.

Recommendations

R5 The trust must, over the coming months, develop a trust-wide cultural assessment tool to consolidate data from patient experience surveys, staff surveys, friends and family tests, complaints and other relevant indicators. The service lines must apply the tool to their front line teams on a regular basis and review, escalate and act on emerging issues, particularly around raising concerns.

R6 The director of nursing must nominate a member of senior nursing staff who has been involved with the VB case to develop a 'case study' on the importance of raising concerns for use in safeguarding training sessions for trust staff. The first-hand experiences of the senior nurse must be incorporated in the training.

R7 The trust must, as a priority, develop and deliver a compulsory workshop for all of its front line staff to familiarise them with the council for healthcare regulatory excellence's guidance on clear sexual boundaries between healthcare professionals and patients.

R8 The trust's executive team must ensure that patients have a clear and well-publicised point of contact if they wish to raise a concern or make a complaint. The executive team must, over the coming months, ensure that this information is available to patients across the clinical areas as well as on the trust's website and conduct a trust-wide patient experience survey to review whether patients are aware of their point of contact.

R9 The trust's executive team must ensure that information is routinely given to patients attending appointments on what to expect from their health professional(s) in terms of professional boundaries. Information leaflets must be produced and distributed where this is not the case.

Monitoring disciplinary outcomes

9.11 The trust largely treated each allegation against VB in isolation. The trust lacked a central resource that would have provided an overarching narrative of VB's conduct. In a trust covering a large geographic area and adopting a devolved model for managing personnel records, VB was able to avoid adequate monitoring from senior management. VB's

personnel information was managed by his line managers who received no formal trust guidance on this process nor on the handing over of VB’s files to his new managers.

9.12 There has been limited formal trust guidance and structure around feedback and objectives following formal written warnings. It is both the incoming and outgoing line managers’ responsibility to take forward recommendations and ensure that these are carried forward when staff leave a post and a new manager takes them on.

9.13 Allegations made against nurses prior to 2014 were not routinely reported to the trust’s corporate nursing team. This was a missed opportunity for the trust to achieve central oversight of its nurses who face disciplinaries. We welcome the fact that, since 2014, a member of the trust’s corporate nursing team sits on every disciplinary panel.

9.14 VB did not have supervisions in line with trust policy. From reviewing VB’s personnel files it is apparent that the minimum standard for managerial supervision, one every six weeks, was not met consistently. The trust’s supervision policy states that all recording of supervision must be done in line with the trust’s record of management and clinical/professional supervision document. This document is included as an appendix in the policy. We have not found evidence that these document was completed or indeed stored.

Recommendations

R10 The trust’s executive team must, as a priority, amend the disciplinary policy so that it explicitly states that a member of the trust’s corporate nursing team must attend every disciplinary panel for a trust nurse. The policy must also explicitly state that a service line lead nurse must be involved in disciplinary proceedings against nurses from the point at which a concern is raised. These nurses must provide professional regulatory advice, based on the NMC’s Code, and contribute to terms of reference for disciplinary investigations.

R11 The trust’s HR department must, as a priority, produce and distribute formal guidance on monitoring conduct following formal written warnings to all line managers. This guidance must include a schedule, with key dates and the obligations of staff (from the service lines, HR, safeguarding and the corporate nursing team) outlined. It must be included as an appendix in the trust’s disciplinary policy.

R12 The trust's senior nursing team, in conjunction with HR department must as a priority develop a formal 'sign off' procedure for staff whose conduct has improved following disciplinary action. The procedure must involve the production of a debrief report, produced by the line manager, senior service line staff, HR and the safeguarding team. The report must be kept, but marked as 'spent', in a sealed envelope on the member of staff's personnel file. The trust's disciplinary policy must be updated to reflect this procedure and the circumstances under which these 'spent' disciplinaries can be viewed.

The role of human resources

9.15 There has historically been a divide between the trust's HR team and the nursing managers. This divide has emerged due to a lack of clarity on the roles and responsibilities of these professional groups resulting in a difference in perception on the need for suspending staff. The trust's HR team, like all HR teams in the NHS, has to balance the protection of its employees with the protection of patients. In order to achieve this balance the trust must provide greater clarity and guidance on when suspension is an appropriate response to an allegation.

9.16 Line managers must be encouraged by the trust to pursue their instincts on decisions about suspending staff, taking advice from HR. The trust is looking to introduce activities to help the HR team understand that suspending a member of staff may actually protect the staff member and not just the patients.

9.17 It is clear that a better working relationship between the HR department and the local nursing managers is needed. Greater clarity and transparency is required about the roles of these two professional groups so that they adopt a more integrated approach.

9.18 More rapid action was needed by HR to suspend VB. The new HR management team recognises this and has assured us that it is working with the HR team to develop a better understanding of the appropriate use of suspensions.

Recommendation

R13 The trust executive must develop a series of focus groups for representatives of the HR and nursing teams to develop greater clarity on their respective roles in managing staff and create a better working relationship. The trust must solidify output from these sessions in the form a 'memorandum' document to be used by all trust HR and nursing staff to understand what their respective managerial duties are.

Appendix A

Team biographies

Kieran Seale

Kieran joined Verita in 2014. He is an experienced consultant with a passion for improving public services. Following a varied career encompassing local government, government agencies and the private sector, Kieran spent five years working in NHS commissioning. He was involved in the setting up of four central London Clinical Commissioning Groups, advising on areas such as governance, risk management and conflicts of interest. Legally qualified, he has wide experience of delivering solutions to governance issues in the NHS and outside. While at Verita he has led a review of a conflict of interest issue at a CCG for NHS England and has been involved in a number of investigations into meeting government targets for Emergency Department performance and referral to treatment times for acute trusts. He also manages Verita's work supporting the British Council and the Lottery Forum in handling complaints.

Charlie de Montfort

Charlie has supported a wide range of investigations since joining Verita in November 2013. Charlie has a BSc from the University of Bristol, an MSc from the London School of Economics and has worked and volunteered across private and public sector organisations in the UK and abroad. He has recently been involved with delivering a governance review for a large mental health trust, conducting a review into a conflict of interest at a CCG and developing an adverse incident handbook for governance managers at an acute trust in London.

Amber Sargent

Amber joined Verita as a senior consultant in 2009. Previously she worked at the Care Quality Commission (CQC) where she led on several major investigations into patient safety, governance and concerns around performance. At Verita Amber has worked on a wide range of investigations and reviews, including those into the care and treatment of mental health patients convicted of homicide or murder. She specialises in patient safety systems and benchmarking. Amber recently worked with a foundation trust to help it develop its care

pathway for cardiology services and benchmark its services against national and international standards.

Appendix B

Documents reviewed

Policies and procedures

- *Investigation of serious incidents, incidents, complaints and claims,* October 2011
- *Safeguarding vulnerable adults policy,* November 2012
- *Recruitment policy,* January 2013
- *Personal boundaries policy,* March 2013
- *Safeguarding and protecting children and young people policy,* April 2013
- *Alcohol and substance misuse policy,* September 2013
- *Use of intra muscular injection medication in community mental health centre clinics,* October 2013
- *Code of conduct,* October 2013
- *Clinical records policy,* September 2014
- *Raising concerns whistleblowing policy and procedure,* March 2015
- *Supervision policy,* March 2015
- *Management of serious incidents, incidents, accidents and near misses policy,* March 2015
- *Physical health and examination policy,* April 2015
- *Medicines management policy,* April 2015
- *Disciplinary policy,* May 2015
- *Policy on the use of chaperones during intimate personal examination by a clinician,* June 2015
- *Delivering performance management policy,* June 2015
- *Health and social care record document scanning policy,* July 2015
- *Allegations made by patients against clinical staff* (draft policy)

Other

- VB's HR documents
- Task and Finish group meeting minutes
- Transcripts of staff and victim interviews (carried out by the original independent reviewer)

- The report produced by the original independent reviewer, February 2016

Reports

- Acas (2015) *Code of practice on disciplinary and grievance procedures*
- Acas (2015) *Discipline and grievances at work*
- NHS England (2014) *Corporate records retention and disposal schedule and guidance*

Appendix C

Transcripts reviewed

- Clinical lead occupational therapist
- Lead nurse within the corporate nursing team
- Service director of the community recovery services
- Head of safeguarding
- Service manager
- Deputy director of nursing
- Interim HR director
- Service manager for the mental health of learning disabilities team
- HR advisor
- Assistant director of HR
- Operation team lead for Swale
- Clinical quality and compliance lead for the acute service line
- Patient safety manager

- Three victims