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EARLY CONCILIATION CERTIFICATE
- Employment Tribunals Act 1996 s18A

Acas EC Reference Number R198104/23/09

Prospective Claimant
Mohamed Osama Mohamed Mahgoub
80 The Parade
Flat 6
Leicester
LE2 5BF

Prospective Respondent
Callum Gardner
Peterborough Hospitals Nhs Trust
Bretton Gate, Peterborough City Hospital
Peterborough
PE3 9GZ

Date of receipt by Acas of the EC notification - 21 June 2023

Date of issue by Acas of this Certificate - 02 August 2023

Method of issue - Email

This Certificate is to confirm that the prospective claimant has complied with the requirement under ETA 1996 s18A to contact Acas before instituting proceedings in the Employment Tribunal.

Please keep this Certificate securely as you will need to quote the reference number (exactly as it appears above) in any Employment Tribunal application concerning this matter.

Claim form

Official Use Only

Tribunal office **Watford**

Case number

Date received

30/08/2023

You must complete all questions marked with an '*'

1 Your details

1.1 Title ☒ Mr ☐ Mrs ☐ Miss ☐ Ms

1.2* First name (or names) **Mohamed Osama Mohamed**

1.3* Surname or family name **Mahgoub**

1.4 Date of birth **0 7 / 1 1 / 1 9 8 1** Are you? ☒ Male ☐ Female

1.5* Address

Number or name

Flat 6, 80

Street

The Parade

Town/City

Leicester

County

Leicestershire

Postcode

L E 2 1 5 B F

1.6 Phone number

Where we can contact you during the day

1.7 Mobile number (if different)

1.8 How would you prefer us to contact you?
(Please tick only one box)

☒ Email ☐ Post ☐ Fax

Whatever your preference please note that some documents cannot be sent electronically

1.9 Email address

farisf16@yahoo.com

1.10 Fax number

1.11 Would you be able to take part in a hearing by video?
(Requires internet access).

☒ Yes ☐ No

Further details on video hearings can be found on the following link <https://www.gov.uk/guidance/hmcts-telephone-and-video-hearings-during-coronavirus-outbreak>



2 Respondent's details (that is the employer, person or organisation against whom you are making a claim)

2.1* Give the name of your employer or the person or organisation you are claiming against (If you need to you can add more respondents at 2.5)

North West Anglia NHS Foundation Trust

2.2* Address

Number or name

Bretton Gate

Street

Peterborough City Hospital

Town/City

Peterborough

County

Cambridgeshire

Postcode

P E 3 9 G Z

Phone number

2.3* Do you have an Acas early conciliation certificate number?



Yes



No

Nearly everyone should have this number before they fill in a claim form. You can find it on your Acas certificate. For help and advice, call Acas on 0300 123 1100 or visit www.acas.org.uk

If Yes, please give the Acas early conciliation certificate number.

R198101/23/36

If No, why don't you have this number?



Another person I'm making the claim with has an Acas early conciliation certificate number



Acas doesn't have the power to conciliate on some or all of my claim



My employer has already been in touch with Acas



My claim consists only of a complaint of unfair dismissal which contains an application for interim relief. (See guidance)

2.4 If you worked at a different address from the one you have given at 2.2 please give the full address

Address

Number or name

Street

Town/City

County

Postcode

Phone number

2.5 If there are other respondents please tick this box and put their names and addresses here. ☒

(If there is not enough room here for the names of all the additional respondents then you can add any others at Section 13.)

Respondent 2

Name

Callum Gardner

Address

Number or name

North West Anglia NHS Foundation Trust

Street

Peterborough City Hospital

Town/City

Peterborough

County

Cambridgeshire

Postcode

P E 3 9 G Z

Phone number

2.6 Do you have an Acas early conciliation certificate number?

☒ Yes ☐ No

Nearly everyone should have this number before they fill in a claim form. You can find it on your Acas certificate. For help and advice, call Acas on 0300 123 1100 or visit www.acas.org.uk

If Yes, please give the Acas early conciliation certificate number.

R198104/23/09

If No, why don't you have this number?

- ☐ Another person I'm making the claim with has an Acas early conciliation certificate number
- ☐ Acas doesn't have the power to conciliate on some or all of my claim
- ☐ My employer has already been in touch with Acas
- ☐ My claim consists only of a complaint of unfair dismissal which contains an application for interim relief. (See guidance)

Respondent 3

2.7

Name

Cheryl Palmer

Address

Number or name

North West Anglia NHS Foundation Trust

Street

Hinchingbrooke Hospital

Town/City

Huntingdon

County

Cambridgeshire

Postcode

P E 2 9 6 N T

Phone number

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2.8 Do you have an Acas early conciliation certificate number?

☒ Yes ☐ No

Nearly everyone should have this number before they fill in a claim form. You can find it on your Acas certificate. For help and advice, call Acas on 0300 123 1100 or visit www.Acas.org.uk

If Yes, please give the Acas early conciliation certificate number

R198105/23/00

If No, why don't you have this number?

- ☐ Another person I'm making the claim with has an Acas early conciliation certificate number
- ☐ Acas doesn't have the power to conciliate on some or all of my claim
- ☐ My employer has already been in touch with Acas
- ☐ My claim consists only of a complaint of unfair dismissal which contains an application for interim relief. (See guidance)

3 Multiple cases

3.1 Are you aware that your claim is one of a number of claims against the same employer arising from the same, or similar, circumstances?

☐ Yes ☒ No

If Yes, and you know the names of any other claimants, add them here. This will allow us to link your claim to other related claims.

4 Cases where the respondent was not your employer

4.1 If you were not employed by any of the respondents you have named but are making a claim for some reason connected to employment (for example, relating to a job application which you made or against a trade union, qualifying body or the like) please state the type of claim you are making here. (You will get the chance to provide details later):

Now go to Section 8

5 Employment details

If you are or were employed please give the following information, if possible.

5.1 When did your employment start?

Is your employment continuing?

☒ Yes ☐ No

If your employment has ended, when did it end?

If your employment has not ended, are you in a period of notice and, if so, when will that end?

5.2 Please say what job you do or did.

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6 Earnings and benefits

6.1 How many hours on average do, or did you work each week in the job this claim is about? hours each week

6.2 How much are, or were you paid?

Pay before tax

£

☐ Weekly

☐ Monthly

Normal take-home pay

(Incl. overtime, commission, bonuses etc.)

£

☐ Weekly

☐ Monthly

6.3 If your employment has ended, did you work (or were you paid for) a period of notice? ☐ Yes ☐ No

If Yes, how many weeks, or months' notice did you work, or were you paid for?

weeks

months

6.4 Were you in your employer's pension scheme? ☐ Yes ☐ No

6.5 If you received any other benefits, e.g. company car, medical insurance, etc, from your employer, please give details.

7 If your employment with the respondent has ended, what has happened since?

7.1 Have you got another job? ☐ Yes ☐ No

If No, please **go to section 8**

7.2 Please say when you started (or will start) work.

7.3 Please say how much you are now earning (or will earn).

£

8 Type and details of claim

8.1* Please indicate the type of claim you are making by ticking one or more of the boxes below.

- ☒ I was unfairly dismissed (including constructive dismissal)
- ☐ I was discriminated against on the grounds of:
- | | |
|---|--|
| ☐ age | ☐ race |
| ☐ gender reassignment | ☐ disability |
| ☐ pregnancy or maternity | ☐ marriage or civil partnership |
| ☐ sexual orientation | ☐ sex (including equal pay) |
| ☐ religion or belief | |

☐ I am claiming a redundancy payment

- ☒ I am owed
- | |
|--|
| ☒ notice pay |
| ☐ holiday pay |
| ☐ arrears of pay |
| ☒ other payments |

- ☒ I am making another type of claim which the Employment Tribunal can deal with.
(Please state the nature of the claim. Examples are provided in the Guidance.)

Whistleblowing detriment and dismissal - see Grounds of Claim

8.2* Please set out the background and details of your claim in the space below.

The details of your claim should include **the date(s) when the event(s) you are complaining about happened**. Please use the blank sheet at the end of the form if needed.

See attached Grounds of Claim

9 What do you want if your claim is successful?

9.1 Please tick the relevant box(es) to say what you want if your claim is successful:

- ☐ If claiming unfair dismissal, to get your old job back and compensation (reinstatement)
- ☐ If claiming unfair dismissal, to get another job with the same employer or associated employer and compensation (re-engagement)
- ☒ Compensation only
- ☒ If claiming discrimination, a recommendation (see Guidance).

9.2 What compensation or remedy are you seeking?

If you are claiming financial compensation please give as much detail as you can about how much you are claiming and how you have calculated this sum. (Please note any figure stated below will be viewed as helpful information but it will not restrict what you can claim and you will be permitted to revise the sum claimed later. See the Guidance for further information about how you can calculate compensation). If you are seeking any other remedy from the Tribunal which you have not already identified please also state this below.

Full schedule of loss to follow

10 Information to regulators in protected disclosure cases

- 10.1 If your claim consists of, or includes, a claim that you are making a protected disclosure under the Employment Rights Act 1996 (otherwise known as a 'whistleblowing' claim), please tick the box if you want a copy of this form, or information from it, to be forwarded on your behalf to a relevant regulator (known as a 'prescribed person' under the relevant legislation) by tribunal staff. (See Guidance). ☒

11 Your representative

If someone has agreed to represent you, please fill in the following. We will in future only contact your representative and not you.

11.1 Name of representative

11.2 Name of organisation

11.3 Address

Number or name

Street

Town/City

County

Postcode

11.4 DX number (if known)

11.5 Phone number

11.6 Mobile number (if different)

11.7 Their reference for correspondence

11.8 Email address

11.9 How would you prefer us to communicate with them? (Please tick only one box)

☐

Email

☐

Post

☐

Fax

11.10 Fax number

12 Disability

12.1 Do you have a disability?

☐

Yes

☒

No

If Yes, it would help us if you could say what this disability is and tell us what assistance, if any, you will need as your claim progresses through the system, including for any hearings that maybe held at tribunal premises.

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13 Details of additional respondents

Section 2 allows you to list up to three respondents. If there are any more respondents please provide their details here

Respondent 4

Name

Address

Number or name

Street

Town/City

County

Postcode

Phone number

Do you have an Acas early conciliation certificate number?

☐

Yes

☒

No

Nearly everyone should have this number before they fill in a claim form. You can find it on your Acas certificate. For help and advice, call Acas on 0300 123 1100 or visit www.acas.org.uk

If Yes, please give the Acas early conciliation certificate number.

If No, why don't you have this number?

☐

Another person I'm making the claim with has an Acas early conciliation certificate number

☐

Acas doesn't have the power to conciliate on some or all of my claim

☐

My employer has already been in touch with Acas

☐

My claim consists only of a complaint of unfair dismissal which contains an application for interim relief. (See guidance)

Respondent 5

Name

Address

Number or name

Street

Town/City

County

Postcode

Phone number

Do you have an Acas early conciliation certificate number?

☐

Yes

☒

No

Nearly everyone should have this number before they fill in a claim form. You can find it on your Acas certificate. For help and advice, call Acas on 0300 123 1100 or visit www.acas.org.uk

If Yes, please give the Acas early conciliation certificate number.

If No, why don't you have this number?

☐

Another person I'm making the claim with has an Acas early conciliation certificate number

☐

Acas doesn't have the power to conciliate on some or all of my claim

☐

My employer has already been in touch with Acas

☐

My claim consists only of a complaint of unfair dismissal which contains an application for interim relief. (See guidance)

14 Final check

Please re-read the form and check you have entered all the relevant information.

Once you are satisfied, please tick this box. ☐

General Data Protection Regulations

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address <https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter>.

To receive a paper copy of this privacy notice, please call our Customer Contact Centre:

England and Wales: 0300 123 1024

Welsh speakers: 0300 303 5176

Scotland: 0300 790 6234

Textphone: 18001 0300 123 1024 (England and Wales)

Textphone: 18001 0300 790 6234 (Scotland)

Please note: a copy of the claim form or response and other tribunal related correspondence may be copied to the other party and Acas for the purpose of tribunal proceedings or to reach settlement of the claim.

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15 Additional information

You can provide additional information about your claim in this section.

If you're part of a group claim, give the Acas early conciliation certificate numbers for other people in your group. If they don't have numbers, tell us why.





It is important to us that everyone who has contact with HM Courts & Tribunals Service, receives equal treatment. We need to find out whether our policies are effective and to take steps to ensure the impact of future policies can be fully assessed to try to avoid any adverse impacts on any particular groups of people. That is why we are asking you to complete the following questionnaire, which will be used to provide us with the relevant statistical information.

Your answers will be treated in strict confidence.

Thank you in advance for your co-operation.

Claim type

Please confirm the type of claim that you are bringing to the employment tribunal. This will help us in analysing the other information provided in this form.

- (a) ☐ Unfair dismissal or constructive dismissal
- (b) ☐ Discrimination
- (c) ☐ Redundancy payment
- (d) ☐ Other payments you are owed
- (e) ☐ Other complaints

Sex

What is your sex?

- (a) ☐ Female
- (b) ☐ Male
- (c) ☐ Prefer not to say

Age group

Which age group are you in?

- (a) ☐ Under 25
- (b) ☐ 25-34
- (c) ☐ 35-44
- (d) ☐ 45-54
- (e) ☐ 55-64
- (f) ☐ 65 and over
- (g) ☐ Prefer not to say

Ethnicity

What is your ethnic group?

White

- (a) ☐ English / Welsh / Scottish / Northern Irish / British
- (b) ☐ Irish
- (c) ☐ Gypsy or Irish Traveller
- (d) ☐ Any other White background

Mixed / multiple ethnic groups

- (e) ☐ White and Black Caribbean
- (f) ☐ White and Black African
- (g) ☐ White and Asian
- (h) ☐ Any other Mixed / multiple ethnic background

Asian / Asian British

- (i) ☐ Indian
- (j) ☐ Pakistani
- (k) ☐ Bangladeshi
- (l) ☐ Chinese
- (m) ☐ Any other Asian background

Black / African / Caribbean / Black British

- (n) ☐ African
- (o) ☐ Caribbean
- (p) ☐ Any other Black / African / Caribbean background

Other ethnic group

- (q) ☐ Arab
- (r) ☐ Any other ethnic group
- (s) ☐ Prefer not to say

Disability

The Equality Act 2010 defines a disabled person as 'Someone who has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Conditions covered may include, for example, severe depression, dyslexia, epilepsy and arthritis.

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

- (a) ☐ Yes
- (b) ☐ No
- (c) ☐ Prefer not to say

Marriage and Civil Partnership

Are you?

- (a) ☐ Single, that is, never married and never registered in a same-sex civil partnership
- (b) ☐ Married
- (c) ☐ Separated, but still legally married
- (d) ☐ Divorced
- (e) ☐ Widowed
- (f) ☐ In a registered same-sex civil partnership
- (g) ☐ Separated, but still legally in a same-sex civil partnership
- (h) ☐ Formerly in a same-sex civil partnership which is now legally dissolved
- (i) ☐ Surviving partner from a same-sex civil partnership
- (j) ☐ Prefer not to say

Religion and belief

What is your religion?

- (a) ☐ No religion
- (b) ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- (c) ☐ Buddhist
- (d) ☐ Hindu
- (e) ☐ Jewish
- (f) ☐ Muslim
- (g) ☐ Sikh
- (h) ☐ Any other religion (please describe)
- (i) ☐ Prefer not to say

Caring responsibilities

Do you have any caring responsibilities, (for example; children, elderly relatives, partners etc.)?

- (a) ☐ Yes
- (b) ☐ No
- (c) ☐ Prefer not to say

Sexual identity

Which of the options below best describes how you think of yourself?

- (a) ☐ Heterosexual/Straight
- (b) ☐ Gay/Lesbian
- (c) ☐ Bisexual
- (d) ☐ Other
- (e) ☐ Prefer not to say

Pregnancy and maternity

Were you pregnant when the issue you are making a claim about took place?

- (a) ☐ Yes
- (b) ☐ No
- (c) ☐ Prefer not to say

Thank you for taking the time to complete this questionnaire.

Employment Tribunals check list

Please check the following:

1. Read the form to make sure the information given is correct and truthful, and that you have not left out any information which you feel may be relevant to you or your client.
2. Do not attach a covering letter to your form. If you have any further relevant information please enter it in the 'Additional Information' space provided in the form.
3. Send the completed form to the relevant office address.
4. Keep a copy of your form posted to us.

If your claim has been submitted on-line or posted you should receive confirmation of receipt from the office dealing with your claim within five working days. If you have not heard from them within five days, please contact that office directly. If the deadline for submitting the claim is closer than five days you should check that it has been received before the time limit expires.

You have opted to print and post your form. We would like to remind you that forms submitted online are processed much faster than ones posted to us.

If you want to submit your claim online please go to www.gov.uk/employment-tribunals/make-a-claim

A list of our office's contact details can be found at the hearing centre page of our website at – www.gov.uk/guidance/employment-tribunal-offices-and-venues; if you are still unsure about which office to contact please call our Employment Tribunal Customer Contact Centre (Mon – Fri, 9am – 5pm) they can also provide general procedural information about the Employment Tribunals.

Customer Contact Centre:

England and Wales: 0300 123 1024

Welsh speakers: 0300 303 5176

Scotland: 0300 790 6234

Textphone: 18001 0300 123 1024 (England and Wales)

Textphone: 18001 0300 790 6234 (Scotland)

IN THE EMPLOYMENT TRIBUNAL

CASE NUMBER:

Mohamed Osama Mohamed Mahgoub

Claimant

AND

North West Anglia NHS Foundation Trust

First Respondent

Callum Gardiner

Second Respondent

Cheryl Palmer

Third Respondent

GROUND OFS OF CLAIM

Introduction:

1. I have worked as an agency locum Medical Oncologist at Peterborough City Hospital which is part of the Northwest Anglia NHS Foundation Trust since September 2020. I was employed via an agency (DRC Locums agency) by way of a contract dated 21.09.2020.
2. I am taking this claim on the basis of the following complaints:
 - a. Detriment as a result of making protected disclosures pursuant to section 47B(1) of the Employment Rights Act 1996 (hereinafter "ERA")

b. Automatic unfair dismissal pursuant to section 43B and 103A ERA

3. I believe I was treated unfairly and unfairly dismissed by the Respondents as a result of a number of qualifying and protected public interest disclosures that I made during the course of my employment as I have set out below.
4. I was an NHS agency worker at all material times, and I qualify as a worker under the Public Interest Disclosure Act pursuant to section 43K ERA **and/or in the alternative at all material times I was an employee of the First Respondent in particular in relation to the fixed term contract offered to me and referred to below in paragraph 29.**
5. I have complied with my obligations under the relevant legislation relating to the requirement to engage with early conciliation and ACAS certificates were issued on 2 August 2023 under reference number R198101/23/36 for the First Respondent, R198104/23/09 for the Second Respondent and R198105/23/00 for the Third Respondent.

Factual Background

6. My experience working in the medical oncology team was positive until Dr Kamalnayan Gupta joined the team in May 2022. Rumours about his alleged misconduct at his previous hospital circulated in the team and concerned me as they included potential financial abuse of patients. As a result of these rumours, I undertook some research into Dr Gupta's background. My research uncovered a high court case against Dr Gupta involving numerous serious concerns about his conduct.
7. Between August and September 2022, I discovered that he used another doctor's GMC number and incorrectly claimed a specialization (Medical

Oncology) on his Doctify webpage. Doctify is a UK based health-tech platform that allows patients to find, compare, and book appointments with healthcare professionals online. It aims to improve the healthcare experience for both patients and doctors by providing a platform that offers transparency, convenience, and trust. It includes doctors listing and reviews. The other Doctor shared Dr Gupta's surname and his first name sounds similar to his. Dr Gupta's GMC registration was conditional as a result of the issues surrounding his work at his previous employer, and yet the doctor who shared his name had no conditions on his GMC registration.

8. I informed colleagues in the department about this and specifically told Dr Karen McAdam, the department's most senior oncologist. This was in the Autumn of 2022 and Dr Gupta was away on leave.
9. At the time, I used to work with Dr McAdam on Wednesdays in her outpatient clinic and it was during one of those Wednesdays, during the clinic, that I disclosed to her the information I had discovered about Dr Gupta's Doctify page. I told her that I thought he was deliberately using another doctor's GMC number to hide the fact that he had conditions on his registration. She decided to check for herself and opened his webpage. While I was more focused on the falsification of his GMC number, she was more alarmed by his inclusion of 'medical oncology' specialisation in his expertise. Alarmed about both points, Dr McAdam immediately contacted the Doctify website and approached them with the two concerns above. She did this by filling 'a contact us form' available on the Doctify website in my presence and shared with them her contact details and her name and position.
10. That afternoon, I went to Dr McAdam's office to discuss a separate patient's care issues when she received a call from Doctify. While I heard her part of the conversation, I didn't hear what she was being told. Dr McAdam repeated the concerns, listened a bit and then ended the conversation. She didn't tell me what the Doctify team said. She started telling me that it could be that Dr Gupta's personal assistant might have made this unintended mistake by

entering the other consultant's GMC number during the setup of the webpage, I thought this was an unrealistic explanation.

11. I believe this was my first qualifying and protected public interest disclosure. I reasonably believed it was in the public interest to advise Dr McAdam what I had discovered about Dr Gupta's Doctify page, and I believe that the information I disclosed tended to show numerous breaches of legal obligations owed by Dr Gupta in relation to his GMC registration and the conditions that he had at the time on his registration. I believed he was misrepresenting that he had a clear GMC registration by using another doctor's GMC number and that he also misrepresented his medical specialisation.

12. I checked the Doctify webpage later and found that they corrected his GMC number but not his specialization.

Chemotherapy Case:

13. In October 2022, Dr Gupta assigned a patient to my clinic and advised unnecessary chemotherapy without valid clinical reasons. The plan for this patient was agreed by the multi-disciplinary urology cancer team a year earlier and was to offer the patient radical radiation to his localised prostate cancer.

14. Dr Gupta reviewed this patient's case earlier in 2022 and took measures to proceed with the earlier agreed plan. He had planned long-term leave that was due to start just as the patient came back to start the radical radiation. Planning this radiation, a principal duty of Dr Gupta involves considerable time commitment which I believe due to his planned absence, he didn't have. Rather than asking a colleague for help or simply postponing the treatment till he came back from leave a month later, he chose to start the patient on chemotherapy to bridge the time of his absence. There were no clinical grounds for this decision which would have put the patient health under unnecessary danger.

15. During the consultation with the patient, and after reviewing his case, I left the consultation room and recognising the seriousness of this issue, I discussed it with Dr Sarah Treece, clinical oncologist and the lead of radiotherapy in the department. We agreed to cancel Dr Gupta's plans for chemotherapy for the patient. Dr Treece escalated the matter to her senior Dr Cheryl Palmer (the Third Respondent) who was the lead of the department in Dr Gupta's absence and the oncology divisional director (a senior position to Dr Gupta).
16. I strongly advised against proceeding with the treatment and documented my concerns in the clinic letter, which I know was seen later by Dr Gupta and his superiors, including the Third Respondent, Dr Cheryl Palmer. However, I haven't seen any further action on this matter. Dr Gupta never apologised to the patient.
17. I believe that this was my second qualifying and protected public interest disclosure. I reasonably believed it was in the public interest to make this disclosure as it tended to show a breach of a legal obligation owed to the patient and to continue with the unnecessary treatment presented a danger to the patient's health and safety.

NHS Resources:

18. While covering the ward, I saw a few of Dr Gupta's insurance forms which he used to leave with auxiliary staff and heard administrative staff complaining that 'he was charging the insurance companies a fortune'. A number was given as high as £1500. This far exceeds the BMA's recommended limit of a £100 for the signing of a patient's insurance form.
19. As I was working full time, there were many times that I couldn't reach Dr Gupta during working hours to discuss clinical issues of his patients. The times were fixed every week and concerns were raised by a few members of staff who work closely with Dr Gupta that he might be working in a private clinic during that time. The word 'moonlighting' was used by members of staff to describe this. I reported both concerns verbally to Dr Sarah Treece as she was

working as the lead of Radiotherapy, and she reported to the Third Respondent, Dr Cheryl Palmer, as an oncology divisional director. This was the same period that the unnecessary chemotherapy case was taking place. Again, to my knowledge, no action was taken about this issue.

20. I believe that this was my third qualifying and protected public interest disclosure. I reasonably believed it was in the public interest to make this disclosure as it tended to show several breaches of legal obligations owed by Dr Gupta to the insurance companies and to the NHS as he was possibly working privately during his NHS contracted hours which constitutes a breach of his NHS contract.

Substantive Post Application and Retaliation:

21. In December 2022, I applied for a permanent consultant job in the oncology department
22. I believe that I was set up to fail this interview process and that this was in direct retaliation for the protected disclosures I made and which I have explained above. Firstly, in relation to the format for the interview which I explain below.
23. All the interview invites format (I received more than 10 of them) specified that the interview was due to take place virtually. However, I believe that this was changed at the last minute in order to reduce my chances of getting the job. The venue was changed as I logged in to Microsoft teams at the start of the interview. I have email evidence to demonstrate this last-minute change and confirming that throughout I was told that the interview would be virtual.
24. After this extreme last-minute change, I hurried to the interview venue in HR quarters which is on the other side of this big hospital. In the rush, I mistakenly left my laptop behind in the office. I explained this problem when I arrived but was still asked to deliver a five-minute presentation about a pre-set topic. As the PowerPoint slides I had prepared were in the laptop which I

planned to join the remote interview with, I had no slides with me to present to the panel.

25. I offered to deliver the presentation without slides as I had prepared for it and familiarised myself with the topic quite well. I explained that the slides were in the laptop. Though nothing in the interview requirement mandates it to be a PowerPoint or any particular format, the panel insisted that I return to my office to get my laptop so they could see the slides I had prepared.
26. I felt this request was unreasonable given the distance to my office and the delay it would cause and my readiness to deliver the presentation without the slides. I felt as though the panel did not believe that I had prepared a presentation and that they wanted to catch me out by making me return to collect the laptop. I believe they thought I was lying. I was not lying. Given these circumstances the interview was delayed by half an hour after which I delivered the presentation.
27. I also believe that many of the interview questions were not standardised and were tailored to emphasise a previous disagreement I had with members of the team regarding a past case in which I put the patient best interests first and disagreed with the team in its management. I explained to the interview panel that I will always put patient first, while a few members were more focused on the clinical team. I believe that this was deliberately intended to make it look as though I was a 'rogue' doctor and not a team player. Indeed, this word was used in describing me in the interview feedback forms.
28. In addition, the panel included some members who were not qualified to participate in a consultant interview (one was a trainee administrator). This member asked several irrelevant questions in the interview about an imaginary project, and I felt this individual was quite hostile and unprofessional towards me when I answered questions about finding some parts of the job monotonous. This in my view, reflected his immaturity and lack of experience

needed for such interviews.

29. The next day, I was told that my interview was unsuccessful, and I was offered only a temporary fixed term contract instead of a permanent one. I accepted this fixed term contract, but my acceptance of the contract was never acknowledged by the First Respondent or any of its officers.

Attempts to Raise Concerns Internally

30. After the substantive post interview, I sought a confidential meeting with the medical director (I sent an email to him dated 22.03.23) to discuss the patient concerns I had about Dr Gupta. I didn't include any specific details. I received no timely response. He answered after my dismissal (02.04.23) saying he was going on leave and asking me to email him my concerns.
31. I believe that this was my fourth qualifying and protected public interest disclosure. I reasonably believed it was in the public interest to make this disclosure and that it tended to show several breaches of legal obligations and risks to the health and safety of patients.
32. My agency then received notice of termination of my contract on 28 March 2023. I was not provided with any notice. The termination email was written by a member of the booking team and cited 'clinical reasons' for the termination of my contract the detail of which I have never seen. I believe that this email was sent to my agency at the direct request of the Second and/or Third Respondents. This termination disregarded the temporary fixed-term contract I had accepted in good faith as set out in paragraph 29 above.
33. I believe that the reference to 'clinical concerns' was a deliberate attempt to damage my professional reputation.

After My Dismissal

34. On the 31.03.23 I wrote to the hospital CEO and the Freedom to Speak Up Office, highlighting the previously disclosed concerns about Dr Gupta and

about the retaliation I faced. Though this was supposed to be confidential, Dr Gupta was aware of it within one hour and tried to speak to me about my dismissal in the hospital corridor. He tried to explain that he had nothing to do with my dismissal and that people more senior to him were keen to get rid of me. I saw this as an attempt to dissuade me from further whistleblowing actions against him. Though I had already escalated his actions to the Chief Executive of the hospital, I think he was more worried about me escalating the matter further to our regulator which is the General Medical Council. I told him that I have now left the job, and don't wish to discuss anything with him. He followed me from my office till the hospital entrance and I refused to listen to his narrative.

35. Instead of investigating Dr Gupta, the CEO and the hospital decided to launch an investigation into my conduct almost immediately after I had written to the Chief Executive with details of the disclosures I had made.

36. In addition, my NHS.NET email which I explained to the CEO contained evidence supporting my disclosures was inappropriately accessed by management without my prior consent.

37. I wrote to the CEO asking for my email to be kept secure and for those accessing its contents to be asked to stop doing so. Again, I received no response from the CEO. Moreover, despite explicitly asking for my email to be kept safe, it was later deleted by the hospital.

38. I also shared with the CEO by letter dated 30th of May 2023, three cases where I thought clinical negligence and following cover up took place which resulted in harming patients who were under my care. I received no response from the hospital to these very significant clinical issues.

39. Up to my knowledge, no investigations have been conducted into the disclosures I have made about the conduct of Dr Gupta and my concerns

about the three cases involving serious clinical errors.

40. In the following months, I contacted the GMC with my concerns regarding Dr Gupta. It was only after the GMC started their investigation that I got an acknowledgment from the CEO, thanking me for my whistleblowing and stating that an investigation has started but that I could not be updated of its progress due to its confidential nature.

41. I believe my experience with this hospital, including my dismissal, is retaliation for whistleblowing on Dr Gupta. I am also worried that there might be attempts to tarnish my reputation or even refer me to the GMC without cause.

42. My primary concern remains the welfare of Peterborough's public, particularly the vulnerable oncology patients who trust in the hospital's oversight and appropriate use of NHS resources.

S47B(1) Complaint

43. In summary I contend that the following amount to a protected disclosures under either section 43C(1)(a), (b),(d) or (f) ERA:

(a) Between August and September 2022 when I raised concerns about Dr Gupta's Doctify account to Dr McAdam;

(b) In October 2022, when I raised concerns about the chemotherapy treatment of one of Dr Gupta's patients to Dr Sarah Treece who informed the Third Respondent, Dr Cheryl Palmer;

(c) In November 2022 when I reported concerns about Dr Gupta's excessive insurance charges and the fact that he was working privately on NHS

time to Dr Sarah Treece who informed the Third Respondent, Dr Cheryl Palmer;

(d) On 22 March 2023 when I reported my concerns to the Second Respondent , the Medical Director, Dr Callum Gardiner;

(e) On 31 March 2023 when I reported my concerns to the Chief Executive Caroline Walker ; and,

(f) On 30th of May when I reported my concerns about the serious issues surrounding 3 clinical cases to the Chief Executive, Caroline Walker.

43. It was my reasonable belief that these disclosures were in the public interest and that they tended to show one or more of the following:

(a) That a criminal offence has been committed, is being committed or is likely to be committed – section 43B(1)(a) ERA and/or

(b) That a person has failed, is failing or is likely to fail to comply with any legal obligations to which he is subject – section 43B(1)(b) ERA and/or

(c) That the health and safety of any individual has been, is being or is likely to be endangered – section 43B(1)(d) ERA and/or

(d) That information tending to show any matter failing within any one of these has been or is likely to be deliberately concealed – section 43B(1)(f) ERA.

Detriments

44. I believe that I was subject to, without limitation, the following detriments:

- (a) In August to September 2022 – failing to deal with the concern about Dr Gupta's GMC registration;
- (b) In October 2022 failing to deal with concerns about Dr Gupta's decision to provide chemotherapy unnecessarily to a patient;
- (c) In October-November 2022 failing to deal with my concerns about Dr Gupta's private practice on NHS time and excessive insurance charges;
- (d) In December 2022 deliberately setting me up to fail the interview for the substantive post;
- (e) On 28 March 2023, the Respondent's decision to dismiss me;
- (f) Failing to deal with the concerns I raised with the Chief Executive on 31 March 2023 adequately or at all;
- (g) In April 2023 failing to respond and /or deal with my concerns about Dr Gupta adequately or at all;
- (h) Failing to secure my NHS.net email and deleting the same; and
- (i) Failing to deal with my concerns about the three clinical cases adequately or at all.

45.I contend that I was subject to the above detriments as a direct consequence of having made any or all of the protected disclosures referred to above, contrary to section 47B(1) ERA.

Section 103A Complaint

Automatic Unfair Dismissal

46.I contend that I have been unfairly dismissed in contravention of section 103(A) ERA. The principal reason for my dismissal was that I had made the protected disclosures as set out above. Consequently, my dismissal on 31 March 2023 was automatically unfair.

Remedy

47.I seek the following by way of remedy:

- (a) A declaration that the Respondents have unlawfully subjected me to a detriment under section 47B(1) ERA;
- (b) A declaration that the Respondents have automatically unfairly dismissed me;
- (c) Financial compensation to include wage loss, compensation for injury to feelings, and Psychological injury; and
- (d) loss of notice pay;

August 2023 (Amended April 2024)

Response form

Case number 3310727/2023

You must complete all questions marked with an **

R1

1 Claimant's name

1.1 Claimant's name

Mr M O M Mahgoub

2 Respondent's details

2.1 Title, if applicable.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

2.2* Name of individual, company or organisation

North West Anglia NHS Foundation Trust

2.3 Enter the company number, if applicable.

2.4 What type of employer is the respondent?

2.5 Name of contact

2.6* Address

Peterborough City Hospital
Bretton Gate
Peterborough

Postcode PE3 9GZ

DX number (If known)

2.7 Phone number
Where we can contact you during the day

Mobile number (If different)

2.8 How would you prefer us to contact you?
(Please tick only one box)☐ Email ☒ Post

Whatever your preference please note that some documents cannot be sent electronically

2.9 Email address

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- 2.10 Which types of hearing can you attend
Further details on video hearings can be found on the following link <https://www.gov.uk/guidance/hmcts-telephone-and-video-hearings-during-coronavirus-outbreak>
- ☒ I can take part in video hearings
☒ I can take part in phone hearings
- 2.11 How many people does this organisation employ in Great Britain?
- 2.12 Does this organisation have more than one site in Great Britain? ☐ Yes ☐ No
- 2.13 If Yes, how many people are employed at the place where the claimant worked?

3 Acas Early Conciliation details

- 3.1 Do you agree with the details given by the claimant about early conciliation with Acas? ☐ Yes ☐ No

If No, please explain why, for example, has the claimant given the correct Acas early conciliation certificate number or do you disagree that the claimant is exempt from early conciliation, if so why?



4 Employment details

- 4.1 Are the dates of employment given by the claimant correct? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to question 4.2

If No, please give the dates and say why you disagree with the dates given by the claimant

When their employment started / /

When their employment ended or will end / /

Do you want to provide any further information about the claimant's employment dates?

- 4.2 Is their employment continuing? ☐ Yes ☐ No ☐ Not applicable

- 4.3 Is the claimant's description of their job or job title correct? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to Section 5

If No, please give the details you believe to be correct

5 Earnings and benefits

5.1 Are the claimant's hours of work correct? ☐ Yes ☐ No ☐ Not applicable

If No, please enter the details you believe to be correct.

hours each week

5.2 Are the earnings details given by the claimant correct? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to question 5.3

If No, please give the details you believe to be correct below

Pay before tax
(Incl. overtime, commission, bonuses etc.)

£

☐ Weekly ☐ Monthly ☐ Annually

Normal take-home pay
(Incl. overtime, commission, bonuses etc.)

£

☐ Weekly ☐ Monthly ☐ Annually

5.3 Is the information given by the claimant correct about being paid for, or working a period of notice? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to question 5.4

If No, please give the details you believe to be correct below. If you gave them no notice or didn't pay them instead of letting them work their notice, please explain what happened and why.

5.4 Are the details about pension and other benefits e.g. company car, medical insurance, etc. given by the claimant correct? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to Section 6

If No, please give the details you believe to be correct.

6 Response

6.1* Do you contest all or part of the claim? ☒ Yes ☐ No

If No, please go to Section 7

If Yes, please set out the facts which you rely on to contest the claim.
(See Guidance - If needed, please use the blank sheet at the end of this form.)

Please see attached Grounds of Resistance.

7 Employer's Contract Claim

- 7.1 Only available in limited circumstances where the claimant has made a contract claim. (See Guidance)
- 7.2 If you wish to make an Employer's Contract Claim in response to the claimant's claim, please tick this box and complete question 7.3 ☐
- 7.3 Please set out the background and details of your claim below, which should include all important dates (see Guidance for more information on what details should be included)

8 Your representative

If someone has agreed to represent you, please fill in the following. We will in future only contact your representative and not you.

8.1	Name of representative	Amy Warnock	
8.2	Name of organisation	Mills & Reeve LLP	
8.3	Address	Botanic House 100 Hills Road Cambridge	
	Postcode	CB2 1PH	
8.4	DX number (if known)		
8.5	Phone number	01223 222290	
8.6	Mobile phone		
8.7	Their reference for correspondence		
8.8	How would you prefer us to communicate with them? (Please tick only one box)	☒ Email ☐ Post	
8.9	Email address	Amy.Warnock@Mills-Reeve.com	
8.10	Which types of hearing can you attend Further details on video hearings can be found on the following link https://www.gov.uk/guidance/hmcts-telephone-and-video-hearings-during-coronavirus-outbreak	☒ I can take part in video hearings ☒ I can take part in phone hearings	

9 Disability

- 9.1 In the respondent party - are you aware of any physical, mental or learning disability or health conditions which requires support? ☐ Yes ☐ No ☒ I'm not sure yet

If Yes, tell us what this disability or condition is and what support that anyone in the respondent party, including representative and witnesses would need as the claim progresses through the system. Consider any hearings that may take place at tribunal buildings.

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- access and mobility support if a hearing takes place in person

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(Mon - Fri, 9am -5pm), they can also provide general procedural information about the Employment Tribunals.





Response form

Case number 3310727/2023

You must complete all questions marked with an *

R2

1 Claimant's name

1.1 Claimant's name

Mr M O M Mahgoub

2 Respondent's details

2.1 Title, if applicable.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☒ Other Dr

2.2* Name of individual, company or organisation

Callum Gardner

2.3 Enter the company number, if applicable.

2.4 What type of employer is the respondent?

2.5 Name of contact

2.6* Address

Peterborough City Hospital
Bretton Gate
Peterborough

Postcode

PE3 9GZ

DX number (if known)

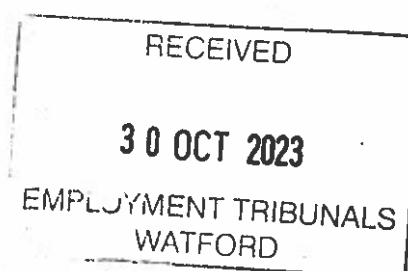
2.7 Phone number
Where we can contact you during the day

Mobile number (if different)

2.8 How would you prefer us to contact you?
(Please tick only one box)☐ Email ☒ Post

Whatever your preference please note that some documents cannot be sent electronically

2.9 Email address



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- ☐ Yes ☐ No

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8.2	Name of organisation	Mills & Reeve LLP
8.3	Address	Botanic House 100 Hills Road Cambridge
	Postcode	CB2 1PH
8.4	DX number (If known)	
8.5	Phone number	01223 222290
8.6	Mobile phone	
8.7	Their reference for correspondence	
8.8	How would you prefer us to communicate with them? (Please tick only one box)	☒ Email ☐ Post
8.9	Email address	Amy.Warnock@Mills-Reeve.com
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Continuation sheet



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Response form

Case number 331072 7/2023

You must complete all questions marked with an **

R3

1 Claimant's name

1.1 Claimant's name

Mr M O M Mahgoub

2 Respondent's details

2.1 Title, if applicable.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☒ Other Dr

2.2* Name of individual, company or organisation

Cheryl Palmer

2.3 Enter the company number, if applicable.

2.4 What type of employer is the respondent?

2.5 Name of contact

2.6* Address

Peterborough City Hospital
Bretton Gate
Peterborough

Postcode

PE3 9GZ

DX number (If known)

2.7 Phone number
Where we can contact you during the day

Mobile number (If different)

2.8 How would you prefer us to contact you?
(Please tick only one box)☐ Email ☒ Post

Whatever your preference please note that some documents cannot be sent electronically

2.9 Email address

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- 4.1 Are the dates of employment given by the claimant correct? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to question 4.2

If No, please give the dates and say why you disagree with the dates given by the claimant

When their employment started / /

When their employment ended or will end / /

Do you want to provide any further information about the claimant's employment dates?

- 4.2 Is their employment continuing? ☐ Yes ☐ No ☐ Not applicable

- 4.3 Is the claimant's description of their job or job title correct? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to Section 5

If No, please give the details you believe to be correct

5 Earnings and benefits

- 5.1 Are the claimant's hours of work correct? ☐ Yes ☐ No ☐ Not applicable

If No, please enter the details you believe to be correct.

hours each week

- 5.2 Are the earnings details given by the claimant correct? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to question 5.3

If No, please give the details you believe to be correct below

Pay before tax
(Incl. overtime, commission, bonuses etc.)

£

☐ Weekly ☐ Monthly ☐ Annually

Normal take-home pay
(Incl. overtime, commission, bonuses etc.)

£

☐ Weekly ☐ Monthly ☐ Annually

- 5.3 Is the information given by the claimant correct about being paid for, or working a period of notice? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to question 5.4

If No, please give the details you believe to be correct below. If you gave them no notice or didn't pay them instead of letting them work their notice, please explain what happened and why.

- 5.4 Are the details about pension and other benefits e.g. company car, medical insurance, etc. given by the claimant correct? ☐ Yes ☐ No ☐ Not applicable

If Yes, please go to Section 6

If No, please give the details you believe to be correct.

6 Response

6.1* Do you contest all or part of the claim? ☒ Yes ☐ No

If No, please go to **Section 7**

If Yes, please set out the facts which you rely on to contest the claim.
(See Guidance - If needed, please use the blank sheet at the end of this form.)

Please see attached Grounds of Resistance.

7 Employer's Contract Claim

- 7.1 Only available in limited circumstances where the claimant has made a contract claim. (See Guidance)
- 7.2 If you wish to make an Employer's Contract Claim in response to the claimant's claim, please tick this box and complete question 7.3 ☐
- 7.3 Please set out the background and details of your claim below, which should include all important dates (see Guidance for more information on what details should be included)

8 Your representative

If someone has agreed to represent you, please fill in the following. We will in future only contact your representative and not you.

8.1	Name of representative	Amy Warnock
8.2	Name of organisation	Mills & Reeve LLP
8.3	Address	Botanic House 100 Hills Road Cambridge
	Postcode	CB2 1PH
8.4	DX number (if known)	
8.5	Phone number	01223 222290
8.6	Mobile phone	
8.7	Their reference for correspondence	
8.8	How would you prefer us to communicate with them? (Please tick only one box)	☒ Email ☐ Post
8.9	Email address	Amy.Warnock@Mills-Reeve.com
8.10	Which types of hearing can you attend Further details on video hearings can be found on the following link https://www.gov.uk/guidance/hmcts-telephone-and-video-hearings-during-coronavirus-outbreak	☒ I can take part in video hearings ☒ I can take part in phone hearings

9 Disability

- 9.1 In the respondent party - are you aware of any physical, mental or learning disability or health conditions which requires support? ☐ Yes ☒ No ☐ I'm not sure yet

If Yes, tell us what this disability or condition is and what support that anyone in the respondent party, including representative and witnesses would need as the claim progresses through the system. Consider any hearings that may take place at tribunal buildings.

We know people with disabilities sometimes need support to access information and use our services. We call this a reasonable adjustment. Some reasonable adjustments need to be agreed by a judge, and you can discuss with the tribunal if your needs change.

Reasonable adjustments can include:

- documents in alternative formats, colours and fonts
- help with communicating, sight, hearing, speaking and interpretation
- access and mobility support if a hearing takes place in person

General Data Protection Regulations

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address <https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter>.

To receive a paper copy of this privacy notice, please call our Customer Contact Centre - see details below

Please note: a copy of the claim form or response and other tribunal related correspondence may be copied to the other party and Acas for the purpose of tribunal proceedings or to reach settlement of the claim.

Customer Contact Centre

England and Wales: 0300 123 1024

Welsh speakers only: 0300 303 5176

Scotland: 0300 790 6234

Textphone: 18001 0300 123 1024 (England and Wales)

Textphone: 18001 0300 790 6234 (Scotland)

(Mon - Fri, 9am -5pm), they can also provide general procedural information about the Employment Tribunals.



BETWEEN:

MR M O M MAHGOUB

Claimant

and

**NORTH WEST ANGLIA NHS
FOUNDATION TRUST**

First Respondent

and

DR CALLUM GARDNER

Second Respondent

and

DR CHERYL PALMER

Third Respondent

GROUND OF RESISTANCE

The Respondents

- 1 The First Respondent is an NHS Foundation Trust responsible for delivering healthcare to approximately 850,000 residents living in Cambridgeshire, South Lincolnshire and neighbouring counties. The First Respondent runs inpatient and outpatient services from several hospitals and employs approximately 7,000 staff.
- 2 The Second Respondent is employed by the First Respondent as Chief Medical Officer.
- 3 The Third Respondent is employed by the First Respondent as Lead Clinician for Oncology.

The Claimant

- 4 The Claimant worked as a Consultant Medical Oncologist at the First Respondent's Peterborough City Hospital between April 2021 and 31 March 2023 under a contract between the Claimant and DRCLOCUMS agency (the 'Agency'). The Claimant was not at any time an employee of the First Respondent.

Background

- 5 These Grounds of Resistance are submitted on behalf of the First, Second and Third Respondents.
- 6 As a publicly funded body, the First Respondent is concerned to ensure that these proceedings are conducted in accordance with the overriding objective, in particular dealing with the case in ways which are proportionate to the complexity and importance of the issues; avoiding unnecessary formality and seeking flexibility in the proceedings; and saving expense.
- 7 For the avoidance of doubt, the Respondents do not admit any facts or allegations made or relied upon by the Claimant unless specifically referred to below.
- 8 It is admitted that in the autumn of 2022, the Claimant told Dr McAdam of his concern that Dr Gupta had used another doctor's GMC number to hide the fact that he had conditions on his registration and incorrectly claimed a specialisation on his Doctify page. Dr McAdam contacted Doctify and explained the error. Dr McAdam said to the Claimant that the error could have been a mistake.
- 9 It is admitted that in or around October 2022, the Claimant telephoned Dr Treece (Consultant Clinical Oncologist) to ask for her advice, as he disagreed with Dr Gupta's planned treatment for a patient. It is denied that Dr Gupta 'advised unnecessary chemotherapy without valid clinical reasons' as alleged by the Claimant. However, Dr Treece agreed with the Claimant's assessment and the patient's treatment plan was changed. It is not admitted that Dr Treece escalated the matter to Dr Palmer, or that Dr Palmer had any knowledge of the matter at all. It is not admitted that Dr Palmer saw a clinic letter documenting the Claimant's concerns, as alleged by the Claimant.
- 10 It is admitted that in or around November 2022, the Claimant expressed to Dr Treece concerns that Dr Gupta might be working privately during his NHS hours, and that Dr Gupta was charging sums in excess of the BMA's recommended limit for signing patients' insurance forms. Dr Treece advised the Claimant to pass on his concerns to Dr Palmer as the Clinical Director, and also contacted Dr Palmer herself to make her

aware that the Claimant had these concerns. Dr Palmer had also been made aware of these matters by other members of staff, and they were addressed appropriately.

- 11 In November 2022, Dr Gupta and Dr Palmer actively encouraged the Claimant to apply for a permanent post of Consultant in Medical Oncology which was being advertised at the First Respondent. The Claimant applied for the role in December 2022. It is denied that the Claimant was 'set up to fail' the interview process.
- 12 The Claimant was initially invited to an interview on 3 January 2023 to take place via Teams. The interview panel comprised Dr Gardner, Dr Palmer, Dr McAdam (Medical Oncologist), Dr Gupta (Clinical Lead for Oncology), Andrea Chamberlain (Medical Recruitment Team Leader), Moby Wells (Assistant Service Manager) and Gareth Tipton (non-executive director). It is denied that the interview panel included members who were not qualified to participate in a consultant interview. Further, the interview panel did not include a 'trainee administrator' as alleged by the Claimant.
- 13 At 09.41 on 3 January 2023, Dr Palmer emailed the Claimant to confirm that the interview panel were expecting to interview him that afternoon, but he needed to confirm on Trac (the NHS online recruitment system) that he would be attending the interview. The Claimant then called Dr Palmer and said that he had not prepared for the interview so ideally would like to postpone.
- 14 At 13.13 the same day, the Claimant emailed Andrea Chamberlain stating that he had been due to be away in Sudan and had asked to delay the interview until he was back as the internet was not good there. The Claimant explained that his travel plans had been cancelled but he hadn't wanted to disturb anyone during the holidays to see whether the interview was going ahead. The Claimant asked that the interview be rearranged. Moby Wells confirmed that a new date would be arranged. Dr Palmer spoke to the Claimant on 3 January 2023 and asked him to improve his application form and confirm his attendance at the next interview date.
- 15 The interview was rescheduled for 30 January 2023. In the week commencing 16 January 2023, Moby Wells contacted the Claimant to remind him to accept the interview on Trac. The Claimant replied to Moby Wells' email but did not accept the interview on Trac.
- 16 On 23 January 2023, Dr Palmer emailed the Claimant to check that he was ready for his interview on 30 January 2023. Dr Palmer asked the Claimant to accept the interview on Trac and send through a more detailed application form. Dr Palmer also

reminded the Claimant that he would need to do a presentation. Dr Palmer asked the Claimant to let her know if he had any queries.

- 17 On 26 January 2023, the Claimant accepted the invitation to the interview. The Claimant was required to submit the slides for his presentation to the interview panel in advance of the interview (which is a requirement for all consultant interviews), but he did not do so.
- 18 On 30 January 2023, the Claimant did not arrive for his interview. Members of the interview panel therefore called him to find out where he was. The Claimant stated that he had thought the interview was via Teams. Dr Gardner asked the Claimant whether he was in the hospital and explained that it would be more appropriate to conduct the interview in person. The Claimant then attended the interview in person, but arrived at the venue without his laptop. The Claimant was told that the interview panel was happy to wait for him to go and get his laptop so that the panel could see the slides he had prepared for his presentation, as having spent time on the slides it would have been a shame for the Claimant not to use them.
- 19 The Respondents avers that the questions asked of the Claimant during his interview were entirely appropriate. The Claimant was the only candidate for the role. However, as is always the case for consultant interviews, all of the questions were agreed by the interview panel in advance of the interview and both the process and the areas of questioning were consistent with all other consultant interviews. It is denied that the questions were tailored to emphasise a previous disagreement regarding a past case in which the Claimant had disagreed with the team in its management. However, this matter did come up during the Claimant's interview and the panel were concerned that the Claimant's responses demonstrated a lack of respect for his colleagues and teamworking. It is denied that any member of the interview panel was hostile and/or unprofessional towards the Claimant. It is admitted that one of the interview feedback forms noted a view that the Claimant was 'rogue going off alone, not respecting views of his colleagues'. This was reflective of the answers given by the Claimant during his interview.
- 20 The interview panel were unanimously of the view that the Claimant fell significantly short of being appointable to a permanent consultant post. On 31 January 2023, Dr Palmer informed the Claimant that his application for a permanent post had been unsuccessful due to shortcomings with his application and interview. The Claimant was instead offered a 12-month fixed term contract of employment with the First

Respondent (subject to the usual pre-employment checks), on condition that this would run alongside a personal development plan, with the potential for the Claimant to move to a permanent contract if and when the shortcomings in his performance at interview were addressed.

- 21 On 9 February 2023, Dr Palmer emailed the Claimant to ask whether he had been able to make a decision as to whether or not to accept the conditional offer of a fixed term contract. Dr Palmer asked the Claimant to let her know by the end of the following day. The Claimant replied explaining that he was happy to consider the fixed term contract if there was a realistic prospect of getting a substantive (i.e. permanent) post at a later date, and requested to give his decision about the fixed term contract once he had considered the feedback from his interview.
- 22 On Friday 10 March 2023, there was a difference of opinion between the Claimant and his consultant colleagues whereby the Claimant tried to change treatment planned by another consultant for an inpatient breast cancer patient, against the advice of the consultant who had planned the treatment and three other consultant colleagues who all specialise in breast cancer. The Claimant pulled the patient and her husband to one side as they were leaving the hospital and shared with them an email trail in which he had disagreed with another consultant about the patient's treatment. The patient was then provided with an explanation for the planned treatment by the treating consultant, was happy with this and was discharged home. Subsequently, the Claimant contacted the patient's husband directly and advised him that the patient should not be discharged and that she should transfer her care to a private oncologist in London. This incident was escalated to Dr Palmer, who considered that the Claimant's behaviour was unprofessional, undermining and disrespectful of his colleagues.
- 23 On Sunday 12 March 2023, the Claimant emailed Samantha O'Herlihy (Divisional Operations Manager for Cancer Services) stating that he was unwell and would not be able to come to work the following day. On 13 March 2023, Samantha O'Herlihy asked whether the Claimant could provide an update as to whether he would be in work on 14 March 2023. The Claimant confirmed on 14 March 2023 that he would not be coming to work that day.
- 24 On 14 March 2023, Dr Palmer emailed Dr Gardner to inform him of her concerns that the Claimant's behaviour, particularly in light of the incident set out at paragraph 22 above, was dangerous and putting patients at risk. Dr Palmer also explained that

despite being chased repeatedly, the Claimant still had not committed to either accepting or declining the offer of a fixed term contract. Dr Palmer asked Dr Gardner whether the Claimant's Agency contract could be terminated with immediate effect. Dr Gardner was in agreement that the offer of a fixed term contract should be withdrawn and the Agency contract terminated, but this was delayed because the Claimant was absent due to sickness and Dr Palmer wanted to meet with the Claimant to discuss in person.

- 25 On 15 March 2023, the Claimant emailed Samantha O'Herlihy to say that he would not be coming to work that day either. Later on 15 March 2023, Samantha O'Herlihy emailed the Claimant to inform him that as the Claimant had suggested that he might have had Norovirus (and would therefore need to be without symptoms for 48 hours before returning to work), the decision had been taken to cancel his clinics for the rest of the week. The Claimant replied later that day to ask whether his patients had been cancelled or moved to other consultants, and why he had not been informed. Samantha O'Herlihy confirmed that the Claimant's patients had been reassigned to other consultants.
- 26 The Claimant returned from his period of sickness on 16 March 2023. That morning, the Claimant emailed Dr Palmer and Andrea Chamberlain stating that he 'accepted' the First Respondent's offer of a fixed term contract. However, he declined to meet with Dr Palmer to discuss this further (including the personal development plan which the Claimant had been informed would need to run alongside a fixed term contract). The Claimant did not commence any contract of employment with the Respondent.
- 27 As the Claimant had not committed in advance to attending on 16 March 2023, his clinics had remained cancelled. The Claimant demanded of Samantha O'Herlihy that his clinics be reinstated, and when they were not he proceeded to call some of the patients who had been moved.
- 28 Also on 16 March 2023, Dr Palmer asked the Claimant to come to see her that afternoon (to discuss the conditional offer of a fixed term contract). The Claimant replied to say that he was unable to do that day as he had 'lots of admin' that he needed to address. Dr Palmer therefore confirmed that she would meet with the Claimant in the week commencing 27 March 2023 (as Dr Palmer was due to be on annual leave in the week commencing 20 March 2023) as had previously been agreed.

- 29 On 16 March 2023, Dr Palmer advised Dr Gardner that she intended to meet with the Claimant in the week commencing 27 March 2023 to withdraw the offer of a fixed term contract given his escalating inappropriate behaviour. On 17 March 2023, Dr Gardner confirmed to Dr Palmer that he was happy to withdraw the First Respondent's offer of employment and terminate the Claimant's Agency contract.
- 30 On 17 March 2023, the Claimant emailed the oncology team to 'share the good news' that he had accepted a fixed term contract. In this email, the Claimant thanked 'everyone who supported [him] and encouraged [him] to apply to be part of this fantastic team and excellent hospital'.
- 31 On 22 March 2023, the Claimant emailed Dr Gardner asking for a meeting to discuss 'urgent concerns' regarding patient care. Dr Gardner replied to the Claimant's email on 2 April 2023 stating that he was now on leave and asking the Claimant to send his detailed concerns. The Claimant never replied to this email.
- 32 On 27 March 2023, Samantha O'Herlihy emailed the Claimant to remind him of his scheduled meeting with her and Dr Palmer the following day. Samantha O'Herlihy informed the Claimant that she and Dr Palmer had received concerns from the Claimant's colleagues about his conduct and behaviour and that they wished to discuss these matters with the Claimant and give him the opportunity to give his opinion. The Claimant replied on 28 March 2023 stating that the BMA had advised him to request that the meeting be postponed so that he could be accompanied by a BMA representative. The Claimant asked for a summary of the concerns about his conduct and also asked for the start date of his fixed term contract.
- 33 On 28 March 2023, the First Respondent informed the Agency that it would not be extending the Claimant's contract past 31 March 2023.
- 34 On 29 March 2023, Samantha O'Herlihy emailed the Claimant attaching a summary of the concerns which had been raised by his colleagues as follows:
- 34.1 Consultant colleagues felt undermined in regard to their decision making with their patients where the Claimant disagreed with their plans for the patient.
- 34.2 The Claimant refused to accept decisions made by consultant colleagues in regard to treatment plans for their patients.
- 34.3 The Claimant saw other colleagues' patients to discuss treatment options.



34.4 The Claimant suggested to a palliative patient that they should seek a private opinion.

34.5 The Claimant contacted patients whilst he was off sick.

34.6 The Claimant showed a patient and their relative email discussions between consultant colleagues about the patient's care plan.

34.7 The Claimant did not keep up to date with administrative tasks, with letters and outcomes outstanding for long periods which affected patient care.

Samantha O'Herlihy noted that this behaviour did not reflect the First Respondent's values, and asked the Claimant to provide his responses in writing.

35 On 31 March 2023, the Claimant told staff on the ward that he was leaving the First Respondent that day. He also put an 'out of office' message on his email stating that he did not work in the NHS.

36 It is denied that Dr Gupta tried to speak to the Claimant about the termination of his Agency contract.

37 Also on 31 March 2023, the Claimant sent an email to Caroline Walker (Chief Executive Officer) in which he asserted that he had raised concerns about Dr Gupta and he believed that his 'subsequent treatment by the hospital administration [was] in direct response to [his] whistleblowing'. The Claimant also stated that the First Respondent had contacted the Agency on 28 March 2023 asking to terminate the Claimant's agency contract, and that he 'considered this a breach of the fixed term contract [he] accepted in good faith'. The Claimant requested an independent investigation into Dr Gupta and requested that his nhs.net email account remain active and accessible to him as it contained 'evidence for [his] protected disclosure'. Caroline Walker replied to the Claimant on 3 April 2023, acknowledging receipt of his concerns and explaining that she would ask the Chief Medical Officer and Chief People Officer to review the concerns he had raised.

38 Caroline Walker took steps to ensure that the Claimant retained access to his nhs.net email account. Louise Tibbert (Chief People Officer) asked the First Respondent's IT team to keep the email account open until 30 April 2023, and informed the Claimant that his email account would be kept open until 30 April 2023 so that he could access any personal and non-patient related emails.

- 39 On or around 4 April 2023, Samantha O'Herlihy was granted access to the Claimant's nhs.net account. This was necessary because the Claimant had left the First Respondent without providing any handover and as such the First Respondent was concerned to ensure that it did not miss any communications from the Claimant's patients. Samantha O'Herlihy was expressly told by the First Respondent's HR team that her access was strictly patient centred, to check any outstanding patient actions that need to be reallocated in the absence of a handover, and that she should be mindful of that the Claimant may have stored personal content.
- 40 On 4 April 2023, the Claimant emailed Caroline Walker expressing his concern that Samantha O'Herlihy had been granted access to his nhs.net email account. The Claimant stated that he was concerned that 'the unauthorized [sic] access to my email account may be part of a reprisal efforts following my whistleblowing disclosure'. The Claimant asked Caroline Walker to revoke Samantha O'Herlihy's access to his email account and 'take appropriate measures to ensure the protection of [his] rights as a whistleblower and to prevent any further breaches of [his] privacy'. Samantha O'Herlihy's access to the Claimant's nhs.net account was removed on 28 April 2023.
- 41 On 30 May 2023, the Claimant emailed Caroline Walker regarding three clinical cases which he stated he believed sustained serious harm and were connected to some of the issues he raised in his 'whistleblowing disclosure'. The Respondents aver that appropriate action was taken in relation to the matters raised by the Claimant.
- 42 It is denied that the First Respondent launched an investigation into the Claimant's conduct.

The Claimant's claims

- 43 The Respondents deny that they treated the Claimant unlawfully as alleged or at all.

Jurisdiction

- 44 The Respondents aver that the Claimant was not at any time employed by the First Respondent and therefore is not entitled to the protection of sections 94 and 103A of the Employment Rights Act 1996 ('ERA'). As such, the Respondents aver that the Employment Tribunal has no jurisdiction to hear a claim for automatic unfair dismissal against the First Respondent.

- 45 The Employment Tribunal has no jurisdiction to hear a claim for automatic unfair dismissal against the Second or Third Respondents, who are employees of the First Respondent.
- 46 The Claimant presented his ET1 Claim Form to the Employment Tribunal on 30 August 2023. According to the ACAS Early Conciliation certificate, ACAS received the Early Conciliation notification on 21 June 2023 and the Early Conciliation certificate was issued on 2 August 2023. The Respondents therefore aver that to the extent to which the Claimant's claims of whistleblowing detriment are based upon acts or omissions of the Respondents said to have taken place on or before 22 March 2023, the Claimant's complaints have been brought out of time and the Employment Tribunal has no jurisdiction to hear such complaints.

Whistleblowing detriment

- 47 The Respondents make no admissions as to whether the arrangements under which the Claimant was supplied to provide work and/or services were such that the Claimant was a worker under section 43K of the Employment Rights Act 1996.
- 48 The Respondents put the Claimant to strict proof that the matters set out in paragraphs 42 of the Claimant's Grounds of Claim amount to qualifying protected disclosures within the meaning of Part IVA of the Employment Rights Act 1996. The Respondents make no admission in this respect.
- 49 The Claimant is put to strict proof that he had a reasonable belief that any disclosures made:
- 49.1 tended to show one or more of the matters set out at section 43B(1)(a)-(f) of the Employment Rights Act 1996; or
- 49.2 were made in the public interest.
- 50 The Respondents deny that the Claimant was subjected to any detriment on the ground that he had made a protected disclosure.

Notice pay and other payments

- 51 It is denied that any notice pay or other payments are owing to the Claimant.

Remedy

52 In all of the circumstances set out above, the Respondents deny that the Claimant is entitled to the remedy claimed or any remedy at all.

Mills & Reeve LLP

30 October 2023



EMPLOYMENT TRIBUNALS

Claimant

Dr M O M Mahgoub

Respondent

v

(1) North West Anglia NHS
Foundation Trust;
(2) Callum Gardner; and
(3) Dr Cheryl Palmer

Heard at: Cambridge

On: 4 October 2024

Before: Employment Judge Tynan (sitting alone)

Appearances

For the Claimants: Ms E Darlow Stearn, Counsel

For the Respondent: Mr J Feeny, Counsel

JUDGMENT ON PRELIMINARY ISSUE

With effect from 16 March 2023 the Claimant was an employee of the Respondent within the meaning in Section 230 of the Employment Rights Act 1996, as he had entered into a contract of employment with the Respondent. The Tribunal therefore has jurisdiction to determine the Claimant's complaint that he was unfairly dismissed pursuant to section 103A of the Employment Rights Act 1996 because he made a protected disclosure.

Employment Judge Tynan

Date: 6 November 2024

Sent to the parties on: 8 November 2024

L TAYLOR-HIBBERD
For the Tribunal Office



Note:

Reasons for the Judgment having been given orally at the Hearing, written reasons will not be provided unless a request was made by either party at the Hearing or a written request is presented by either party within 14 days of the sending of this written record of the decision.

Public access to Employment Tribunal decisions

Judgments and Reasons for the Judgments are published, in full, online at www.gov.uk/employment-tribunal-decisions shortly after a copy has been sent to the Claimant(s) and Respondent(s) in a case.

Recording and Transcription

Please note that if a Tribunal Hearing has been recorded you may request a transcript of the recording, for which a charge is likely to be payable in most but not all circumstances. If a transcript is produced it will not include any oral Judgment or Reasons given at the Hearing. The transcript will not be checked, approved or verified by a Judge. There is more information in the joint Presidential Practice Direction on the Recording and Transcription of Hearings, and accompanying Guidance, which can be found here:

<https://www.judiciary.uk/guidance-and-resources/employment-rules-and-legislation-practice-directions/>



EMPLOYMENT TRIBUNALS

To: Cathy James
James & West Law LLP
1 Vincent Square
SW1P 2PN

Watford Tribunal Hearing Centre
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51 Clarendon Road
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WD17 1HP
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DX 155650 Watford 3

Amy Warnock
Mills & Reeve LLP, Botanic House
100 Hills Road
Cambridge
CB2 1PH

e-mail: watfordet@justice.gov.uk

Date 8 November 2024

Case Number: 3310727/2023

Claimant

Mr M O M Mahgoub

V

Respondent

1. North West Anglia NHS Foundation Trust
2. Callum Gardner
3. Dr Cheryl Palmer

EMPLOYMENT TRIBUNAL JUDGMENT

A copy of the Employment Tribunal's judgment is enclosed.

Information about how to enforce the judgment and what to do if you disagree with it is available online here: [The judgment \(Employment Tribunals\) \(T426\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/the-judgment-employment-tribunals-t426).

If you do not have access to the internet you can telephone the tribunal office dealing with the claim and ask for a paper copy.

The guidance explains that you may ask the Employment Tribunal to **reconsider** the judgment, if reconsideration is necessary in the interests of justice. It also explains how to **appeal** to the Employment Appeal Tribunal if there is a mistake in the judgment on a point of law. These processes are quite different, and you will need to decide whether to follow either or both. The guidance also explains about asking for **written reasons** for the judgment if the judgment does not have reasons with it. You

will almost always need written reasons for the judgment if you wish to appeal and you will usually need them if you want reconsideration.

There are strict time limits for asking for written reasons, applying for reconsideration and appealing. Those time limits are different.

You must read the guidance but in general the time limits are:

Written reasons	14 days from the date the judgment is sent
Reconsideration	14 days from the date the judgment is sent or 14 days from the date the separate written reasons are sent if you ask for them
Appeal	42 days after the date the judgment with reasons is sent or 42 days after the date the separate written reasons are sent if you ask for them You must appeal by 4.00pm on the last day

For further information, it is important that you read the guidance in full.

There is further information about the Employment Appeal Tribunal here:

[**Appeal to the Employment Appeal Tribunal \(EAT\) - GOV.UK \(www.gov.uk\)**](#)

There is further information about appealing to the Employment Appeal Tribunal here:

[**How to appeal to the employment appeal tribunal \(T440\) - GOV.UK \(www.gov.uk\)**](#)

You can also get an appeal form from the Employment Appeal Tribunal at: Employment Appeal Tribunal, 7 Rolls Buildings, Fetter Lane, London, EC4A 1NL, or in Scotland at George House, 126 George Street, Edinburgh, EH2 4HH.

Almost all Employment Tribunal judgments are published online here:

[**Employment tribunal decisions - GOV.UK \(www.gov.uk\)**](#)

Yours faithfully,

Louise Taylor-Hibberd
For the Tribunal Office

RE: Whistleblowing Disclosure

WALKER, Caroline (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<caroline.walker27@nhs.net>

Mon 3.4.23 07:33

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: ZUIDHOORN, Sylvia (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <sylvia.zuidhoorn@nhs.net>

Good Morning

I acknowledge receipt of your serious concerns raised with me in relation to your employment at the trust.

I will ask the Chief Medical Officer and Chief People officer to review the concerns you have raised.

Kind regards

Caroline

Caroline Walker
Chief Executive
North West Anglia NHS Foundation Trust
Department 404
Peterborough City Hospital
Edith Cavell Campus
Bretton
Peterborough
PE3 9GZ

Email: caroline.walker27@nhs.net

Email EA: sylvia.zuidhoorn@nhs.net

Tel: 01733 678021-PCH

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Mobile: 07880787703

www.nwangliaft.nhs.uk

Be kind



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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>

Sent: 31 March 2023 16:53

To: WALKER, Caroline (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<caroline.walker27@nhs.net>

Subject: Whistleblowing Disclosure

Importance: High

Dear Chief Executive,

Generated by



Whistleblowing Disclosure

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>

Fri 31.3.23 16:52

To: WALKER, Caroline (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <caroline.walker27@nhs.net>

Dear Chief Executive,

Below I highlight some concerns which I flagged before and went unaddressed. In reaching out to you, I hope for these concerns will now be addressed.

Whistleblowing Disclosure: Concerns Regarding Dr Kamalnayan Gupta and Retaliation

Background

I am a Medical Oncologist working as an agency locum at Peterborough City Hospital since September 2020. I have enjoyed positive relationships with my colleagues until the arrival of a new consultant, Dr Kamalnayan Gupta, in May 2022. He soon became the clinical lead of our Oncology department, but his arrival raised concerns due to alleged misconduct at his previous hospital and department.

Investigation of Dr Gupta's Background

I conducted research on Dr Gupta, discovering a high court case against him involving serious charges. Furthermore, In Aug-September 2022, I found that Dr Gupta was using a fake GMC number and claiming an incorrect specialization on his Doctify webpage. I shared these findings with my colleagues in the department, including Dr Karen McAdam, the most senior oncologist in the department who reported the concern to Doctify. The website subsequently corrected the fake GMC number, but the incorrect specialization remained.

Chemotherapy Case

In September 2022, Dr Gupta added a patient to my clinic, after recommending unnecessary chemotherapy for no valid clinical reasons. I consulted with another senior consultant and refused to proceed with the treatment. I fully documented the concerns I had about the decision to offer chemotherapy in the clinic letter. I am aware that this reached Dr Gupta's superiors in administration, Dr Cheryl Palmer. I am unaware of any further investigation into this matter.

Reporting to the GMC

In December 2022, I reported the issue anonymously to the GMC.

NHS resources

I am aware of concerns of Dr Gupta working privately during NHS time without prior declaration. Also, I aware of his habit of charging insurance companies' huge fees, way beyond the recommended limit set by the BMA. I have informally reported both internally.

Substantive Post Application and Retaliation

In December 2022, I applied for a substantive post in the trust, and I experienced what I believe to be retaliatory actions. These included a changing the interview last minute from virtual to face to face, tailored interview question referencing a previous case, being offered only a fixed-term contract, refusing to honour my acceptance of the fixed term contract, termination of my contract without providing the statutory notice and having my professional reputation questioned.

Unsuccessful attempts of raising things internally

In the 22.3.23, I requested via email a confidential meeting with the medical director citing concerns regarding patients. However, I got no answer.

Whistleblowing resulting in dismissal

On Wednesday the 28.03.23, the hospital contacted my agency asking to terminate the contract with the last working day being 31.03.23 citing clinical issue. I consider this is a breach of the fixed term contract I accepted in good faith. At the end of the day, I will be no longer working in Peterborough city hospital.

Conclusion

I believe Dr Gupta's actions and my subsequent treatment by the hospital administration are in direct response to my whistleblowing. I think I faced dismissal with loss of income after accepting a job offer which seems to have been offered in bad faith. I fear that attempts may be made to defame my name and refer me to the GMC for frivolous reasons.

My primary concern is the welfare of the public of Peterborough, vulnerable oncology patients who come to the hospital in good faith that checks and balances exist to protect them and the appropriate use of NHS resources.

Request for Action

In light of the above concerns, I request an independent investigation into Dr Gupta's background, conduct, and potential risks to patient safety. Additionally, I ask for the protection of my employment rights and reputation as a whistleblower, in accordance with whistleblowing legislation in England.

Finally, given the gravity of the concerns I am raising, and as I am leaving the trust today, I would request that to my NHS.net email remains active and accessible to me as it contains evidence for my protected disclosure.

Yours sincerely
Dr Mohamed Mahgoub

Yours sincerely
Dr Mohamed Mahgoub



Consultant accused of ‘financial abuse of terminally ill patient’

By James Illman | 27 April 2021

Consultant oncologist accused of referring patients to his private clinics

Kamalnayan Gupta also accused of fraudulently claiming £80,000 in unauthorised payments

High Court judge: “To put it bluntly, the allegation is of financial abuse of a terminally ill patient”

Dr Gupta “vigorously denies any wrongdoing” and judge also stressed that, at this stage, “the allegations are just that”

A consultant has failed to get an injunction placed on a hospital trust investigating several allegations into his work, including that he improperly referred hospital patients to his private clinics.

Oncologist Kamalnayan Gupta sought an interim injunction at the High Court after Northampton General Hospital Trust excluded him from work on full pay. The injunction would have “requir[ed] the [trust] to reinstate him and prohibit[ed] the [trust] from contacting or sharing information with [Dr Gupta]’s private work providers or other employer”, according to the High Court judgment published last week.

The judgment said the trust had been investigating allegations about Dr Gupta concerning “irregularities around payments for additional hours, the abuse of position to procure private patients from his NHS practice and conducting private work during paid NHS time”.

High Court judge Mrs Justice Yip stressed that, at this stage, “the allegations are just that” and Dr Gupta “vigorously denies any wrongdoing”.

The judgement continued: “To put it bluntly, the allegation is of financial abuse of a terminally ill patient [referred to in the judgment as GG].”

The court document said concerns about Dr Gupta – who has been employed by Northampton General Hospital Trust since 2018 and also carries out private work – had first been raised in 2020. Then, in December 2020, a nurse at the trust had a discussion with GG’s wife “during which concerns emerged that the claimant was billing the patient privately for short, weekly telephone calls”.

These additional concerns prompted the trust to start “an investigation under the medical staff concerns policy”. The trust notified Dr Gupta of its investigation in January 2021. He was then suspended in March 2021, as there was “concern that [he] may present a risk of financial abuse to vulnerable patients”.

Northampton General Hospital Trust’s medical director then went on to notify private firms which Dr Gupta worked with that he had been suspended. The evidence presented to the court noted the governance arguments for doing so had been “strengthened following the Paterson [i]nquiry”.

The judgment noted GG and his family were billed more than £20,000 in total for Dr Gupta’s time, including telephone calls which were made when GG “was on an end of life pathway and when palliative care and support would have been readily available via the NHS”. It added there was evidence to suggest Dr Gupta had contacted GG’s wife to ask if the family had made a complaint against him shortly before GG died, which “caused upset to the family”.

The court document also said Dr Gupta was being investigated over claims he had received payments for additional duty hours which had not been properly authorised. The judgment said: “From January to September 2020, [Dr Gupta] had received payments totalling an estimated £80,000. This was referred to the Local Counter Fraud Services for investigation, with a view to the possibility of criminal proceedings, and the trust agreed to refrain from undertaking its own investigation whilst the fraud investigation was completed.”

The judgment added the counter-fraud investigation, which continues to run alongside but independently of the trust’s internal investigation, has also discovered two other patients may have been invoiced for private care while being treated on the NHS.

A Northampton General Hospital Trust spokesperson said the trust was unable to comment as the investigation was ongoing.

HSJ INTEGRATED CARE SUMMIT

The 2021 HSJ Integrated Care Summit will take place in Manchester on 23 – 24 September, uniting senior leaders across the healthcare system to collaborate across their STPs/ICSs and

work towards the national integrated care vision.

REGISTER YOUR INTEREST

Source

High Court judgment

Source date

April 2021



Neutral Citation Number: [2021] EWHC 965 (QB)

Case No: QB-2021-001187

IN THE HIGH COURT OF JUSTICE
QUEEN'S BENCH DIVISION

Royal Courts of Justice
Strand, London, WC2A 2LL

Date: Wednesday 21st April 2021

Before :

MRS JUSTICE YIP

Between :

Dr Kamalnayan Gupta
- and -
Northampton Hospital NHS Trust

Claimant

Defendant

Simon Butler (instructed through the Bar Direct Access Scheme) for the **Claimant**
Mark Sutton QC and Alex Shellum (instructed by **Capsticks Solicitors LLP**) for the
Defendant

Hearing dates: 14 April 2021

Approved Judgment

Mrs Justice Yip :

1. This is an application for an interim injunction brought by the claimant, a consultant oncologist, against the NHS trust which employs him following his exclusion from work pending the outcome of an investigation into allegations of misconduct. The claimant seeks an order requiring the defendant to reinstate him and prohibiting the defendant from contacting or sharing information with the claimant's private work providers or other employers. The defendant opposes the application.
2. I have considered the written evidence of the claimant and of the defendant's medical director, Matthew Metcalfe and the written and oral submissions on behalf of both parties.

Factual background

3. The claimant qualified as a doctor in 1999. He has a previously unblemished disciplinary history and it appears from his evidence that he has a strong professional reputation in the field of oncology. No concerns have been raised about his clinical competence. He has been employed by the trust since 2018, based at Northampton General Hospital. His special interest is in urological cancer. Many of his patients present with advanced prostate cancer. In addition to his NHS work, the claimant has maintained a private practice and has practising privileges with a number of private providers, including the BMI Three Shires Hospital in Northampton. His evidence is that he works extremely hard for the good of his patients. By way of illustration of that, he indicates that he did not take a single day off during the first 10 months of the Covid-19 pandemic. In his statement, Mr Metcalfe recognises the significance the decision to exclude the claimant has for him personally and professionally.
4. In January 2021, the claimant was notified that an investigation had commenced into concerns falling into three areas, namely irregularities around payments for additional hours, the abuse of position to procure private patients from his NHS practice and conducting private work during paid NHS time. The claimant was not excluded at this stage.
5. The decision to exclude the claimant from work, on full pay, was notified to him at a meeting on 24 March 2021. Mr Metcalfe was unavoidably away from work that day and so the meeting was conducted by the defendant's deputy medical director, Mr Hemant Nemade. That evening, Mr Nemade sent a letter confirming what was discussed. The letter stated:

“Further evidence has been collated during the investigation process to date, specifically highlighting safeguarding concerns.”

It went on to say:

“The exclusion is a precautionary measure and does not constitute a disciplinary sanction. It will allow for the investigation to be carried out thoroughly and safeguard patients and relatives.”

6. Following his exclusion, Mr Butler, who was instructed by the claimant, wrote to the defendant challenging the claimant's exclusion. Correspondence ensued between Mr Butler and the defendant's solicitors. This application was then issued on 30 March 2021.
7. In his statement dated 8 April 2021, Mr Metcalfe explains that concerns about the claimant were first raised in early 2020. The concerns at that time were that he was promoting and offering private services to patients attending his NHS clinic. Mr Metcalfe says that this was addressed with him by the defendant's Divisional Director, Mr Owen Cooper. Further concerns came to light during 2020, including that the claimant had received significant sums for additional duty hours which were not properly authorised. From January to September 2020, he had received payments totalling an estimated £80,000. This was referred to the Local Counter Fraud Services ("LCFS") for investigation, with a view to the possibility of criminal proceedings, and the Trust agreed to refrain from undertaking its own investigation whilst the fraud investigation was completed.
8. Although the LCFS initially requested that the claimant be excluded from work while they investigated, Mr Metcalfe, after consulting with the Director of Human Resources, decided that adequate safeguards could be put in place without the need for exclusion. The claimant was not alerted to the fraud investigation but measures were put in place to ensure he could not continue to sign off his own additional hours. This involved placing restrictions across the department rather than specifically targeting the claimant. The counter-fraud investigation took longer than was anticipated. It appears that this was due, at least in part, to the impact of the pandemic. Mr Metcalfe's evidence is that he was increasingly concerned about the delay and the fact that if the allegations were true the Trust had a doctor working in a senior role whose probity in the performance of his professional role was in question.
9. In December 2020, one of the defendant's nurses had a discussion with the wife of one of the claimant's patients (referred to as GG) during which concerns emerged that the claimant was billing the patient privately for short, weekly telephone calls. I have seen the investigator's notes of the interview with the nurse. It is plain that she was troubled about what had been going on. The family of GG have expressed some distress about some of the claimant's actions. These additional concerns having been raised and the counter-fraud investigation remaining outstanding, Mr Metcalfe decided that an investigation under the Medical Staff Concerns Policy should be commenced.
10. Mr Butler sought to present the concerns raised by the family of GG as simply a dispute about charges, which should more properly be dealt with through the private provider's complaints procedure. I do not accept that. I am not at this stage weighing the evidence and seeking to make any determination as to the truth of any allegation. However, the concerns which have emerged about the claimant's treatment of GG are very serious. In essence, what is being investigated amounts to an allegation that the claimant improperly billed GG for private services amounting to no more than short weekly telephone calls and of no real clinical value, including when the patient was on an end of life pathway and when palliative care and support would have been readily available via the NHS. It is alleged that calls took place during NHS clinic time and were recorded as NHS appointments on the Trust's record system. The concern is that GG was being charged by the claimant for things he should not have

been charged for. GG and his family were billed a total in excess of £20,000. To put it bluntly, the allegation is of financial abuse of a terminally ill patient. The counter-fraud investigation, which continues to run alongside but independently of the defendant's internal investigation, has also discovered that two other patients may have been invoiced for private care while being treated on the NHS.

11. It is important to stress that, at this stage, the allegations are just that. The claimant vigorously denies any wrongdoing. He has served a lengthy statement responding to the allegations surrounding GG. During the course of the hearing, he produced documents demonstrating that GG was first referred to him as a private patient and not through the NHS. Further, the claimant maintains that he has a significant amount of other documentary evidence that will support what he says but which he has not yet had the opportunity to present.
12. On any basis, the evidence is incomplete and there has been no opportunity to test the evidence obtained on each side. It is no part of the court's function at this stage to attempt to resolve contested factual issues. In those circumstances, I do not propose to go further into the details of the evidence which has been obtained to date. I would summarise the position by saying that the evidence on the defendant's side gives rise to legitimate cause for concern and suggests there is substance to the allegations, albeit they remain unproven. There is also a legitimate concern that the allegations may extend beyond GG (who is sadly now deceased) to other patients. The claimant's evidence presents a very different picture of the amount of care he provided for GG outside NHS time. However, the recent statement certainly does not answer all the questions which have been raised on the defendant's side. I do not wish to prejudice the investigation or any future proceedings by expressing my own views on the factual issues that are likely to arise. I will say that, having carefully considered the material presently before me, I have concluded that there remains cause for concern and that there are matters which will call at least for further investigation and/or explanation.
13. Mr Metcalfe also identifies concerns that the claimant may be seeking to interfere with the investigation. Again, this is something the claimant denies. He points to the fact that it was not considered necessary to exclude him when he was notified of the investigation in January 2021 and that the investigation proceeded for over 2 months while he remained in post.
14. There is evidence that the claimant contacted the wife of GG and asked whether the family had made a complaint against him. It is right to note that, while he was advised not to contact the family during NHS time, he was not instructed that he should not contact them at all. However, this contact apparently occurred very shortly before GG died and caused upset to the family. An approach of that nature could be viewed as inappropriate. There is further evidence from two witnesses, which on one interpretation suggests that the claimant has sought to influence their evidence within the investigation.
15. There is an additional concern that once the decision to exclude the claimant had been taken and arrangements for the meeting for that purpose were being made, he may have claimed not to have been on site when he in fact was. Further, on that day, he had locked himself in his office which is where he keeps his private patient files. Again, the claimant denies any impropriety and the evidence about this would be

subject to testing at a later stage. I do not purport to make any determination as to what occurred or the reasons for it. However, one possible interpretation of the evidence is that the claimant was seeking to evade and/or interfere with the investigation at this time.

The contractual position

16. The claimant is employed under a contract of employment which incorporates and is subject to the National Terms and Conditions of Service for Consultants (England) 2003 (“the Consultant Contract”).
17. The Consultant Contract understandably makes provision for the relationship between NHS work, private practice and fee paying services. It is readily apparent that there is potential for conflicts of interest to arise. As such, safeguards and governance exist to maintain the demarcation between NHS and private practice and to ensure that private work does not impact detrimentally on NHS patients or services. There is clear guidance that NHS patients should never be charged for their NHS care. Doctors are reminded of the importance of maintaining separation between NHS and private care, of exhausting all NHS funded options before providing private care and of effective communication with patients about treatment options.
18. The Trust’s disciplinary and capability procedures are contained in its Medical Staff Concerns Policy which is the locally agreed policy implementing the “Maintaining High Standards in the Modern NHS” (MHPS) national framework. It is an express term of the Consultant Contract that the disciplinary and capability procedures “will be consistent with” MHPS. The policy itself is stated to have been developed based on the principles set out in MHPS. The purpose of the policy is expressed to be:

“to implement the processes for dealing with concerns related to medical and dental staff to ensure a fair and consistent approach.”
19. It is common ground that the Trust has a discretionary power to exclude medical staff. That power is contained in section 7.2 of the policy and is subject to the procedures explained at Appendix 2. Consideration of the power to exclude arises when serious concerns are raised about a practitioner. The guidance in Appendix 2 states that exclusion should be reserved for exceptional circumstances. The MHPS guidance expresses this with even more force, stating that exclusion “should be reserved for only the most exceptional circumstances”. It stresses that exclusion should not be misused or seen as the only course of action which could be taken and gives guidance as to how the exceptional right to suspend is to be used. The defendant’s policy broadly adopts this guidance, although I note some difference in wording. However, as the contract expressly states, the policy is intended to be consistent with MHPS.
20. Before a practitioner is to be excluded, Appendix 2 requires that consideration is given to whether they could return to work in a limited capacity, or perhaps a non-clinical role. Excluding a doctor from work does not automatically involve excluding him from the premises. Under the heading “Informing Other Organisations”, the policy states that in cases “where there is concern that the practitioner may be a danger to patients and the practitioner is practising elsewhere” the excluding officer may consider reporting to the relevant body so that a Health Professional Alert Notice

may be considered. There is no specific reference to informing other organisations where the practitioner may be working.

21. The decision to exclude for the Medical Director in conjunction with the Director of Workforce and Transformation and the Clinical/Divisional Director. Clause 7.2 of the policy provides:

“During the course of the investigation and its conclusion the Case Manager will review whether exclusion is necessary or if already in place whether it should be revoked.”

22. The purpose of exclusion is set out in Appendix 2 as follows:

- To protect the interests of patients or other staff; and/or
- To assist the investigative process where there is a clear risk that the practitioner’s presence would impede the gathering of evidence.

23. The policy provides that contact should generally be made with the Practitioner Performance Advice service (PPA) for advice prior to a decision to exclude being made. That is a specialist body, part of the function of which is to provide expert independent guidance as to how concerns about a practitioner should be responded to.

The decision to exclude the claimant

24. In his statement dated 9 April 2021, Mr Metcalfe explains the process adopted and his reasoning in arriving at the decision to suspend the claimant on 24 March 2021.
25. Concerns having been escalated by the case manager responsible for the internal investigation, Mr Metcalfe reviewed the position with Bronwen Curtis, Director of HR, on 12 March 2021. In his statement, Mr Metcalfe indicates that he was extremely concerned. However, he felt that the allegations were relatively new and untested and decided not to move to exclusion at that point but to see how the evidence developed and to review again if anything further came to light. Mr Metcalfe states that, with hindsight, he considers that the evidence available at that time did generate sufficient concern to justify exclusion. However, he recognised the significance of a decision to exclude and was cautious about taking that step. Mr Metcalfe indicates that he has not previously excluded a doctor in his years as a Medical Director.
26. On 22 March 2021, Mr Metcalfe received further information about the invoices received by GG and his family. He was aware that evidence was being obtained from the family and the general nature of their concerns was communicated to him. He was also made aware that there were concerns about other patients. Mr Metcalfe also considered the evidence about possible interference with the investigation. His view was that if the evidence was correct, it appeared that the claimant was attempting to “cover his tracks”.
27. Having reviewed the additional information, Mr Metcalfe sought advice from PPA. I have seen a letter dated 24 March 2021 from that body to Mr Metcalfe which

summarises the conversation between them the day before. The letter indicates that as well as serious conduct concerns, the issues identified raised significant safeguarding concerns for vulnerable patients and relatives.

28. Having obtained the PPA advice, Mr Metcalfe's decision was to move immediately to exclusion. The concern that triggered the decision to exclude was the concern that the claimant may present a risk of financial abuse to vulnerable patients. That was a different risk to the concern that the defendant was being defrauded in relation to payments for additional hours which had been the focus of concern in January. Mr Metcalfe would have conducted the meeting to inform the claimant of his suspension himself but had to attend a funeral, hence the involvement of Mr Nemade.
29. Mr Metcalfe's evidence identifies the governance surrounding the notification of a practitioner's exclusion to other organisations. As he points out, this has been strengthened following the Paterson enquiry. Mr Metcalfe considered that he was required to notify the claimant's private providers of his suspension and the fact that he was being investigated for fraud. The Director of Clinical Service at the BMI Three Shires Hospital contacted Mr Metcalfe on 25 March 2021 indicating that concerns about the claimant had been raised by the clinical team there. It is notable that there were apparently already concerns at that hospital that the claimant may have been billing patients inappropriately. The terms of the claimant's practising privileges at that hospital required him to notify them of his exclusion. Therefore, his exclusion ought to have come to their attention even if Mr Metcalfe had not communicated with them.

The law

30. Despite the fact that the applicable legal principles were not really contentious, I was provided with a substantial bundle of authorities. This appears to be something of a trend but is not necessary or appropriate for resolving an application for an interlocutory injunction.
31. Adopting the well-known three-stage test from *American Cyanamid v Ethicon Ltd* [1975] AC 396, I must consider:
 - i) Is there a serious issue to be tried?
 - ii) Would damages be an adequate remedy?
 - iii) Does the balance of convenience favour the grant of an injunction?
32. I remind myself that it is no part of the court's function at this stage to resolve conflicts of evidence as to the facts or to decide difficult questions of law which call for detailed arguments and mature consideration.
33. The judgment of Nicklin J in *Jahangiri v St George's University Hospitals NHS Foundation Trust* [2018] Med LR 625 at paragraph 57 provides a helpful summary of the court's approach in a case such as this. At para 57(ii)(c) Nicklin J said:

“ ...to succeed on a claim for breach of contract, the claimant would have to demonstrate that the decision to suspend was

unreasonable or irrational. That may mean that the Court should give rather more weight to a provisional assessment of the merits than would be necessary on a pure application of the ‘serious issue to be tried’ test.”

34. As was acknowledged in *Jahangiri* and other cases, in the employment context where the complaint is over suspension, damages may well not be an adequate remedy where the suspension is found to be unlawful. That is perhaps particularly so in the case of a medical consultant for whom professional reputation is important. The defendant does not seek to argue that damages would be an adequate remedy in this case. Therefore, I am concerned with whether there is a serious issue to be tried and, if so, the balance of convenience. Those issues overlap but the defendant’s primary submission is that the claimant has not established that there is a serious issue to be tried.
35. As is now well established, suspension without reasonable grounds may amount to a breach of contract or breach of the implied term of trust and confidence. The starting point is the principle identified by Lady Hale in *Braganza v BP Shipping Ltd* [2015] UKSC 17; [2015] 4 All ER 639; [2015] ICR 449 that where a contract gives one party to it the power to exercise a discretion which affects the rights of both parties, creating a conflict of interest, the courts will in appropriate cases imply a term that the power should be exercised in good faith and rationally. That applies particularly where there is a significant imbalance of power between the contracting parties as there often will be in an employment contract. Both limbs of the administrative law test apply so that the decision maker must take account of all relevant consideration and exclude irrelevant considerations and must not reach a decision which no rational decision maker could make. It must though always be remembered that it is not for the court to substitute its own decision for that of the contractually agreed decision maker.
36. Mr Butler relied upon *Yapp v Foreign and Commonwealth Office* [2013] EWHC 1098 (QB); [2013] IRLR 616 as authority for the proposition that the implied term of trust and confidence includes a duty to treat the employee fairly. As Cranston J said in that case [82]:
- “Fair treatment as a requirement is fact sensitive and its requirements turn very much on context ...”
37. In relation to the second part of the application, that seeking a prohibitory injunction requiring the defendant not to contact or share information concerning the claimant with private providers, Mr Butler relies upon Article 1, Protocol 1 to the European Convention on Human Rights. For the defendant, Mr Sutton QC submits that the A1P1 challenge is academic and does not improve the claimant’s position. Even if there has been an interference with the claimant’s A1P1 rights, such interference will be lawful if justified as a proportionate means of achieving a legitimate aim. For the purpose of this interlocutory application and bearing in mind this is not the time to fully explore any complex issues of law, I agree with Mr Sutton QC that the test of justification is unlikely to materially differ from a contractual analysis following *Braganza*. For these purposes, the defendant accepts that an unjustified interference with the claimant’s private practice would fall within the scope of the implied term of trust and confidence and is therefore covered by the private law obligations. At this stage, it is unnecessary to look beyond that.

Is there a serious issue to be tried?

38. This is where the real dispute between the parties lies. The claimant contends that the decision to exclude the claimant was unlawful and amounted to a breach of the contract and/or a breach of the implied term of trust and confidence. Mr Butler argues that the defendant gave no reasons for the exclusion other than to say that evidence collated during the investigation highlighted safeguarding concerns. No detail was given as to what those concerns were. Further, the claimant was not given an opportunity to respond before he was excluded. Mr Butler argues that the failure to obtain the claimant's side of the story first rendered the process unfair. He contends that the new evidence did not amount to reasonable grounds for excluding the claimant and that exclusion was not proportionate. He suggests that the defendant failed to consider the proportionality of the consequences of exclusion, not only to the claimant but to third parties, including his patients.
39. In relation to the second limb of the application, Mr Butler argues that there was no right to inform private providers that the claimant had been suspended and was being investigated for fraud. He contends that the terms of the contract meant that other providers could be notified only where there was concern a practitioner presented a danger to patients. Here, it is argued, the evidence did not support such a view.
40. The defendant argues that the decision to exclude the claimant involved the lawful exercise of discretion and, as such, does not give rise to any arguable claim for breach of contract and/or breach of the implied term of trust and confidence. The defendant points to the gravity of the alleged misconduct. In essence, it is alleged that the claimant defrauded both the Trust and vulnerable patients. The defendant maintains that there is a cogent evidential basis for the allegations.
41. It is common ground that the risk of the financial abuse of vulnerable persons is something that is to be viewed as potentially giving rise to safeguarding issues. Mr Sutton QC drew attention to the fact that Mr Metcalfe did not initially move to exclude the claimant when the investigation commenced in January. At that stage, the focus was on concern that the claimant was defrauding the Trust. It was considered that measures could be put in place to manage those concerns. It was the new concern that there was a risk to patients' interests that led to the decision to exclude. At the same time, there was a sufficient evidential basis to conclude that there was a risk of the claimant interfering with the investigation. Mr Sutton QC asks the court to accept that Mr Metcalfe's evidence plainly demonstrates a cautious approach. There was no rushing to judgment and no knee-jerk reaction as is sometimes seen. Rather, it is argued, Mr Metcalfe acted appropriately only reaching the decision to suspend when it became clear that there was a risk to patients and when he considered exclusion "absolutely necessary".
42. In considering the claims of procedural unfairness, the defendant points out that the investigation is ongoing and the situation is dynamic. Appendix 2 of the Trust's policy requires that the practitioner is made aware of the allegations or concerns that have been raised and advised of the exclusion. Further steps in the process provide the opportunity for the practitioner to propose alternatives to exclusion. There are also requirements for the exclusion to be kept under review. This is an ongoing obligation. Mr Sutton QC made the point that this case comes before the court in a different context and at a different stage from *Yapp*. The investigation is ongoing and the

opportunity for the claimant to provide his account of events is built into the process in a structured way. At each stage, the right to exclude is to be considered. The defendant does accept that the claimant might reasonably have been given a fuller explanation of the reasons for his exclusion on 24 March. It may be that the unavoidable absence of Mr Metcalfe on that date played a part in the lack of detail then given. However, the defendant does not accept that this rendered the exclusion unfair. Had the claimant asked for further reasons they would have been provided to him. As it was, the claimant instructed Mr Butler and has been fully informed of the reasons for his exclusion through the legal channels. Even if there was some procedural deficiency in relation to the notification of the exclusion and the reasons for it, it is not accepted that such was sufficiently serious as to be capable of amounting to a breach of contract justifying the relief sought.

43. Having considered all the material before me and the parties' competing submissions, I am not satisfied that there is a serious issue to be tried that the defendant was in breach of its contractual obligations in excluding the claimant.
44. It cannot be properly argued that the exclusion was unlawful in the *Braganza* sense. Mr Metcalfe acted cautiously and in a considered way. He was not quick to exclude the claimant but did so only when it became apparent that there was evidence giving rise to concerns about financial abuse of patients. He plainly recognised the significance of the decision to exclude the claimant. The advice of the PPA was sought before the decision was made. Mr Metcalfe was entitled to take the view that it was necessary to exclude the claimant at that stage to safeguard patients and their relatives and to guard against the risk of the claimant impeding the investigation.
45. I recognise that the claimant should probably have been given more detail of the reasons for his exclusion when he was notified of the decision on 24 March. However, I do not accept that this rendered the exclusion itself unfair or that it forms a proper basis for granting the relief sought.
46. The concerns identified in the course of the investigation are grave. The Trust has a duty to protect patients. That duty extends beyond managing their physical safety and includes a duty not to expose them to other risks, including financial abuse. It cannot sensibly be suggested otherwise. In the circumstances, the defendant was entitled to move to immediate exclusion. I am not satisfied that the process can be said to have been flawed.
47. I stress again that I am not seeking to make any determination on contested factual matters at this stage. However, I consider that there is a proper evidential basis for the allegations raised by the defendant. I accept that the claimant's second statement puts matters in a different light. However, it does not, in my judgment, answer all the concerns. Further investigation is required. As additional evidence is produced and considered, it may well be that a different view is taken. The defendant will be required to keep the claimant's exclusion under review. Given the careful approach adopted by Mr Metcalfe to date, there is no reason to consider this will not happen.
48. I also accept that there is evidence which justifies the concern that the claimant may have been seeking to interfere with the investigation. Again, a different view may emerge as further evidence becomes available. However, the defendant is entitled to

take the view that there is a risk that the claimant's presence would impede the investigative process.

49. It appears from the evidence before me that Mr Metcalfe's decision was one open to him in the exercise of his discretion. It appears from his evidence that he appropriately weighed the relevant considerations and did not take account of irrelevant matters. It cannot realistically be argued that the decision was irrational. In all the circumstances, I am not persuaded that the claimant has demonstrated, even applying the unmodified *American Cyanamid* test, that there is a serious issue to be tried that his exclusion was unlawful.
50. As to the application for the prohibitory injunction in relation to contacting and sharing information with private providers, I am not persuaded that there is any proper basis for making such an order. I have already indicated why I do not consider the argument based upon Article 1, Protocol 1 adds anything to the contractual position. As I have indicated, Appendix 2 of the defendant's policy covers the situation where there is a concern that a practitioner may be a danger to patients where a report may be made so that a Health Professional Alert Notice may be considered. Relying upon this, Mr Butler sought to argue that the defendant's concerns did not amount to concern that the claimant was a danger to patients and therefore the defendant was not entitled to notify its concerns to others.
51. I do not accept this argument. It is right to state that there is no concern about the claimant's clinical competence or that he would in any way present a risk of physical harm to any patient. It is unnecessary for me to decide whether the term "a danger to patients" may include a risk of financial harm. A more fundamental point arises. The provision in Appendix 2 to which I have referred covers one situation. However, it does not act as a fetter or restraint on the defendant communicating relevant information to other organisations. As Mr Metcalfe's evidence makes clear, transparency is important in the medical context and the sharing of information, provided it is done in good faith, is to be encouraged. There is evidence that one of the private providers independently had concerns about the claimant. Further, the terms of the claimant's practising privileges with that organisation required him to notify them of his exclusion by his NHS trust in any event. As I understand it, that is a common term in a contract for practising privileges in the private sector, the reasons for which are readily apparent.
52. I am satisfied that the defendant was acting in good faith and rationally in notifying other providers of the claimant's exclusion and the reasons for it. There is no contractual or other reason why they were not entitled to communicate in that way. Having found that the claimant has not established that there is a serious issue to be tried in relation to his exclusion, I do not consider there can be any basis for finding a serious issue to be tried on this second part to his application.

The balance of convenience

53. It follows from my conclusion that the claimant has not established a serious issue to be tried that I must refuse the relief sought. It is therefore unnecessary for me to consider the balance of convenience.

54. Had I reached this balancing stage, I would have had in mind the serious consequences the exclusion will no doubt have for the claimant. I also acknowledge the concerns he expresses in his second statement about the impact his absence may have for the care of cancer patients in the region. That is a serious matter, particularly given the well-known concerns about the impact of the pandemic on cancer care. It is clear from Mr Metcalfe's statement (see paragraph 27) that this was something considered by the defendant.
55. Set against this would be the risk to patients and the risk that the investigation of serious allegations would be impeded.
56. Ultimately, the balance of convenience test requires consideration of the course which is likely to involve the least risk of injustice and/or harm if the decision to grant or to refuse an interlocutory injunction turns out to be wrong. The balance of convenience cannot be divorced from the merits of the claim. Had I found that there was a serious issue to be tried, I am likely to have looked for a high degree of assurance that patients' interests could be guarded before making the order sought. Where that precise balance lay would have depended on the basis upon which I had found there was a serious issue to be tried. In the event, this does not arise. I am satisfied that the necessary balancing of competing interests was in fact done by Mr Metcalfe and that he reached a decision which was open to him. I have found that there is no serious issue to be tried. That is sufficient to dispose of the application.

Conclusion

57. It follows that the claimant's application is refused.

Costs

58. Having circulated this judgment in draft, I have received written submissions on costs. The defendant seeks its costs on the usual basis that it has been the successful party. The claimant resists this application, maintaining that it was necessary for him to bring his application to get the defendant to provide information about the reasons for his exclusion. The claimant says that the defendant should not be entitled to recover any costs in the circumstances. In the alternative, the claimant invites the court to restrict the costs that may be recovered by the defendant to those related to the hearing itself. The claimant also challenges the reasonableness of the defendant instructing leading and junior counsel.
59. The starting point is the general rule set out in CPR 44.2 that the unsuccessful party should pay the successful party's costs. I have considered whether there is any reason to depart from that general rule. In particular, I have considered the question of conduct and the provisions of CPR 44.2(4) and (5). At paragraph 45 above, I recognised that the claimant should probably have been given more detail of the reasons for his exclusion when notified of the decision. However, as I have indicated, there were understandable reasons for that not occurring. After that point, I am satisfied that the defendant has acted reasonably and has responded suitably promptly. I am unable to accept that it was necessary for the claimant to bring proceedings to secure the information he was entitled to. Although Mr Butler submits that the claimant would not have proceeded with his application had he been provided with all relevant information earlier, I note that the claimant did proceed even having seen Mr

Metcalf's evidence. In exercising my discretion as to costs, I am not persuaded that there is anything in the conduct of the defendant either before or after the proceedings were commenced that justifies a departure from the general rule. I shall therefore make an order that the claimant shall pay the defendant's costs.

60. I am then required to summarily assess the defendant's costs. Having rejected the argument that the costs should be restricted in principle, I am assessing costs on the standard basis. That requires me to consider whether the costs claimed have been reasonably and proportionately incurred and are reasonable and proportionate in amount. The claimant does not challenge the defendant's solicitor's rates, which I agree are reasonable. No complaint is made about the total solicitor costs incurred. As to whether it was reasonable and proportionate to use both leading and junior counsel, that is perhaps a more finely balanced issue. Mr Sutton QC indicates that there was a need to rely upon junior counsel for some of the preparation, particularly as work was required at short notice. I accept that and also accept that there was a division of work between leading and junior counsel which is likely to have operated to keep costs down. I am less certain that it was necessary for junior counsel to attend the hearing, bearing in mind that all submissions were made by leading counsel and that no evidence was called. However, I am aware that Mr Shellum did offer active assistance during the hearing. I have no doubt that the defendant had the best possible representation. The only question is whether the claimant should be required to pay all the costs incurred. I certainly do not believe it would be appropriate for me to disallow all junior counsel's fees.
61. I bear in mind this is a summary assessment and that I am required to resolve any doubt as to whether costs were reasonably and proportionately incurred in favour of the paying party. It would not be proportionate to arrange a further hearing to deal with arguments about costs. In the circumstances, I propose to make a modest reduction to the costs claimed to reflect the doubt I have expressed about counsel's fees. I make it very clear that I am not specifically assessing Mr Shellum's fees downwards. Rather, I am looking at the total sums claimed by the solicitors and for both counsel and making a relatively small reduction overall. It seems to me that this broad approach best allows me to deal with costs in a proportionate way and will not result in any significant injustice to either party. I will accordingly summarily assess the defendant's costs in the total sum of £30,000.

Case about unneeded chemotherapy

78 years old gentleman from Peterborough who presented in August 2021 with urinary retention and was found to have raised PSA 72 ng/ml.

After workup which included MRI, Bone scan and biopsy, his case was discussed in the urology MDT on the 21.10.21 and it was decided that his prostate cancer was locally advanced, and the outcome stated as follows:

1. For Hormones
2. Refer to clinical oncology for radiotherapy to the prostate and pelvic lymph nodes.

He was started on hormones for prostate cancer treatment on the 14.11.21. He was seen by Dr Gupta's predecessor, Dr Abbas on the 29.11.21 and who confirmed the MDT plan and informed the patient that his prostate was quite big, and he had a urinary catheter. Both these factors would increase the volume of radiation exposed tissue if radiotherapy was started promptly.

To minimise side effects, he proposed a standard practise which is to start with hormones and give it time to shrink the tumour and also remove the catheter which would then reduce the volume exposed to radiation and as a result reduce the side effect of the treatment. He booked to see him next in 3 months with repeat imaging and PSA.

Dr Abbas next saw him on 28.02.22. He noticed that his PSA fell to 0.31 which he felt was encouraging. The scan showed reduction in the cancer and the pelvic lymph nodes. However, the patient was still requiring a urinary catheter which should be removed before the radiation. He discussed with the patient 2 options:

1. Referral for surgical procedure to allow this.
2. To continue the hormones for a longer period which might allow the removing the catheter without surgery. This would be a trial which if failed the patient would be referred for surgical procedure.

The patient chose the second option, and another appointment was made after 4 months.

In May 2022, Dr Abbas left, and Dr Gupta joined the trust took over the care of Dr Abbas patients. On the 30.06.22, Dr Gupta called the patient, he agreed with the MDT plan and said that the patient is candidate for radiotherapy and referred him for surgical procedure to allow removing the catheter and proceeding with radiotherapy.

On 19.09.22, Dr Gupta met the patient. By that time, it was nearly a year since he was diagnosed. The patient PSA was at the time 0.03, which was all time low for him. Dr Gupta was due to take a long-planned leave for personal reasons. He suggested a major alteration in the treatment plan by offering three months of Chemotherapy. Following these three months he will offer him the radiotherapy.

The plan was that he will be seen by a specialist nurse to monitor his chemotherapy treatment, and by the time Dr Gupta is back he would be midway through his chemotherapy treatment.

As Dr Gupta was away, I saw the patient on the 13.10.23. I was asked to check if we can proceed with Dr Gupta's planned chemotherapy. I immediately was alarmed as I thought THERE WAS ABSOLUTLY INDICATION FOR CHEMOTHERAPY IN HIS CASE. I DISCUSSED THE CASE WITH Dr Treece the radiotherapy lead and we both agreed to abandon the plan as it was wrong. I am aware that Dr Treece made Dr Cheryl Plamer about my concerns about this sudden last-minute change in plan that was against the MDT and not in line with the national guidance. I shared with the team that I thought that he offered this option as he had no time to plan the radical radiotherapy for this patient.

To be clear, in my view, if this gentleman went to a 100 oncologist in the UK, none of them would offer the patient chemotherapy.



About Doctify

Helping people to find and access the very best care



Empowering patients to find the best care

Our healthcare reviews help patients to find the very best doctor, dentist or hospital for them.

Doctify reviews give patients more visibility of their healthcare options. With better insights into the specialists available to them, they can book appointments with specialists that they truly trust.



Supporting the delivery of patient-centric care

Our review technology allows doctors, dentists and hospitals to seamlessly collect consistent, meaningful feedback in unprecedented volumes.

Access to this data supports their delivery of patient-centric care, giving them the opportunity to better understand, respond to and improve their patients' experiences.



“ Stephanie Eltz CEO and Co-founder

“Our health is the most precious thing we have. We want Doctify to add greater transparency into healthcare so that patients can connect with providers that they really trust.”

A review platform purpose-built for the intricacies of healthcare



Anonymous

Healthcare is a personal and private experience. We give patients full anonymity so that they can feel confident sharing their feedback



Verified

Doctify is a closed review platform and all feedback is verified. We only ever want to publish genuine experiences from real patients



Representative

We aim to collect reviews from every person a specialist sees, so that we can provide a fair and authentic depiction of the patient experience



Meaningful

We offer more than a star rating. Our review technology allows us to give in-depth feedback on specific conditions and treatments

The Doctify story

Co-founders Stephanie and Suman launched Doctify in 2015 when they were working as surgeons in the NHS.

Their lightbulb moment came when Stephanie was dealing with a medical issue and struggling to find a specialist online she trusted. At the same time, Suman was supporting an ill relative and finding it difficult to find the right clinician for them. They felt lost and anxious, not knowing who to turn to.

They knew something needed to change, so decided to do something about it. Passionate about the idea of using technology to add greater transparency to the sector, Stephanie and Suman developed Doctify.

Since launching, they have been able to create a healthcare review platform that gives patients greater visibility of their healthcare options, and provides doctors, dentists and hospitals with the feedback needed to support their delivery of patient-centric care.

company values



Trust & transparency

We want patients as well as doctors, dentists and hospitals everywhere to have confidence in the reviews they read on our platform.



Meaningful hard work

We celebrate ambition and achievements, embrace change within the team and are quick to adapt to new opportunities that come our way.



Self-improvement & growth

In healthcare, learning never ends and at Doctify, we focus on similar self-improvement for lasting growth.



Responsible for greatness

With positivity and goodwill, we face challenges head-on. We communicate candidly, understanding the importance of our mission at hand.



Serious about security

Security is a team effort – every person at Doctify understands their role in this shared responsibility and works to ensure security is taken seriously.

OUR MISSION

We help doctors **collect feedback**, and as a result, help patients **find the best care**.

By 2025, we want to have helped 100 million people to confidently choose their healthcare, and to have supported healthcare providers across the world in collecting the real-time feedback needed for delivering patient-centred care.

To find out more about our vision for the future, please visit our [Mission page](#).

some of our partners



Our commitment to trust and transparency



We launched Doctify after noticing just how difficult it was to find reliable, representative and verified healthcare reviews. Not being able to get easy access to feedback was affecting patients as well as doctors, dentists and hospitals.



We are adding this trust and transparency back into healthcare. Our review technology helps doctors, dentists and hospitals deliver patient-centric care. We also empower patients to confidently share their experiences and find the best care available.



Our policies and guidelines ensure that Doctify remains a trustworthy platform for healthcare reviews. We only ever want to document patient experiences that are meaningful, representative and and importantly, genuine.

Trust at Doctify

our awards and nominations



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Overview



Mr Kamalnayan Gupta

Oncologist 📍 Milton Keynes, MK14 6LS



39 YEARS OF EXPERIENCE

VERIFIED PROFILE



PATIENT **TRUST SCORE**

New

— —

About

In 1999, Dr Kamalnayan Gupta qualified in medicine and surgery after this he completed the MD programme in Oncology. He went on to obtain the Diplomate of National Boards in Clinical Oncology and was admitted as a Member of National Academy of Medical Sciences. Dr Gupta then obtained MRCP and proceeded to complete higher specialist training in Clinical Oncology at the Christie Hospital in Manchester and obtained FRCR. He was awarded the Royal College of Radiologists' Award and he completed the Proton Therapy Fellowship at the MD Anderson Cancer Centre in Texas, USA.

As a Consultant Clinical Oncologist, Dr Gupta works at the Northampton General Hospital & Kettering General Hospitals and additionally, Dr Gupta provides services at the BMI Three Shires Hospital in Northampton, Spire South Bank Hospital in Worcester and the GenesisCare Centre in Milton Keynes.

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Overview

Dr Gupta's patient-centred approach combined with his expertise earns him rapport with patients and colleagues alike as well as excellent outcomes for his patients.

Diseases, Medical Tests and Treatments

- Radiotherapy (standard and advanced techniques)
- Chemotherapy
- Immunotherapy
- Hormone therapy
- Systemic Anti Cancer Therapy - SACT for Urological and colorectal cancers
- SpaceOAR hydrogel, Rectal spacer
- Oncology Cancer Specialist Second Opinion
- Prostate Cancer
- Colon Cancer
- Rectum Cancer
- Bladder Cancer
- Bowel Cancer
- Kidney Cancer
- Urological cancers
- Colorectal Cancers
- Brachytherapy
- Lower GI cancers
- Uro Oncology
- Colorectal Oncology

SPECIALTIES

- Clinical Oncology
- Colon Cancer
- Gastrointestinal Cancers
- Medical Oncology 
- Urological Oncology

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Overview

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QUALIFICATIONS

- **MBBS, MD, DNB, MNAMS, MRCP, FRCR** *UK, USA, India* 2013

Memberships:

- Fellow of the Royal College of Radiotherapy (FRCR)
- Member of the Royal College of Physicians (MRCP)
- American Society of Clinical Oncology
- European Society of Medical Oncology
- American Society of Therapeutic Radiology and Oncology
- British Urological Group

Awards received

Royal College of Radiologists' Award

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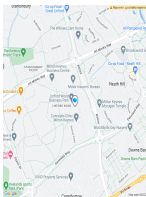
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[All locations](#)**GenesisCare Milton Keynes**

★★★★☆ 4.55 (20)

Sunrise Parkway, Linford Wood, Milton Keynes,
United Kingdom, MK14 6LS

Reviews

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Your trust is our top concern, so providers can't pay to alter or remove reviews.

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FAQ

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Overview

Does Mr Kamalnayan Gupta accept new patients?

Mr Kamalnayan Gupta generally accepts new patients.

[Get In Touch](#) with this specialist to enquire as a new patient



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RE: GMC Provisional Enquiry Correspondence - Dr Gupta

From: Niamh Finan (niamh.finan@gmc-uk.org)

To: farisf16@yahoo.com

Date: Thursday 10 August 2023 at 12:30 BST

Dear Dr Mahgoub,

Thank you for your email and for the information that you have provided.

Unfortunately, it would not be appropriate for us to ask the Trust to give you access to your account again.

We will continue to liaise with the responsible officer for the location where the incident took place, in the hope that they will be able to provide us with the patient's details.

I will continue to update you throughout our provisional enquiry process.

Kind regards

Niamh Finan
Investigation Officer
Fitness to Practise Directorate
General Medical Council
3 Hardman Street, Manchester M3 3AW

Email: niamh.finan@gmc-uk.org

Website: www.gmc-uk.org

Telephone: 0161 529 0622

From: Mohamed Mahgoub <farisf16@yahoo.com>
Sent: 01 August 2023 07:33
To: Niamh Finan <Niamh.Finan@gmc-uk.org>
Subject: Re: GMC Provisional Enquiry Correspondence - Dr Gupta
Importance: High

Dear Niamh,

I left the NWAG NHS trust at the end of March 2023. Before I left and in order to comply with data protection regulations, I kept all the patient related data in my [NHS.NET](#) mail account. Included in the this data is the name and details of this particular patient. I wrote formally to the hospital asking them to keep my [NHS.net](#) account as it contains details about the wrong doing of Dr Gupta. I wrote to them more than 3 times. However, This request was not granted and I **no longer have access to this account**. I believe the hospital still has the contents of that email account as one of the mangers gained access to it for 1 month after I left.

I can't recall the name of the patient but I kept it in safe place in the email account. If you can kindly help me get access to my [NHS.NET](#) account, m.mahgoub@nhs.net I will be able to provide this important information. I await your response.

Regards

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Mohamed

On 26 Jul 2023, at 10:56, Niamh Finan <Niamh.Finan@gmc-uk.org> wrote:

Dear Dr Mahgoub,

I write further to my acknowledgement of complaint correspondence that I sent to you on 11 July 2023.

In my letter, I explained that in order to investigate the concerns, we need to identify the patient that the concerns relate to, so that we can review their records.

Regarding your concern that Dr Gupta took the clinical decision to refer a patient for chemotherapy treatment, which was not in line with standard practice or MDT planning. In order to look into this concern further, we will need to identify this patient, so that we can request their medical records. We would be most grateful if you could provide details that would allow us to identify the patient, for example, the patient's name, date of birth and NHS number if possible.

Please let me know should you have any queries about this email.

Kind regards,

Niamh Finan

Investigation Officer

Fitness to Practise Directorate

General Medical Council

3 Hardman Street, Manchester M3 3AW

Email: niamh.finan@gmc-uk.org

Website: www.gmc-uk.org

Telephone: 0161 529 0622

From: Niamh Finan

Sent: 11 July 2023 11:56

To: farisf16@yahoo.com

Subject: GMC Provisional Enquiry Correspondence - Dr Gupta

Importance: High

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Dear Dr Mahgoub,

Thank you for recently raising concerns with the GMC, and thank you for your patience whilst we have been considering the information you kindly provided to us.

We have decided to carry out a provisional enquiry to look further into some of the concerns that you have raised about Dr Gupta. Please find attached the following correspondence relating to the provisional enquiry that we will be carrying out:

1. GMC Provisional Enquiry Letter
2. Provisional Enquiry Factsheet
3. How we use your information leaflet

Please take your time to consider all of the correspondence and please let me know should you have any queries.

You will see that in my letter, I have requested a patient's details (name and date of birth). I would be most grateful if these details could be provided as soon as is possible please, so that we can progress with our provisional enquiry.

Kind regards

Niamh Finan

Investigation Officer

Fitness to Practise Directorate

General Medical Council

3 Hardman Street, Manchester M3 3AW

Email: niamh.finan@gmc-uk.org

Website: www.gmc-uk.org

Telephone: 0161 529 0622

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<1. GMC Provisional Enquiry Letter - Dr Gupta.pdf><2. Provisional Enquiry Factsheet.pdf><3. How we use your information leaflet.pdf>

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Concern raised with the GMC - reference number: E2-7991ME

From: Mohamed Mahgoub (farisf16@yahoo.com)

To: practise@gmc-uk.org

Date: Tuesday 16 May 2023 at 19:24 BST

Dear team,

I have raised some concerns about another oncologist (Dr. Kamalnayan Gupta). I following up on this matter. I didn't receive any conformation or acknowledgement of receipt.

Can you kindly send me a confirmation of receipt and summary of the concern?

Thanks

Mohamed



Re: General Medical Council In Response Please Quote JD/E2-7991ME

From: Mohamed Mahgoub (farisf16@yahoo.com)

To: practisefi@gmc-uk.org

Date: Tuesday 20 June 2023 at 19:37 BST

Dear John,

In response to your email requesting further information, I share with you the attached statement about the referenced case.

Regarding the issue of private work during NHS time and insurance fees issue, I should clarify that the information I disclosed was not obtained through official channels. It was shared in an informal context and could not be independently verified. However, given the potential implications if true, I felt it was important to bring it to your attention. I understand that this may affect your ability to investigate the matter, but my aim was to act in the best interest of the public.

Regards

Mohamed

On 14 Jun 2023, at 11:22, Mohamed Mahgoub <farisf16@yahoo.com> wrote:

Begin forwarded message:

From: GMC Fitness to Practise FI <Practisefi@gmc-uk.org>

Subject: FW: General Medical Council In Response Please Quote JD/E2-7991ME

Date: 13 June 2023 at 12:32:33 BST

To: "farisf16@yahoo.com" <farisf16@yahoo.com>

Dear Dr Mahgoub

I wrote to you on **01/06/2023** to ask for some information. A copy of this email is enclosed within the thread below.

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

If possible, please respond to this request by **20/06/2023**. You can send this to our Manchester address below, or direct to my email address.

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

Kind Regards

John Durrant
Enquiries Team

Generated by



General Medical Council
3 Hardman Street, Manchester, M3 3AW
Email: Practisefi@gmc-uk.org
Website: www.gmc-uk.org
Telephone: 0161 923 6602

From: GMC Fitness to Practise FI
Sent: 01 June 2023 14:36
To: 'farisf16@yahoo.com' <farisf16@yahoo.com>
Subject: General Medical Council In Response Please Quote JD/E2-7991ME

Dear Dr Mahgoub

Thank you for contacting us with your concerns.

To assist us to decide the best way we can help you we would be grateful if you could please provide us with some more information:

Information we need from you

Please send the following information by **08/06/2023** to the Manchester address below or by emailing it to me at practisefi@gmc-uk.org

- You advise you disagreed with the doctor's clinical decision to refer a patient for treatment. Please can you provide specific details about this matter?
- You tell us you are aware that the doctor has been working privately during NHS time and is overcharging insurance companies. How did you become aware of this and please can you provide specific details?

Please note that, at this stage of our processes, we have no powers to obtain this information ourselves or contact any third parties.

Why is this information needed?

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

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

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

Kind Regards

John Durrant**Enquiries Team**

General Medical Council

3 Hardman Street, Manchester, M3 3AW

Website: www.gmc-uk.org

Telephone: 0161 923 6602

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Chemo not needed case.docx

19.4 kB



9 January 2024

In reply please quote:

NF/C1-3986252570

Private: Addressee Only

Dr Mohamed Mahgoub

General
Medical
Council

3 Hardman Street
Manchester M3 3AW

By Email Only to: farisf16@yahoo.com

Email: gmc@gmc-uk.org
Telephone: 0161 923 6602
gmc-uk.org

Dear Dr Mahgoub,

We have finished our review of your concerns regarding Dr Kamalnayan Gupta

We have now completed our enquiries and the evidence we gathered has now been considered by one of our decision makers, known as an assistant registrar (AR).

The AR is assured that the matters contained in your complaint do not raise concerns that Dr Gupta poses either a risk to patients or undermines the public's confidence in doctors. Although we do not need to investigate further, we will share your concerns with the doctor's responsible officer and ask the doctor to discuss it with their appraiser as part of their revalidation – there is more information about the role of the responsible officer in our decision reasoning, which is enclosed with this letter.

We understand that raising concerns about a doctor can be a stressful experience. If you feel that you would like additional support, you might wish to speak to someone who is independent of the GMC. You can access our Independent Support Service by calling 0300 303 3709. This is a free, confidential and independent telephone support service provided by Victim Support and they can provide confidential emotional support and practical help and advice. You can find more information on this service here:

<http://www.victimsupport.org.uk/gmcnmc>

There are also other organisations that may be able to help. Please visit our website for further information: [Local help services that can help with your concern](#)

Next steps

The details of our internal review process are enclosed with this letter. You can also find further information on our website under '[When we will redirect your complaint - GMC \(gmc-uk.org\)](#)'

Thank you

Thank you for bringing these concerns to our attention and for helping us throughout the enquiry process. If you have any questions about the process, please contact me and I will do my best to help.

Yours sincerely

Niamh Finan

Niamh Finan

Investigation Officer

Email: **niamh.finan@gmc-uk.org**

Website: **www.gmc-uk.org**

Telephone: **0161 529 0622**

Enc:

Assistant Registrar's Decision Reasoning

[Rule 12 FAQ document](#)

[Rule 12 questionnaire](#)

To ask for these publications in Welsh, or in another format or language, please call us on 0161 923 6602 or email us at publications@gmc-uk.org

Assistant Registrar Decision Rule 4(4)

Provisional Enquiry Case Number: C1-3986252570

Doctor's name (and GMC number): Kamalnayan Gupta, 6082776

Date of decision: 04/01/2024

Our role as a medical regulator

Our role is to protect the public. This includes:

- protecting and promoting the health, safety and wellbeing of the public,
- promoting and maintaining public confidence in the medical profession,
- promoting and maintaining proper professional standards and conduct for members of the profession.

We investigate and take action when we have a serious concern about a doctor's behaviour or performance. It is not our role to punish a doctor. Instead, we aim to ensure that every doctor on the medical register is able to practise safely.

My decision

I have carefully reviewed the information received during the course of this Provisional Enquiry and do not consider that any action is necessary on Dr Kamalnayan Gupta's ability to practise medicine. Therefore, this matter will now be closed.

Although no action is being taken, the doctor's Responsible Officer (RO) will be notified of this Provisional Enquiry, so that these concerns can be reviewed locally as part of the doctor's appraisal process. If the RO identifies any further concerns during the doctor's appraisal, these can be referred to us for consideration. I have provided more information below to explain the reasons for my decision, with further details about the role of the RO.

The role of the Responsible Officer

A RO is a senior doctor with responsibility for monitoring the performance of doctors and making sure that doctors keep their skills and knowledge up to date (a process known as revalidation). They make recommendations to the GMC about whether doctors should be revalidated and notify us if they have serious concerns about a doctor's practice. Sometimes we receive concerns that we don't need to investigate if they are an isolated occurrence but could justify action if they form part of a wider pattern of concerns about the doctor. We'll share these complaints with the doctor's RO and advise the doctor to consider what implications it might have for their practice, as part of their revalidation. The RO may highlight further issues to suggest that we should undertake a full investigation into the doctor's fitness to practise. We would then review this new information to see if we need to investigate it.

GMC Revalidation

Since December 2012, doctors have been required to revalidate at least every five years in order to retain their licence to practise. Revalidation is the process by which licensed doctors are required to take part in an annual appraisal and demonstrate that they are up to date and are fit to practise.

Summary of the concerns

The GMC has received a complaint from Dr Mohamed Mahgoub, a former colleague of Dr Kamalnayan Gupta, consultant clinical oncologist at North West Anglia NHS Foundation Trust regarding the care he gave to a patient, Mr Gordon Drake (DoB: 03/11/1944).

Dr Mahgoub's concern is that Dr Gupta recommended chemotherapy for Mr Drake, when this conflicted with an earlier MDT plan.

On 30 June 2022, Dr Gupta advised Mr Drake that he agreed with the MDT plan that he was a candidate for radiotherapy, however, a catheter needed to be removed before that, which was subsequently arranged.

On 19 September 2022, Mr Drake's PSA was 0.03, which was the lowest it had been. We are advised that Dr Gupta changed the treatment plan to three months of chemotherapy.

Subsequently, Dr Mahgoub saw Mr Drake on 13 October 2022 and sought advice from a colleague who agreed Dr Gupta's treatment plan was 'wrong'.

Dr Mahgoub suggests a change was made by Dr Gupta because he was due to go on leave for personal reasons and raises that sufficient radiotherapy planning had not occurred before his leave.

An Assistant Registrar (an experienced member of GMC staff) felt that further information was needed to understand these concerns in more detail. This helped us to clarify whether there were any issues that needed a GMC investigation into the doctor's fitness to practise, which could lead to either restricting or stopping them from working. A decision was made to open a Provisional Enquiry using our legal powers under Fitness to Practise Rule 4(4) to get this information.

This Provisional Enquiry looked at the following concerns, that Dr Gupta:

- Took the clinical decision to refer a patient for chemotherapy treatment, which was not in line with standard practice or with MDT planning.

Information received during the Provisional Enquiry

We are now in receipt of additional information which has allowed us to consider Dr Mahgoub's concerns in further detail.

Expert Opinion

Copies of Mr Gordon Drake's relevant medical records have now been received, which have been reviewed by an independent expert in clinical oncology. They have raised some concerns about the care provided by Dr Gupta.

The expert noted that Dr Gupta saw Mr Drake when he was having hormone therapy. In terms of the treatment, Dr Gupta arranged for Mr Drake's catheter to be removed and for laser treatment. Dr Gupta carried out radiotherapy to the prostate and seminal vesicles alone. The expert noted that Dr Gupta did consider other treatments as well as chemotherapy. The expert opined that the care was overall acceptable.

The expert noted that the decision to refer Mr Drake for chemotherapy treatment was not the plan of the MDT which was to carry out hormone therapy and then radiotherapy. The expert considered that Dr Gupta's approach to start Mr Drake on chemotherapy when the other treatment was working was unusual and not standard practice, but it was not unreasonable or wrong. The expert advised that approaching treatment for these kinds of patients was not something that was black and white.

Information from the Responsible Officer

As part of the Provisional Enquiry process, we contacted Dr Gupta's RO to make them aware of the complaint and to allow them to share any relevant information they may have about the incident.

The RO noted that there was a general lack of insight and learning from Dr Gupta which may lead to repetition in the future. They have imposed local restrictions.

Reasons for my decision

This decision has been reached based on information received during the course of this Provisional Enquiry and is not a finding of fact. I have carefully considered all of this information, including the opinion of the independent expert who has raised some concerns about the doctor's actions and the care they provided.

I accept the independent expert's view that overall, the care provided to Mr Drake by Dr Gupta was below the standard expected because it was an unusual approach to start him on another treatment, in this case chemotherapy when the previous treatment was working. This was not deemed to be seriously below because all the treatments that Dr Gupta gave or offered to Mr Drake are accepted treatments. It was not considered a serious error by Dr Gupta, rather it was a different approach that would not be standard practice.

In making this decision, I am mindful that we can only take action on a doctor's registration if the information indicates their fitness to practise may currently be impaired.

Although I have been unable to identify any issues that would need us to open a GMC investigation into this doctor's fitness to practise, I do think that it is appropriate for the doctor to reflect on the issues raised by the independent expert. In particular, the expert has highlighted that Dr Gupta did not carry out the plan as agreed by the MDT and changing treatment when it was working was not standard practice.

There would be benefit in making sure this incident and the issues the expert has raised are both reviewed locally and reflected upon in the doctor's appraisal process. It is my view that this Provisional Enquiry can be closed but with the above information being passed to the doctor's RO.

Complaints that are sent to the responsible officer

Sometimes we receive concerns that we don't need to investigate if they are an isolated occurrence, but could justify action if they form part of a wider pattern of concerns about the doctor. We'll share these complaints with the doctor's responsible officer and advise the doctor to consider what implications it might have for their practice, as part of their revalidation. The Responsible Officer may highlight further issues to suggest that we should undertake a full investigation into the doctor's fitness to practise. We would review this new information to see if we need to investigate it.

Meeting request

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Wed 22.3.23 08:58

To: GARDNER, Callum (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <callum.gardner1@nhs.net>

Dear Dr Gardner,

I would like to request an urgent meeting with you to discuss urgent concerns I have regarding patient care. Can this request and meeting remain confidential please?

Regards

Mohamed

RE: Meeting request

GARDNER, Callum (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<callum.gardner1@nhs.net>

Sun 2.4.23 13:26

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Dear Mohamed,

I am now on annual leave. Please can you send me your detailed concerns?

WR

#hello my name is...

Callum

Dr Callum Gardner FRCP
Chief Medical Officer & Responsible Officer

North West Anglia NHS Foundation Trust
Department 404
Peterborough City Hospital
Bretton Gate
Peterborough
PE3 9GZ

Ext: 7993 (EA) **Direct line:** 01733 677925
Email: callum.gardner1@nhs.net

Executive Assistant: Donna Erskine-White
Tel: 01733 677993
Email: donna.erskine-white@nhs.net

www.nwangliaft.nhs.uk

If I am sending you this email out of hours, please note that I do not expect that you will read it or respond to it outside of normal working hours.



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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Sent: 22 March 2023 08:58
To: GARDNER, Callum (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<callum.gardner1@nhs.net>
Subject: Meeting request

Dear Dr Gardner,

I would like to request an urgent meeting with you to discuss urgent concerns I have regarding patient care. Can this request and meeting remain confidential please?

Regards

Mohamed

Mohamed Osama Mohamed Mahgoub

Claimant

AND

North West Anglia NHS Foundation Trust

First Respondent

Callum Gardiner

Second Respondent

Cheryl Palmer

Third Respondent

**WITNESS STATEMENT OF
MOHAMED MAHGOUB**

I, Mohamed Mahgoub of Flat 6, 80 The Parade, Oadby, Leicester LE2 5BF, will say as follows:

1. I am the Claimant in this matter. I make this statement in relation to the preliminary hearing listed on 3 May 2024 relating to my employee status. My comments in this statement are limited to that issue.
2. I believe I was treated unfairly and unfairly dismissed by the Respondents as a result of a number of qualifying and protected public interest disclosures that I made during the course of my employment as I have set out in my amended Grounds of Claim.

3. I was employed by the First Respondent as an agency locum Medical Oncologist at Peterborough City Hospital which is part of the Northwest Anglia NHS Foundation Trust from 21.09.2020. I was dismissed on the ground that I had made protected disclosures on 31 March 2023. The dismissal occurred when my agency was told that I would not receive any further work from the Respondent.
4. As can be seen from my Grounds of Claim I believe I have worker status in relation to my employment at the First Respondent.
5. In the alternative, and concurrently, I also believe that I may be considered an employee of the First Respondent. I say this because there were many factors that indicated I was an employee in relation to my time working for the First Respondent. I was treated exactly the same as my other medical colleagues at the First Respondent in my department. No-one would have thought that I was anything other than an employee in the medical oncology department. I was subject to the same policies and procedures as all other employees.
6. I was working full time Monday to Friday, 9am to 5pm, and the First Respondent had full control over the type of work I did while I was at work. They decided the dates of clinics, the dates I would be in the ward and the times of the Multi-Disciplinary Team Meetings. I was asked on multiple occasions to change the times I covered the work on the ward and in the department. As with any other employee, the First Respondent had full control over my working day and I was working full time at the hospital. I was required to be at the hospital during the normal working day, 9 to 5. I had to give at least 6 weeks' notice of holidays.
7. I was expected to turn up every day as with any other full-time employee. On the rare occasion I was unwell my work would be distributed to colleagues.
8. There was mutuality of obligation in the work I undertook – they prepared all of the clinics and work for me just as any other employee.
9. All of my discussion about the work was with the officers in the hospital – the only involvement of the agency was to receive time sheets and arrange payment.

10. In addition, it can be seen that I was interviewed for a consultant role at the First Respondent in January 2023. The details of the interview and the manner in which it was conducted are referred to in my Grounds of Claim. After the interview I was told that I was unsuccessful and I was asked if I would like to enter into a fixed term 1 year contract with the First Respondent.
11. After a short while considering my position, I accepted the fixed term contract and I received 'new starter' documents from the First Respondent (as can be seen from pages [] of the Preliminary hearing bundle). I believe I was an employee after I accepted that contract.
12. My employment was terminated by the First Respondent when my agency was told that the contract was terminated due to clinical concerns that had not previously been raised with me.
13. I did not receive any further communication about the Fixed Term Contract but believe that the First Respondent terminated or frustrated that contract by virtue of their actions with my agency and generally. Whether or not I am determined to be an employee in relation to the agency contract I believe I was an employee of the First Respondent after I accepted the Fixed Term Contract.

The contents of this statement are true to the best of my knowledge and belief.

Signed:

Dated

Inflammatory breast cancer

The patient presented to Peterborough city hospital in May 2022, with a picture of inflammatory breast cancer. This is a rare and distinct type of breast cancer. Its diagnosis is clinical, based on history and examination (not radiology or biopsy).

Inflammatory breast cancer is one of the most aggressive, albeit potentially curable, subtypes of breast cancer. Its treatment is different than the more common types. It requires the most radical measures which include total mastectomy and complete axillary nodal clearance and chest wall radiotherapy. The treatment is usually less intense in other types of breast cancer.

Therefore, correctly making this diagnosis is essential to ensure a good oncological outcome as the patient, if the diagnosis was missed, will be undertreated.

Misdiagnosis

In this patient case, the diagnosis of Inflammatory breast cancer was completely missed by the surgeon and the oncologist who reviewed her at presentation, Mr. Mirza (Surgeon), and Dr Ansari (Oncologist). In addition, both failed to comment on the skin of the involved breast.

The patient at the time was not aware of the significance of her clinical picture. She fully trusted the team to provide her with adequate clinical care.

Regardless of whether the cancer was inflammatory or not, the initial phase of her treatment would have been the same, as all such types are treated initially with systemic chemotherapy. Once finished, the treatment differs, with a more aggressive approach recommended in inflammatory breast cancer cases. This error, if timely acknowledged and corrected, would have had no detrimental effect on the patient.

As a result of that error, the patient cancer was under-staged and labeled stage 1 instead of the correct stage which was 3C. The initial MDT recommendation reflected that error, recommending lumpectomy and Sentinel lymph node biopsy (SNB) (limited resection of the lymph nodes in the axilla), instead of complete mastectomy and axillary clearance (extensive resection of lymph nodes in the axilla).

Another consequence of the error is that she missed the chance of having accurate radiological staging which is recommended in all cases of locally advanced breast cancer. This is usually done by obtaining CT scans before the start of the chemotherapy. Timing of the scan is important, as once chemotherapy has started, the risks of masking and therefore missing otherwise apparent disease increases. Accurate staging is vital to provide

appropriate clinical recommendations and to ensure the best possible outcome for our patients.

Delay in start of curative chemotherapy to accommodate wedding and honeymoon

The patient had a potentially curable cancer which was growing rapidly. She explained to the team that her wedding and honeymoon had been previously booked. The patient had no clear understanding of the detrimental effect any delay in the start of chemotherapy would have on her oncological outcome.

In my opinion, she should have started chemotherapy as soon as possible. She should have been clearly advised against going on holiday. This was not done, and her request was inappropriately accommodated without highlighting the risks associated with this approach.

Dismissed the patient concerns

While on honeymoon, the patient reported worsening in the redness to cover the entire breast. In addition, she also reported change in the texture of the skin to become like orange peel. Upon her return, she explained this to her nurse (Imogen Baker), who informed Dr Ansari. She was not reviewed, and no action was taken.

Making the diagnosis

I covered an outpatient clinic for Dr Ansari while she was on leave. I noticed that the patient had elevated tumor markers (done accidentally), a finding I would not expect in patients with early breast cancer. After a few questions, it became clear that she had inflammatory breast cancer at presentation, and this has improved with chemotherapy. I explained my assessment and its significance to the patient and booked her the belated staging scans and added her case to the breast MDT to correct her stage and revise her plan.

Insisted on the wrong plan

The Breast cancer MDT team decided to ignore the patient's history and instead chose to believe the narrative of the physicians which was based only on distant memory recall. It goes without saying that the patient has no benefit from giving this history.

Cited radiology as a proof it is not inflammatory breast cancer

To strengthen their case that no miss happened, the team cited the radiological assessment as proof that this cancer was not inflammatory which could be considered misleading.

Attempts to persuade the patient to accept the plan

As the patient started to question the team plan, Dr Ansari inappropriately tried to convince her that lumpectomy was the standard and if she underwent mastectomy, this would only be to treat her anxiety. She also tried to hint that these inflammatory changes were 'In her head'.

The patient challenged this, and the MDT reviewed the case again and agreed to offer her mastectomy while insisting that the MDT does not agree this was inflammatory breast cancer. For that reason, the MDT refused to offer her axillary clearance which is the standard of care and instead advised for the less adequate procedure (sentinel lymph node biopsy).

Patient changing consultants

The patient decided to change consultants and come under my care.

MDT

Determined to ensure the best care for my patient, I took her case again to the MDT requesting that she is offered axillary clearance which was the global standard of care. This was fiercely opposed by the surgical team and Dr McAdam, a fellow oncologist.

In my view, the reason for this opposition was because if her cancer was deemed inflammatory, that would imply that the two physicians involved in the initial diagnosis were incompetent. During the MDT discussion, I was asked more than once, If I meant that. When Mr. Mirza joined the MDT, another member told him 'This oncologist is suggesting you don't know how to examine a breast'.

I tried to emphasize that this discussion is about the patient and not about the physicians. I pointed to the following points:

1. The patient's clear history suggestive of inflammatory breast cancer
2. GP notes showing clear redness in part of the breast.
3. The lack of the physicians' notes of any comments about presence of redness or other skin changes couldn't be considered proof against the diagnosis of inflammatory breast cancer as the absence of such changes was not documented.

4. GP initial diagnosis of possible mastitis and the subsequent failure of the antibiotics to control the disease process and the differential increase in the size of the one breast are all parts of the classic picture of inflammatory breast cancer.

All the above were ignored and instead a vote count was suggested. At the end, the team forced their view and completely ignored my disagreement with their opinion which was not recorded in the MDT outcome.

Referral to other centers

As a result of this disagreement, I decided to refer the patient to other physicians in other centers. This, however, took considerable time, and the patient was getting worried about delays this was causing to her planned operation.

Going private

As a result, the patient decided to seek private opinion and paid a considerable sum of money to get the standard of care operation, which she was denied by the primary team in Peterborough hospital without any reasonable clinical reasons. The patient and her young family were subjected to unnecessary tremendous emotional, psychological and financial distress. Her wellbeing and outcome were simply ignored.

In putting the ego of few physicians ahead of the patient's life, the MDT failed its most basic function, to care for Peterborough's community.

Case 2

Key Points

I will highlight below the concerns I had about a patient who was under my care. This is about a patient with ER positive, HER2 negative metastatic breast cancer with extensive bone metastasis. She was diagnosed after presenting as an emergency on Aug 22 with symptoms of cancer involvement of the spine. I saw her first as part of my acute oncology cover. She was supposed to go under the care of Dr Ansari who was away at the time. Upon her return, Dr Ansari asked me to keep the patient under my care.

It was clear from the start that her case would be a challenging one. At the beginning, the patient had a difficult time due to the disabling pain caused by the cancer related spinal fractures. She needed intense analgesic dosing and frequent multidisciplinary input and physiotherapy. I started her on hormonal treatment and bisphosphonate which later I changed to Denosumab. Together with a CDK inhibitor I added later, this combination started to control the cancer and she started to get better.

However, this proved to be short-lived. At the beginning of this year, her blood count started to fall slowly at the beginning but more dramatically shortly after. I suspected that the cancer started to infiltrate the bone marrow and affect the production of blood cells. I arranged a bone marrow biopsy which proved this.

In February, I decided to switch her treatment to weekly Epirubicin, a standard chemotherapy that is aimed at controlling the cancer without risking severe bone marrow suppression.

Initially, her cancer started to respond to the weekly Epirubicin. But after only three doses, signs started to show that her cancer was becoming resistant to this chemotherapy (weekly Epirubicin).

The signs indicating resistance to weekly Epirubicin at the time was:

1. Rapidly dropping HB, not in line with previous drops and not explained by chemotherapy
2. Significant drop in platelets after initial improvement
3. Development of Cancer related fever
4. Relapse of back pain after its transient improvement (the back pain briefly resolved post each weekly dose but soon recurred again few days later)
5. Worsening Blood tests mainly LFT (liver function test including Bilirubin and Alkaline phosphatase)

Shortly before receiving her fourth weekly dose, the chemotherapy suite team contacted me to review her as she was febrile. I called off that week's dose of Epirubicin. I decided to admit her to observe her temperatures which I suspected to be cancer driven. I held off inpatient antibiotics (my impression was that she has no active infection), requesting investigations to confirm this was cancer driven fever.

Once infection was ruled out, I was planning to switch her chemotherapy to Weekly Paclitaxel (an appropriate salvage treatment). As the patient had low counts, I was planning to give the first dose as an inpatient to correct any excessive drops in her blood counts, which might be life-threatening if not timely corrected.

During the period of my employment in Peterborough city hospital, I have never come across any guidance specifically regulating inpatient chemotherapy prescribing or administration. However, Dr Ayers, who in the past was very resistant to offering inpatient chemotherapy to what I considered appropriate candidates, was the one who kept insisting on this being implemented whenever I decided to prescribe inpatient chemotherapy. Following several requests by Dr Ayers, the ward nursing team decided not to give any oncology chemotherapy without the approval of two consultants. I have to say that I worked in a few hospitals in the UK before and to my knowledge, no such rule existed in these hospitals.

To complicate the matter of inpatient chemotherapy prescribing in her case, I was caught in the midst of a work related dispute which eventually led to my unfair dismissal, involving the following doctors:

1. Dr Kamal Gupta
2. Dr Cheryl Palmer
3. Dr Karen McAdam
4. Dr Sarah Ayers

As I wanted to give the patient inpatient chemotherapy, I had to ask another consultant to approve the plan with me. Ideally, I would have asked one of the breast oncologists (Dr Karen McAdam, Dr Sarah Ayers, Dr Ansari). I would not have routinely asked Dr Cheryl Palmer as she is not based in PCH. I was, however, worried that their decision might be influenced by the pre-existing dispute.

I contacted Dr Ayers who refused to approve the chemotherapy stating that she thought the Epirubicin was working, and the patient was fit to be discharged. The abrupt way with which she answered my request left no room for further discussion.

This was a Friday afternoon, and I was keen for the patient to have chemotherapy before the weekend. I decided to email all the attending consultants that day. Soon after that, a trail of refusal emails followed, which in summary gave what I saw as conflicting and unconvincing argument.

Unfortunately, I was worried about the possibility that the work-related disputes would affect the management of this patient.

I wrote to the team, challenging their views, highlighting the contradictions in the opinions which I summarize below:

1. The patient could have my planned chemotherapy (weekly Paclitaxel), however as an outpatient (Dr Gupta)
2. The patient is well and can go home and no need for inpatient chemotherapy (Dr Gupta and Dr Ayers)
3. The change of chemotherapy to weekly Taxol was premature as weekly Epirubicin was not given enough chance (Dr Ayers)
4. That the patient is palliative (in other words terminally ill) and in the doctor's experience weekly Paclitaxel will cause more harm than good (Dr Ansari)
5. Two oncologist agreed on refusal, so I agree with their decision (Dr Cheryl Palmer)

This was followed by emails trying to portray me as a doctor who disrespected consensus and colleagues, which was not the case. I simply put patient first. As I was worried about the gravity of the situation if the treatment was not started promptly, I went to meet the patient and her husband and explained the issues from my perspective. I suggested to them two options:

1. To raise the issue to the hospital CEO
2. To seek second opinion (the patient had private health insurance)

The patient wanted a second opinion, which I sought that evening. I referred her case to a Centre in London to ensure the independence of their opinion. Over the weekend, Dr McAdam (who was on call) advised the nurse in charge to explain to the patient her views which was that the department consensus was against weekly Paclitaxel. The patient was caught in the middle and was not sure whom to believe.

After the weekend, I could not come to work from Monday till Wednesday due to minor illness. Despite that, I kept an eye on the patient's health progress and I was in remote contact with her and her husband through phone and email, updating them about the second opinion communication with the team in London.

I passed several patient queries to the team blocking the treatment plan and no adequate answer was provided. I summaries the queries of the patient/family below:

1. What are the names of the members of the team who decided the department consensus opposing Dr Mahgoub plan?
2. How was that consensus reached, especially that no member of the team making that decision reviewed the patient?
3. Was her admission to the hospital considered an emergency admission?
4. If the impression is that her cancer is yet to respond, when and how will a decision be made about the effectiveness of the weekly Epirubicin, and won't it then be too late to try another treatment?
5. If her chemotherapy (weekly Epirubicin) continues as an outpatient, which is the recommendation the team made, how will the blood counts and the fever be monitored?

The next day, Dr Palmer asked Dr Ayers to review the patient. Dr Ayers met the patient alone that morning in the absence of her husband and explained that the whole team disagreed with my plan, that the advice was to continue the previous chemotherapy as it is working, that she thought she is well enough to go home and be discharged ASAP.

I was part of the email communication about that plan, and I objected to what I considered a hasty discharge but Dr Palmer, using her managerial authority, approved Dr Ayers discharge plans of that day, ignoring my plans (as the treating consultant) to keep the patient as an inpatient while and for a limited period after giving the first dose of chemotherapy to ensure she is adequately monitored.

Dr Ayers also explained to the patient that upon discharge, I will review her on Thursday in my outpatient clinic. She booked her a slot that Friday to have the Epirubicin dose as an outpatient.

A different plan, which I believe intended to exclude me from the care of my patient was underway. On Thursday, I came to work and found that my clinic was cancelled, and the patient appointment was moved to Dr Ayers afternoon clinic. I promptly and before working hours requested that my clinic get reinstated. Despite my insistence, Dr Palmer completely refused.

The patient came that afternoon and met Dr Ayers. In her clinic notes, Dr Ayers explained that she was specifically asked by Dr Palmer to see the patient instead of myself. According to her notes the reason for the change in consultants was the disagreement in opinion between me and them about the management.

In that incident, Dr Palmer failed to inform me about the real reason for the clinic change. Equally, Dr Ayers failed to inform the patient and her husband about the same circumstances.

The patient went the next day to see a consultant oncologist who works in a very reputable London NHS tertiary hospital. I had no prior relation with that consultant. The consultant in London reviewed the patient, discussed the patient's case with the specialist team which is composed of some national leaders in the field. After considering a few options, he decided to start her on weekly Paclitaxel. He also insisted on keeping her as an inpatient during the initiation of this treatment to allow adequate monitoring.

This was the same plan that the team in Peterborough blocked. The patient was exposed to the worst side of the NHS. Her life prolonging treatment was blocked, her life was endangered, her trust in me as her consultant was purposely targeted and there was an unjustified lack of transparency from the team's side. She had to travel all the way to London to get the same treatment that she would otherwise have received in Peterborough. She had to use her private insurance which she thought she would never have to use in such circumstances.

After starting the weekly Paclitaxel in London, her cancer started to improve. She ended up staying as an inpatient for a few weeks to monitor her cancer and keep an eye on her counts.

In summary, I believe that the separate and pre-existing dispute between me on one side and the team (Dr Palmer, Dr McAdam, Dr Ayers and Dr Gupta) on the other side, was one of the main reasons behind their actions in this case. They saw in this case an opportunity to prove that I was disrespectful to others' opinions. They were settling scores with me.

They used their positional authority and numerical advantage in their attempts to prevent me from treating my patient. They showed complete disregard for the good medical practice concepts which are supposed to govern their actions.

While differences in opinion should always be welcome, I can't find any excuse for Dr Palmer's lack of transparency with the patient when she changed her clinic, so she is reviewed by Dr Ayers instead of me. The team's lack of grasp of the details of the case, the way they hastily discharged the patient and making recommendations without even casting an eye on the patient and their hopes I will never see her again, speaks volumes about that team.

While the patient was lucky that she was psychologically strong and had a private insurance which partially spared her some of the harms of actions, others lack those means. Patients come to the NHS expecting good care, and allowing such practices to continue unchallenged is a betrayal of their trust.

Case 3

This is a concern I previously raised about a serious radiological discrepancy. It resulted in missing an opportunity to offer curative treatment for a highly lethal cancer in a young patient.

Ten months later, when the cancer was eventually diagnosed, it was too late to offer any meaningful treatment even palliative one.

A lady in her early forties, mother of a three-year-old son, presented to the hospital with abdominal pain. An MRCP scan was requested to investigate the cause in February 2022.

The MRI report was brief and reported that the Pancreas was normal, overlooking two distinct and suspicious abnormalities in the pancreas. As a result, the diagnosis of the cancer was delayed. At that stage, if picked up and treated, I think the patient had a realistic chance of cure of this cancer.

Ten months later, and after considerable delay, the patient was diagnosed with end stage terminal pancreatic cancer and suffered from excruciating pains before she died.

As part of my job which require reviewing newly diagnosed cancer patient admitted to the oncology ward. I reviewed her case with my team of junior doctors and during our review, a member of the team spotted lesions in the earlier scan, which was done ten months before.

As part of observing duty of candour, I emailed the patient consultant, Dr Ansari and asked her to formally review those scans and inform the patient about the possibility of such an error. I explained that the duty now falls with her as the supervising consultant.

Instead of taking the initiative, and in her response, she copied few members of the Hepatobiliary MDT (the lead radiologist in the MDT and the lead surgeon) and the oncology department lead and the oncology divisional director. She refused to accept her responsibility for maintaining the professional duty of candour and asked radiology to look into it.

I responded coping the people above and emphasizing that she is required to discuss the possible miss with the patient as she is the supervising consultant. I asked her to seek advice from the members of the leadership she involved in her response to guide her in following the agreed procedures which is followed in such cases.

The case was later added to the HPB MDT where the earlier scans were formally reviewed. The outcome was dictated by Dr McAdam, who was reported to say at the time, *'WE NEED TO WRITE THIS CAREFULLY AS THIS GUY IS DANGEROUS. WE DON'T*

KNOW HOW FAR HE CAN TAKE THIS'. The MDT outcome that the pancreas in that scan was normal.

In my view, this was not true. The team didn't even inform the patient that they are having a second look at this older scan. She died without knowing about that miss. Her family also are unaware of that miss.

I request an independent investigation in all aspects of this case including the radiological discrepancy and miss in the scan done early in 2022. I also request that the patient next of kin get notified about this statement and any future investigations into this case.

Subject: Specialty Subsites

Date: Thursday, 11 August 2022 at 15:28:49 British Summer Time

From: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

Dear Mohamed

Firstly, I would like to confirm that you are very good Consultant colleague to work with.

Thanks for speaking with me today. We will look into the possibilities and I cannot guarantee or otherwise.

Meanwhile, please can you confirm about the specialties/sub-sites you are currently covering and the ones you will be happy to cover in the future.

Once I hear from you, we will deliberate on this.

Kind Regards

Kamal

Subject: Re: re Consultant in Medical oncology Advert
Date: Monday, 3 October 2022 at 12:29:28 British Summer Time
From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

Thank you very much Sam.

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>
Sent: 03 October 2022 11:53
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Subject: re Consultant in Medical oncology Advert

Good Morning Dr Mahgoub,

Thought I would just email you to let you know that the above role is now available to apply for, as I believe you are interested in the post.

The job can be found on the intranet via searching vacancies in the medical/ dental section.
It will be great to have you on board the team as a permanent member.

Best wishes, and see you soon,

Sam

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

PA: Carly Whiting

Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

Surgical Division, Department 202, Core A Level 1, PCH

www.nwanglia.nhs.uk

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Subject: Vacancy Consultant in Medical Oncology

Date: Wednesday, 19 October 2022 at 13:42:15 British Summer Time

From: CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

To: farisf16.1981@gmail.com

CC: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

Dear Dr Mahgoub

I understand that the department have been discussing with you about the substantive post within the department.

The post is now being advertised on NHS jobs, if you wanted to apply. The reference number is 176-S-GW-4594624, it will close on the 26 October 2022.

Kind regards

Andrea

Andrea Chamberlain

Medical Recruitment Team Leader

North West Anglia NHS Foundation Trust

Medical Workforce

North West Anglia NHS Foundation Trust

Department 410

Telephone: (01733 67) 7854 (PCH) HH 01480 416101

email: andrea.chamberlain@nhs.net

<http://jobs.nwangliaft.nhs.uk/>

Subject: jobs

Date: Tuesday, 8 November 2022 at 13:41:52 Greenwich Mean Time

From: MCADAM, Karen (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

hi mohamed

have you seen that the substantive post has been advertised?

I think the closing date is 21st November.

K

Dr Karen McAdam

Consultant Medical Oncologist

Systemic Chemotherapy Lead

NWAFT

Oncology Department

Peterborough City Hospital

Bretton Gate

Peterborough

PE3 9GZ

kmcadam@nhs.net

01733673186

secretary: michelle.marriner@nhs.net

Subject: RE: Job Vacancy

Date: Friday, 11 November 2022 at 10:00:30 Greenwich Mean Time

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

To: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST), MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

CC: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

Absolutely – the job plan is only a guide – breast and AOS need cover and you have been doing a great job with this already

C

From: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<kamalnayan.gupta2@nhs.net>

Sent: 11 November 2022 09:45

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Subject: RE: Job Vacancy

Dear Mohamed

Do not worry about the Upper GI component of the job, if you are not comfortable with it.

Please proceed with the application as deemed fit.

Kind Regards

Dr Gupta

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Sent: 11 November 2022 08:29

To: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<kamalnayan.gupta2@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>;

OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Subject: Job Vacancy

Importance: High

Dear Kamal,

Regarding the Job vacancy for a substantive consultant in oncology, I have previously expressed my wish to Katie and Karen regarding a substantive job. That is still the case.

The main concern I have is that the job had an upper GI component. I have not done upper GI job since 2016 and I don't feel it is an area I am expert or interested in. It is true that you have asked me some time ago about if this was something I am OK with and I didn't express any objection at the time, but I didn't have enough time to consider this. Now and after some thought, I don't wish to cover this subtype.

I will be prepared to submit my application if this issue can be tackled. I would like to mainly cover Breast and AOS.

I hope you accommodate this request.

Regards

Mohamed

Re: Meeting today

GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<kamalnayan.gupta2@nhs.net>

Fri 2.12.22 13:54

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>

This is a 5 min phone call or meet up
Please call me whenever you are free today z Mohamed

I do need to speak with you today please. I have been requested re this

Thanks

07747633538

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 02 December 2022 13:43

To: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<kamalnayan.gupta2@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<michelle.marriner@nhs.net>

Subject: Meeting today

Hi Kamal,

I have explained that my availability is mainly morning till around 1 pm. I have a clinic in the afternoon with a patient booked at 2 pm.

I am afraid I can't do the time suggested.

I think I saw the time yesterday and it was 12. I also thought that you would still be in MDT. Please let me know what other time would be convenient to you?

Regards

Mohamed

Subject: STRICTLY PRIVATE AND HIGHLY CONFIDENTIAL - KG and MM to meet today - To discuss agency locum job

Date: Wednesday, 30 November 2022 at 14:38:55 Greenwich Mean Time

From: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

Priority: High

STRICTLY PRIVATE AND HIGHLY CONFIDENTIAL

Dear Mohamed

I really did not mean to bother you.

But, I am informed that the agency locum last date has been extended to 6th of December, 2022. I was not sure if you were or were not aware of this.

But, I have been also informed that if you apply for the substantive position advertised, then there is a good chance that extension of this date could be looked at.

Very importantly, I have been requested to politely inform you that in view of the fast oncoming Xmas & New Year time, it would be great if this application is made ASAP, because the senior executives for the interview panel have to be approached in advance to set up the interview (if you get shortlisted), and Xmas/NewYear time is quite challenging to get conducive dates.

Hence, this meeting was to kindly remind you of these stipulations.

However, as you are busy today, if you could respond back to me (just to me), I will be able to inform the senior management & HR accordingly.

Kind Regards

Kamal

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Sent: 30 November 2022 11:49

To: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<kamalnayan.gupta2@nhs.net>; MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>

Subject: Re: KG and MM to meet today - To discuss agency locum job

Hi Kamal,

May I please know in advance why do you want to meet me urgently today. What is in the agenda? I have to say that I am very busy and I might not be free to meet you today.

Regards
Mohamed

From: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<kamalnayan.gupta2@nhs.net>

Sent: 30 November 2022 11:44

To: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>;

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Subject: KG and MM to meet today - To discuss agency locum job

Dear Michelle

Please can you set up of meeting of mine and Dr Mahgoub today – anytime, to urgently discuss agency locum job related matter

Kind Regards

Dr Gupta

From: trac.jobs noreply@trac.jobs
Subject: Application for job 176-S-GW-4594624 Consultant in Medical Oncology
Date: 9 December 2022 at 07:45
To: Dr Mohamed Osama Mahgoub farisf16@yahoo.com



+++ Your submitted application form +++

Thank-you for using our web system to make an online job application.
You have applied for the following vacancy:

Job title: Consultant in Medical Oncology
Job ref: 176-S-GW-4594624
Employer: North West Anglia NHS Foundation Trust
Submitted at: 9-Dec-2022 07:45

Your application can be viewed or downloaded by visiting the
application summary page on our website:

<https://apps.trac.jobs/application/144517483>

PLEASE DO NOT REPLY TO THIS MESSAGE. It is sent from an unattended mailbox and replies are not seen. To enquire about your application, please contact the employer directly. To comment on the online applications service, please email info@trac.jobs

--

Regards,
Trac I Recruitment management software
Civica UK Ltd

From: Gemma Wilson on Trac application 144517483 reply-324898132-13@recruit.trac.jobs
Subject: Invitation to Remote Interview - Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 19 December 2022 at 16:31
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

From: Gemma Wilson on Trac application 144517483 reply-325169598-1b@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 20 December 2022 at 16:49
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

From: Gemma Wilson on Trac application 144517483 reply-325008472-1a@recruit.trac.jobs
Subject: Interview
Date: 20 December 2022 at 10:15
To: Mohamed Osama Mahgoub farisf16@yahoo.com

Good morning Mr Mahgoub,

Ahead of your interview on the 3rd of January I just wanted to let you know the interview will take place via MS Teams and not face to face.

We look forward to meeting you on the 3rd.

Kind regards

Gemma Wilson

From: Gemma Wilson on Trac application 144517483 reply-325862306-1e@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 23 December 2022 at 16:46
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-325915698-1b@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 24 December 2022 at 16:46
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

From: Gemma Wilson on Trac application 144517483 reply-325930790-11@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 25 December 2022 at 16:46
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-325998417-1b@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 27 December 2022 at 16:46
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-326199575-1a@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 28 December 2022 at 16:46
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-326397320-1e@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 29 December 2022 at 16:46
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

From: Gemma Wilson on Trac application 144517483 reply-326581403-1b@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 30 December 2022 at 16:46
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-326634533-1e@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 31 December 2022 at 16:46
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 3-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 2-Jan-23 or we will assume that you are not attending.

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If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-325008472-1a@recruit.trac.jobs
Subject: Interview
Date: 20 December 2022 at 10:15
To: Mohamed Osama Mahgoub farisf16@yahoo.com

Good morning Mr Mahgoub,

Ahead of your interview on the 3rd of January I just wanted to let you know the interview will take place via MS Teams and not face to face.

We look forward to meeting you on the 3rd.

Kind regards

Gemma Wilson

Interview 30/01/23

WELLS, Moby (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <moby.wells@nhs.net>

Thu 19.1.23 13:11

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Hello Dr Mahgoub,

Please could you accept the interview request on Trac, the interview date was changed to the 30th Jan. You should be getting daily reminders about this but please **don't** hesitate if you have any problems.

All the best,
Moby

Moby Wells (he/him)

Assistant Service Manager

Cancer Services CBU - North West Anglia Foundation Trust

Email: moby.wells@nhs.net

From: Gemma Wilson on Trac application 144517483 reply-329229117-1f@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 16 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 27-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

From: Andrea Chamberlain on Trac application 144517483 reply-329230694-11@recruit.trac.jobs
Subject: Interview details -Please Read
Date: 16 January 2023 at 12:20
To: Mohamed Osama Mahgoub farisf16@yahoo.com

Hi Dr Mahgoub

I have just sent out an amended interview invitation for the 30 January at 15.00.

As part of the interview process, you are required to give a 10 minute presentation titled

'Challenges of delivery of oncology treatments over the next 5 years'

Please send your presentation back to nwangliaft.medicalrecruitment@nhs.net and a copy to me andrea.chamberlain@nhs.net by 26 January 2023.

Any queries, please let me know

Kind regards

Andrea

From: Gemma Wilson on Trac application 144517483 reply-329485571-17@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 17 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

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If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

From: Gemma Wilson on Trac application 144517483 reply-329738170-13@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 18 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 27-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-329986330-16@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 19 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 27-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

From: Gemma Wilson on Trac application 144517483 reply-330229453-1a@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 20 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 27-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-330380274-19@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 21 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 27-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

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If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-330401138-12@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 22 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 27-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

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If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-330524583-1c@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 23 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 27-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

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If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Andrea Chamberlain on Trac application 144517483 reply-330776421-1c@recruit.trac.jobs
Subject: Interview 30 January 2023
Date: 24 January 2023 at 11:52
To: Mohamed Osama Mahgoub farisf16@yahoo.com

Dear Dr Mahgoub

I am writing with regards to our interview invitation, to which we have had no reply.

Please can you confirm by Thursday 26 January if you are accepting the interview by logging onto Trac and confirm your time slot. If you do not wish to go ahead, just let me know and we can withdraw your application.

If you are going ahead, can you please email your presentation over to me andrea.chamberlain@nhs.net by Thursday.

I look forward to hearing from you soon

Kind regards

Andrea

From: Gemma Wilson on Trac application 144517483 reply-330787102-1a@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 24 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

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If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

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If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-331046549-1e@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 25 January 2023 at 12:16
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

You have been invited for a remote interview for the above position, but you have not yet confirmed a time for your interview.

Please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview to confirm your interview, or to withdraw your application. A copy of the original invitation is included below:

Dear Dr Mohamed Mahgoub,

Further to your application for the above position, I am very pleased to inform you that you have been selected for interview which will be hosted remotely. The details are as follows:

Date(s): 30-Jan-23

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

In order to confirm a time for your interview, please visit the website at https://apps.trac.jobs/application/144517483?CandidateTask=Booking_Interview

Times will be allocated automatically on a first come, first served basis. The deadline for confirmation is 09:00 on 27-Jan-23 or we will assume that you are not attending.

If you no longer wish to be considered for this post please visit <https://apps.trac.jobs/application/144517483?withdraw=1> to mark your application for this post as "withdrawn". Doing this promptly may then allow us to allocate your "interview slot" to another applicant.

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work email address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101



From: Gemma Wilson on Trac application 144517483 reply-331223454-16@recruit.trac.jobs
Subject: Confirmation of Interview Acceptance
Date: 26 January 2023 at 09:27
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Good morning Dr Mahgoub,

I hope this email finds you well.

As your interview is due to take place on Monday 30th January 2023 we will need you to accept the invite to interview by 12 noon today for us to proceed with this. We will also need to have received a copy of your presentation to the following email address nwangliaft.medicalrecruitment@nhs.net by 12 noon also.

Kind regards

Gemma Wilson

From: Gemma Wilson on Trac application 144517483 reply-331284615-1c@recruit.trac.jobs
Subject: Interview Booking confirmation for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 26 January 2023 at 11:45
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Dr Mohamed Mahgoub,

Thank you for confirming that you would like to attend for interview for the post 176-S-GW-4594624 Consultant in Medical Oncology. Please be aware that this interview will be hosted remotely.

Your confirmed interview details are as follows:

Date and time: 30-Jan-2023 15:00

Remote interview joining instructions:

Panel Members: Moby Wells (Lead) Assistant Service Manager, Cheryl Palmer , Karen McAdam

It is important that you tell us if you find that you can't attend for this interview. You can do this at <https://apps.trac.jobs/application/144517483?withdraw=1>

Should you be successful following the interview process, your referees will be contacted to confirm your employment history. If you have not done so already it is advisable that you check your referees' availability and also ensure that you have provided us with contact information such as their telephone number and work e-mail address. When references are taken up, it is your responsibility to chase your referees in order that an unconditional offer of employment can be made.

If you have any queries about the remote interview, please reply directly to this email.

We look forward to hearing from you.

Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

From: Gemma Wilson on Trac application 144517483 reply-331378298-17@recruit.trac.jobs
Subject: Reminder: Interview for Job Ref - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 26 January 2023 at 16:03
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Mohamed Mahgoub,

We are looking forward to meeting you at your remote interview. For your convenience, we have included a copy of the confirmation e-mail below:

=====

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Yours sincerely,

Mrs Andrea Chamberlain
Medical Recruitment Team Leader
Tel: 01480 416101

Consultant in Medical Oncology 176-S-GW-4594624

MEDICALRECRUITMENT (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<nwangliaft.medicalrecruitment@nhs.net>

Mon 30.1.23 15:01

To: GARDNER, Callum (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <callum.gardner1@nhs.net>; WELLS, Moby (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <moby.wells@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>; MCADAM, Karen (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kmcadam@nhs.net>; TIPTON, Gareth (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <gareth.tipton@nhs.net>; GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>; CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <andrea.chamberlain@nhs.net>; farisf16@yahoo.com <farisf16@yahoo.com>; MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: STEVENS, Tracey (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <tracey.stevens6@nhs.net>; TURNER, Joanna (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <joanna.turner6@nhs.net>; MEZZATESTA, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <sarah.mezzatesta@nhs.net>; YUSIN, Samara (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samara.yusin@nhs.net>; ASKHAM, Nina (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nina.askham1@nhs.net>

Interview Timetable

14:30	Panel Pre-meet
15:00	Mohamed Osama Mahgoub – Face to ace
16:00	Panel Post-meet

Presentation Title: 'Challenges of delivery of Oncology treatments over the next 5 years'

Presentation Time: 10 minutes + 10 minutes discussion time

****We have yet to receive the presentation from the candidate****

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 329 204 396 917

Passcode: 8BmirS

[Download Teams](#) | [Join on the web](#)



If you are planning to use Teams for clinical purposes, it is important to review usage with your local Information Governance and Clinical Safety teams to determine and adhere to best practice around patient data management.

[Learn more](#) | [Help](#) | [Meeting options](#) | [Legal](#)



Interview outcome

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Tue 31.1.23 15:25

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Dear Mohamed

Thank you for attending the interview yesterday. As discussed by phone earlier, based on your application and performance at interview the panel felt that currently the trust is unable to offer you a substantive consultant position. However, the trust could offer you an initial 12 month fixed term trust locum. There would be structure with a clear job plan and an agreed personal development plan with measures against which you would be supported and regularly assessed/reviewed to help to ensure time management and administration improved. As agreed please could you let me know by Friday whether you wish to accept this offer.

Best wishes
Cheryl

RE: Interview outcome

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Thu 2.2.23 13:19

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <andrea.chamberlain@nhs.net>

Hi Mohamed

I will see if Andrea can collate the notes – I have not sent her mine yet and I only wrote bullet points so I'm not sure they would be particularly helpful. A formal scoring system was not used as you were the only candidate.

Best wishes

Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 02 February 2023 08:03

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Subject: Re: Interview outcome

Importance: High

Dear Cheryl,

I hope this email finds you well. I wanted to follow up on the interview. Unfortunately, I was not successful in securing the position. I am grateful for the fixed term offer and I am considering it.

I would be greatly appreciative if you could provide me with some written feedback on my performance during the interview, as I am eager to learn and grow in my career. In particular, I would like to know what areas I could improve on and what I did well during the interview.

Additionally, if it is possible, I would also like to request access to the marking sheets used during the interview process. This can be anonymised to maintain privacy of the members of the panel in case that is a concern.

I believe that this information would be very helpful in understanding how I was evaluated and where I could make improvements for future interviews. Moreover, it would help me estimate my realistic prospects of getting a substantive position in a year time in PCH before accepting the fixed term job offer.

Thank you for taking the time to read my email. I appreciate your assistance in this matter and I look forward to hearing back from you soon.

Best regards,
Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Date: Tuesday, 31 January 2023 at 15:25

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Subject: Interview outcome

Dear Mohamed

Generated by



Thank you for attending the interview yesterday. As discussed by phone earlier, based on your application and performance at interview the panel felt that currently the trust is unable to offer you a substantive consultant position. However, the trust could offer you an initial 12 month fixed term trust locum. There would be structure with a clear job plan and an agreed personal development plan with measures against which you would be supported and regularly assessed/reviewed to help to ensure time management and administration improved. As agreed please could you let me know by Friday whether you wish to accept this offer.

Best wishes
Cheryl

'kind of'

↑ cancer
↑ urgency

↑ demand
no. ↑ supply
↑ technology. - improve pt.

streamlined
L184

↑ access / options.

1st to use immunoRx - ipi / niv
funding.

shortage of staffs consultant

- lack of preparation - waste to
share presentation effectively

over 1x & over tx.

2006. Sudan.

Saudi 4y.

then UK St Georges - renatig
trust grade 2011-15

MTN Leicester 15-19.

mat forum 8 1/2 N8H.

then PC4 1y 8 grade.

streaming approaches, sequencing ctDNA
upstream coreth. relationship w junior
18 1/2 breast ca

2y @ Gorges - Janine Manzi

Leics 1y breast as SpR.

likes dept & people

no research, trials.

challenges.

- financial
- structure flexible -
plan better.
respect.

different views

Constricting CNS. - not too personally,
put pts hear.

inform pr.

explain
discuss again @ MDT.

respect.

dignity

empower others

invite challenge

psychological safety

working on keeping others informed.
aware of chems. px delays.

appt & pr.

improved

communication.

Lack of structure - adds to problem.

not aware of Cambridge research hosp.

service change

? immunotherapy scared @ PCH??

- compassionate access.

Leader manage-bory!
- by example.
clear vision
- how. 'big picture man'
passionate.
wants to be part of best team.

approach interested people
understand
not threatened.

'excellent care'

feedback should be two-way.
need to learn.
pts want to stay.

disorganised.
no examples of mistakes.

overall impression

poor time management / communication
(interview process acceptance / poor
application form). late / initial lack of presence
late, unfocused / unapologetic, and lack
of gaps - insight?

engagement (lack of interest).
will refer elsewhere if disagrees
with MDT.

Way treating ovarian cancer currently.

- for ? forum with 5 pool w PDP job plan /
expectations

Saturday 15
(75-291)

P. Apical node

1.00 am

1.30

2.00

2.30

10.00

10.30

11.00

11.30

12 noon

12.30 pm

1.00

1.30

2.00

2.30

3.00

3.30

4.00

4.30

5.00

5.30

6.00

6.30

7.00

Evening

INTERVIEW WILSON.
NOTES

P1 - CV

- Why applying

- Research

- AOS word series

Talk me thru' your CV
Application.

~~What~~ Do you feel you
have submitted exp in law
trying to manage a br ca priority.

NOTES

What involvement have u had
in research?
How many you have the the

16 Sunday
(76-290)
Palm Sunday

How would you Δ the current

8.00 am AOS/ward service

8.30
9.00
9.30 Service Improvement

10.00 Limited resources - what
10.30 could you do to creatively
11.00 support ca service

12 noon
12.30 pm Q CHERYL
1.00 $\uparrow$ 1x 1
1.30 Agreed goals of care 1 (4/5)

2.00
2.30 technology solutions 2 improve
3.00 ethics $\rightarrow$ TRACK PROGRESS
3.30 web dashboard

4.00 generic statements. Automatic log
4.30 of 4/5
5.00 Access to patient GPs

5.30
6.00 - Consultant Ex Plans 4/5
6.30
7.00
Evening

January 2008	February 2008	March 2008	April 2008	May 2008	June 2008
M . 7 14 21 28	M . 4 11 18 25	M . 9 10 17 24 31	M . 7 14 21 28	M . 5 12 19 26	M . 2 9 16 23 30
T 1 8 15 22 29	T . 5 12 19 26	T . 4 11 18 25	T 1 8 15 22 29	T . 6 13 20 27	T . 3 10 17 24
W 2 9 16 23 30	W . 6 13 20 27	W . 5 12 19 26	W 2 9 16 23 30	W . 7 14 21 28	W . 4 11 18 25
T 3 10 17 24 31	T . 7 14 21 28	T . 6 13 20 27	T 3 10 17 24	T 1 8 15 22 29	T . 5 12 19 26
F 4 11 18 25	F 1 8 15 22 29	F . 7 14 21 28	F 4 11 18 25	F 2 9 16 23 30	F . 6 13 20 27
S 5 12 19 26	S 2 9 16 23	S 1 8 15 22 29	S 5 12 19 26	S 3 10 17 24 31	S . 7 14 21 28
S 6 13 20 27	S 3 10 17 24	S 2 9 16 23 30	S 6 13 20 27	S 4 11 18 25	S . 8 15 22 29
Wk 1 2 3 4	Wk 5 6 7 8 9	Wk 9 10 11 12 13 14	Wk 14 15 16 17 18	Wk 18 19 20 21 22	Wk 22 23 24 25 26 27

Monday 17
(77-289)
St. Patrick's Day,
Holiday Northern Ireland &
Rep. of Ireland

SUDAN
Sho Sandi 4y
lyrspecialist

8.00 am WLL St George's 4y
8.30 National Day 4y
9.00 CCT: Sm NHS Ling.
9.30 LEICESTER
10.00 Lung / gynae 6m mat leave
10.30 MDTS / week
11.00 Streamline molecular testing
11.30 PET: Inpatient care
12 noon Embassy Meeting
12.30 pm Breast experience at Acares 2y
1.00 12m Leicester SpL
1.30 POST REP
2.00 Why apply JOB - 18m in post
2.30 likes dept.
3.00 CDNA testing
3.30 Yes to breast LTD BECAS
4.00
4.30 Research clinical trials
5.00 SIN
5.30 Reum' neur + mx. No
5.30 AE repairing. Return
6.00 Happy to take a Clinical trial
6.30
7.00
Evening AOS/ward service.
Acute Oncology separate
from Emergency team.

NOTES
Good
idea - Both phases XS work load.
Day Unit 4 Emergency no.
SpL support.

18 Tuesday
(78-288)

Cheryl

8.00 am Challenge 10 am → Sub-
8.30 Financial hit - poor.
9.00 Private Supplemental
9.30 Job structure better. Blaming
10.00 Improve planning. structure
10.30
11.00 Conflict & College
11.30 - part of life
12 noon Conflict in my head.
12.30 pm Young patient & my car
1.00 Conflict & CNS
1.30 Communicate Specialist when
2.00 NOT a push over
2.30 Patient centered
3.00
3.30 NOT A TEAM PLAYER.
4.00 Bow to more experience
4.30 No discussion & colleagues
5.00
5.30 Ty to explain position
6.00
6.30 ✗ Wants confirmation - Pushing
7.00 Goes over their head
Evening

Wednesday 19
(79-287)

Wants to set up K-

But col loan - new to team
Dlw consultant.

8.00 am
8.30 Team MTA.
9.00
9.30 Cited 3 different situations
10.00 Comment a
10.30 Why was he heavily aware of
11.00
11.30 Clinical scenario
12 noon never been to Br MDT. III
12.30 pm
1.00 Keep patient in line
1.30 BO against MDT
2.00
2.30
3.00 Kamal.
3.30 Team waking, - Respect an
4.00 Empower other team
4.30 member to Q.
5.00 Keep members of team informed
5.30 - Chemo.
6.00 - Prescriptions delayed,
6.30 ~~Liability a problem~~
7.00 must log a late!
Evening
Dealing & Shem.
Initiative of other regn.

January 2008	February 2008	March 2008	April 2008	May 2008	June 2008
M 7 14 21 28 T 1 8 15 22 29 W 2 9 16 23 30 T 3 10 17 24 31 F 4 11 18 25 S 5 12 19 26 S 6 13 20 27 Wk 1 2 3 4 5	M 4 11 18 25 T 5 12 19 26 W 6 13 20 27 T 7 14 21 28 F 1 8 15 22 29 S 2 9 16 23 S 3 10 17 24 Wk 5 6 7 8	M 3 10 17 24 31 T 4 11 18 25 W 5 12 19 26 T 6 13 20 27 F 7 14 21 28 S 1 8 15 22 29 S 2 9 16 23 30 Wk 9 10 11 12 13 14	M 7 14 21 28 T 1 8 15 22 29 W 2 9 16 23 30 T 3 10 17 24 F 4 11 18 25 S 5 12 19 26 S 6 13 20 27 Wk 14 15 16 17 18	M 5 12 19 26 T 6 13 20 27 W 7 14 21 28 T 1 8 15 22 29 F 2 9 16 23 30 S 3 10 17 24 31 S 4 11 18 25 Wk 18 19 20 21 22	M 2 9 16 23 30 T 3 10 17 24 W 4 11 18 25 T 5 12 19 26 F 6 13 20 27 S 7 14 21 28 S 8 15 22 29 Wk 22 23 24 25 26 27

NOTES

20

Thursday Be considerate

(80-286)

Vernal Equinox

Actively Respectiveful
feels he is respectful
mindset of whom?
All work together

8.00 am

8.30

9.00

9.30

10.00

10.30

11.00

11.30

12 noon

12.30 pm

1.00

1.30

2.00

2.30

3.00

3.30

4.00

4.30

5.00

5.30

6.00

6.30

7.00

Evening

MOBY

NO structure -
Hope it will be better
(no specifics)

Challenges & CR it

Unable to answer

led service & Improvement
D&H mindset

Dying Immunity
Compassionate accen-ining
Introducing a CAS

CHAIR

-Values
Attributes of good lead - in
leading by example
Show leadership traits
clear vision

No other to demand

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T 1 8 15 22 29	T 5 12 19 26	T 4 11 18 25	T 1 8 15 22 29	T 6 13 20 27	T 3 10 17 24
W 2 9 16 23 30	W 6 13 20 27	W 5 12 19 26	W 2 9 16 23 30	W 7 14 21 28	W 4 11 18 25
T 3 10 17 24 31	T 7 14 21 28	T 6 13 20 27	T 3 10 17 24	T 1 8 15 22 29	T 5 12 19 26
F 4 11 18 25	F 1 8 15 22 29	F 7 14 21 28	F 4 11 18 25	F 2 9 16 23 30	F 6 13 20 27
S 5 12 19 26	S 2 9 16 23	S 3 10 17 24 31	S 5 12 19 26	S 3 10 17 24 31	S 7 14 21 28
S 6 13 20 27	S 3 10 17 24	S 2 9 16 23 30	S 6 13 20 27	S 4 11 18 25	S 1 8 15 22 29
Wk 1 2 3 4 5	Wk 5 6 7 8 9	Wk 9 10 11 12 13 14	Wk 14 15 16 17 18	Wk 18 19 20 21 22	Wk 22 23 24 25 26

Friday

(81-285)

Good Friday Holiday UK & Rep. of Ireland

21

Bring others along
- Standard Rx
- Big Rx early
Approach influential

8.00 am

8.30

9.00

9.30

10.00

10.30

11.00

11.30

12 noon

12.30 pm

1.00

1.30

2.00

2.30

3.00

3.30

4.00

4.30

5.00

5.30

6.00

6.30

7.00

Evening

NO MENTION OF TEAM
NO MENTION OF BRITAIN
Team 2 year
PRESENTING IT AS
A PETE A Complete
Explanation is not enough

CORE VALUES

Delivery excellent care

NO insight into his lack of experience

CALLUM / Didn't answer & re Good Dr
Bund spots. What is his
Feedback.
Change in consultations.
- Evan Lin

Helpful
+ve Qualities / Disorganised
-ve -a-

NOTES Clinical trial: Can't run
Equally imp as Pat. Dis

22 Saturday
(82,284) Support or Development lead.
Admin support

8.00 am

8.30 Letters / checking Boring

9.00

9.30 Plan & Disorganisation.

10.00

10.30 Too busy doing everyone else's job better than them.

11.00

11.30

12.30 pm Start April
in Build relationship

1.00

1.30 Fixed Term Contract

2.00

2.30 Clear Job Plan.

3.00

3.30 MDT attendance.

4.00

4.30

5.00

5.30

6.00

6.30

7.00

Evening

January 2008	February 2008	March 2008	April 2008	May 2008	June 2008
M 7 14 21 28	M 4 11 18 25	M 3 10 17 24 31	M 7 14 21 28	M 5 12 19 26	M 2 9 16 23 30
T 1 8 15 22 29	T 5 12 19 26	T 4 11 18 25	T 1 8 15 22 29	T 6 13 20 27	T 3 10 17 24
W 2 9 16 23 30	W 6 13 20 27	W 5 12 19 26	W 2 9 16 23 30	W 7 14 21 28	W 4 11 18 25
T 3 10 17 24 31	T 7 14 21 28	T 6 13 20 27	T 3 10 17 24	T 1 8 15 22 29	T 5 12 19 26
F 4 11 18 25	F 1 8 15 22 29	F 7 14 21 28	F 4 11 18 25	F 2 9 16 23 30	F 6 13 20 27
S 5 12 19 26	S 2 9 16 23	S 1 8 15 22 29	S 5 12 19 26	S 3 10 17 24 31	S 7 14 21 28
S 13 20 27	S 3 10 17 24	S 2 9 16 23 30	S 6 13 20 27	S 4 11 18 25	S 1 8 15 22 29
Wk 1 2 3 4 5	Wk 5 6 7 8 9	Wk 9 10 11 12 13 14	Wk 14 15 16 17 18	Wk 18 19 20 21 22	Wk 22 23 24 25 26

Interview Question Template

Appendix 1

Candidate Name: Dr M. Mahgoub	Panel Member:	Overall Score: 13
-------------------------------	---------------	-------------------

Chair: Introductions, format (presentation 10 mins plus questions and then formal panel interview – max 60 mins in total)

Scoring:

1 = No evidence of demonstrable knowledge and/or competence	3 = good evidence of demonstrable knowledge and/or competence
2 = Some evidence demonstrable knowledge and/or competence	4 = Strong evidence of demonstrable knowledge and/or

Presentation 10 mins plus 10 minutes of questions	Notes	Score 1-4
• Content? • Gaps? • Style? • Interpersonal skills? • Understanding of role requirements? Demonstrated Trust Values? 1. Putting patients first 2. Being actively respectful 3. Seeking to improve and develop	Didn't know it was F2F – should have queried with recruitment before. Joined via Teams three minutes late. Forgot to bring his laptop up which is fine but didn't send his presentation over. Attitude isn't great – blaming recruitment for the difficulties. Content: Failed to meet the brief of oncology treatments in the next five years. Applicant only discussed an undefined future. Not answering the question. What will happen in the next five years? For example, post-Covid recovery, continued challenges with supply-chain	2

4. Being caring and compassionate 5. Working positively together Challenges of delivery of Oncology treatment in the next five years	disruption as a result of Ukraine War, some early impacts of climate change across the world could lead to further migration and pressure on NHS, what about the development of immunotherapy changing the field of chemotherapy/radiotherapy? Discussed training, and that training lasts too long so leading to further staffing pressures. But didn't evaluate what the implications on public opinion on the safety of doctors (particularly in wake of recent scandals, for instance Nottingham maternity scandal, Shrewsbury and Telford maternity scandal, Ian Paterson surgeon). Very important to consider the context in which changes will be made. Also applicant did not discuss mitigation methods to ensure that patient safety is not compromised by more limited training, or which areas should be left out. Gaps: Discussed general themes but limited analysis. Discussed health inequalities in a general way. Panellist asked applicant to elaborate with reference to specific groups. Applicant answered question too generally. Argued that hospitals that are more welcoming improve engagement, used example Addenbrooke's (and Epic). However, concluded that groups that don't want treatment shouldn't have treatment with no evaluation of why these groups may feel this way. One example could be that the Gypsy, Traveller, Roma group traditionally sceptical of healthcare due to historic abuses (Holocaust experimentation) – Cambridgeshire has a high population of GTR and work is being done to address their comparative unwillingness to engage with health services through GTR health groups, using outreach clinics, having GTR representatives etc.... Limited use of examples throughout: every statement the applicant makes should be supported with evidence (either personal or from wider knowledge), and develop the examples with specifics. Style: Poor use of punctuation in presentation. Very basic design. Boring design. Made use of stock cartoon images which added nothing to applicant's presentation.	
--	---	--

	Interpersonal skills: Not making eye contact. And not including the group on the virtual screen during the presentation – would have been good to see applicant shifting focus between the physical room and the screen panel. Slow delivery with a lot of stuttering, which potentially suggested poor preparation of material. Understanding of role requirements: Good to see applicant’s focus on patient-centred care. Applicant argued that this was the opposite to ‘resource-centred care’, but hospitals do need to consider the resource constraints, how can we make best use of our resources to benefit patients. For example, through partnerships across the region. Need to consider how we can be creative with our resources to benefit patients. . Asked to provide examples of technology to improve care. Applicant discussed the need to improve the chemotherapy prescribing system, and also discussed the creation of a dashboard in which patients can see what stage the prescription is at (good). Also says that Aria is another issue, wants an automatic logout system, good consideration of challenges facing doctors. Q: What can be done within the department to cope with external changes? Applicant responded that the priority of the hospitals is to improve the flow of patients, which will have secondary effects on other parts of the hospital. Argued for the need to clarify the reason for admission and reason for discharge – (if a patient meets a condition they should be able to go home) (this is already happening though, nurse-led discharge). Would ask every consultant that has a patient staying over 10 days to explain why they are still there, and when they are going.	

Question Theme	Responses	Score 1-4
Background, Training, Motivation Please could you talk through your application? What's your experience with breast? What made you decide this job? Do you have sufficient experience to do breast? What research have you done? What is your plan for AOS? What are the main challenges of moving to a substantive role? Discuss a time you have found conflict?	Applicant responded by listing the different work he'd done but had to be pressed to discuss what the roles entailed. This question was an opportunity for applicant to expand on what had been written (which was very brief) but didn't seize this opportunity straight away. The applicant should consider any potential hidden reasons why a question is being asked. When asked, the applicant discussed in more detail his prior roles which was good. Very short answer, did not develop Incredibly short answer that the applicant likes the department and the job, explain why, evaluate – what makes NWAFT more exciting than St George's, Leicester etc...? Responded with 'Yes', not good enough. Need more information here! Weakness with the applicant, had not done a full formal research project. Gave a good effort at discussing some areas in which the applicant had been involved in though. Made a good point of the differences between NWAFT AOS and Leicester/St George's relating to the team structure and the consequent impact on being overworked. Applicant argued that it was financial difficulties, good to be honest. Also discussed that current role doesn't have a clear structure which means that if made a substantive then more structure would allow more efficiency. Good. Discussed covering the lung service, and a conflict with a nurse specialist over treatment. Discussed not taking the disagreement personally (however, this should not	2

Do you discuss with colleagues?	really come into it when it's about the patient). Applicant did not discuss <i>how</i> this conflict was resolved, which therefore missed a major point of the question. Need to actually go into detail about how the applicant and nurse moved forward. Significant point of concern. Worryingly, the applicant said he does not always discuss with colleagues because it is not always 'useful'. And could discuss with other people across the country. Very worrying response that suggests poor teamwork. Applicant also said that a few weeks ago there was a conflict with a consultant over a patient with ovarian cancer, with limited discussion on how the conflict was resolved. Applicant needs to work on being more of a team player, accepting differences of opinion and finding ways to resolve it inhouse.	
Personal Attributes/Values In the past, have you struggled to get certain aspects of your work done due to being too busy?	Main problem is that he doesn't have a structure, so can't always keep track of what he's doing. If things are more structured he would improve. Applicant is good to be self-reflective, but relying too much on external structure to improve efficiency.	3 (good to consider weaknesses although needs to consider personal

What are your strengths and weaknesses with regard to teamwork? How can we respect our admin staff?	Discusses the need to establish respect, dignity and care and empower others to challenge him – however this is not in keeping with applicants earlier comments about medical disagreement. Conflicting remarks, is the applicant truly happy to receive negative feedback? Discusses that applicant will try to do shortcuts, sometimes doesn't keep everyone informed. However, does not discuss how he is working on this. Doesn't always prescribe after his appointment: blames the Aria licence issue. Sometimes has to personally apologise to patients in the day unit. Communication with pharmacy not so good. Clear communication will help. Applicant needs to focus on improving on his communication, informing relevant staff why actions are being taken, and what role others can take. Used example from NASA, which is okay but not relevant to this situation. Need to hear more specifics from his time working here	development more)
Teaching / Research	Limited discussion, limited evidence	1

Management / NHS Issues How can NWAFT's Cancer Services meet the challenges that may arise from the creation of the new Cambridge Cancer Research Hospital? Please could you provide an example of where you have led service change or improvement, and can you evaluate its success and issues? Do you consider yourself to be a leader?	Not aware of this. Applicant must make himself aware of what is happening in the East of England and wider English context. Need to improve on contextual understanding here. Cambridge Cancer Research Hospital is a very significant lack of knowledge. When applicant started others questioned immunotherapy, but applicant actively supported this. Limited discussion to develop this. Can see the big picture. But finds elements of management boring. Weak on examples, and worrying to see the word 'boring'!	1
Clinical Scenarios Provides a clinical scenario in which Dr Mahgoub thinks the interview plan should differ? Would you always discuss with the MDT?	Keep the patient informed. Discuss at MDT Sometimes disagrees with the MDT, if he felt strongly about it he'd go to a tertiary sector	2

	Not a very thorough discussion of the scenario, moved away from scenario quickly. Clarify process more (particularly for the non-medical panel who don't understand as well)	
Other (learning or support required)		
Which of the values best links to your personal values? How do you know you will be a good doctor? What would your colleagues consider to be your positive qualities Can you provide an example of your last clinical mistake?	Delivering excellence of care. Go above and beyond for patients. Good to see knowledge of trust values Being open to new ways of reviews. Reflective if something doesn't go well. – Fairly brief answer. Applicant says that they would say he is a good doctor but be disorganised. – No evaluation of how he is working on this disorganisation. . Can't think of anything	2

Why is EDI important, and can you give an example of how you have demonstrated this? Questions about structure/disorganisation Would you find some elements of the job boring if it had to be structured?	Those with special characteristics are vulnerable, unless you actively equalise this then they will suffer. Gave example of a new and young secretary at Leicester. Important to not forget what it was like. Remind yourself that people are different. Good to see this discussion. Applicant responded to a number of questions about structure and disorganisation poorly. Said that getting a structure would help, but this does not show proactivity to improve. Need to see self-driven improvement.	
Candidate Questions: Wants to start in April Has applied for other jobs in the East, so may leave in future (good to set up expectations)	Response My views: not appointable for substantive, rogue going off alone, not respecting views of his colleagues. Conflicting that he discussed making consultants do a review after 10 days and yet feels aggrieved when others disagree. Applicant gave three examples where he's overridden the team approach, and conflicted the MDT which is concerning. Poor preparation for interview. Needs more personal examples, and more awareness of wider context of health service locally, regionally and nationally. Laid back attitude, not completely professional. Good awareness of weaknesses, but very limited discussion on how he is working on improving this in future.	

Interview Question TemplateAppendix 1

Candidate Name:

DA MOHAMED MAHGOUB

Overall Score:

Chair: Introductions, format (presentation 10 mins plus questions and then formal panel interview – max 60 mins in total)

(1 minute warning).

Scoring:

1 = No evidence of demonstrable knowledge and/or competence
 2 = Some evidence demonstrable knowledge and/or competence

3 = good evidence of demonstrable knowledge and/or competence
 4 = Strong evidence of demonstrable knowledge and/or

Presentation 10 mins plus 10 minutes of questions	Notes	Score 1-4
• Content? • Gaps? • Style? • Interpersonal skills? • Understanding of role requirements? Demonstrated Trust Values? 1. Putting patients first 2. Being actively respectful 3. Seeking to improve and develop 4. Being caring and compassionate 5. Working positively together		

[Start job in April]

Responses	Score 1-4
CV - grad Sudan in 2006, in UK worked for St. Georges in London (2011/15) Applied for drug post in Leicester until 2019. Then moved to PCT Leicester, 7 long + Gyn, T-sewing, ova testing. Good relationship with juniors. Breast - 2 yrs @ St Georges, 1 year in Leicester. Why apply for this job? liked dept + people No research project but involved in clinical trials.	
Many challenges from locum to substantive → financial impact. Need to think about Sympathy with private practice. At moment no structure + fill gaps. Not respected. Example of conflict with college and how dealt. Its part of life. Nurse specialist had different view, not take personally, people think locums are workaholics. Will not change plans to keep peace. Explain position. Does not always discuss with colleagues. People abuse this discuss with colleagues. Only discuss with local team formally as part of weekly meeting. Asked for evidence not personal.	
Team working + comms skills. Organisation challenges, do short cuts, do not always inform people. Does not always prescribe chemo on time. Not significant problem now. How deal with challenges of communication - most important bit, when people stressed still need to be mindful of other people and co-operate.	
Sometimes dropped balls - becoming more structured will help. Cambridge Cover Research hospital / Seces - Poor Some delay / improvement -	
Lead by example is best leadership attribute. [Only training needed is secretarial support] Good leadership traits, clear vision about what needs to be done, big picture. Not good manager, not good at the admin. Deliver excellent care for patients is most important. Everyone has blind spots, need to recognise that and get feedback. Be open to review + feedback. Positive good doctor but dis-organised, why can't drive the unit? Last clinical mistake???	
explain why it makes you a good communicator because people are vulnerable so if type of leader are you and why do you consider yourself a good leader. He appoints	

Interview Question Template

Appendix 1

Candidate Name: M. MAN GHOU B.	Panel:	Overall Score:
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Chair: Introductions, format (presentation 10 mins plus questions and then formal panel interview – max 60 mins in total)

Scoring:

1 = No evidence of demonstrable knowledge and/or competence
2 = Some evidence demonstrable knowledge and/or competence

3 = good evidence of demonstrable knowledge and/or competence
4 = Strong evidence of demonstrable knowledge and/or

Presentation 10 mins plus 10 minutes of questions 0 → 10	Notes	Score 1-4
- Content? - 6 - Gaps? - DNA - Style? - 7 - Interpersonal skills? - 5 - Understanding of role requirements? - 6.5 Demonstrated Trust Values? - Putting patients first - Being actively respectful - Seeking to improve and develop - Being caring and compassionate - Working positively together	Made a presentation ✓ - Identifies the short comings / deficiencies ✓ IP / Nivo usage ✓ Industry resource allocation - Time management is falling short - a lot of time is being put in training directors collaborating with private sector. Planning ahead Prong. improve flow of patient good seven day effects. clear for former criteria for decision	3

GP not easily accepting patients. clear for former

criteria for decision

Question Theme	Responses	Score 1-4
Background, Training, Motivation Sudan - MBBS - SA - SNO - UK - St Georges Hosp - Trust Grade (2011-2015) NTN - Leicester 2019 completed - CCT - Band - NMS Loan - P/Boro - INPATIENT CARE - Breast Oncology experience at St. Georges - 3.5/4 What made to apply for this job - like this job in busy Breast practice, happy with turn of site at clinical trials Loan → Substantive role - Dramatically expanded Trials portfolio. Dealing with conflict - Financial challenge - Private practice of Substantive were respected without jeopardising patient care Clear structure of the job -		
Personal Attributes/Values Team work Communication.	KG & QUESTIONED For others to comment	
Cambridge Cancer Research Hospital try to encourage change & improvement eaching / Research	KG X - Did/could not answer division - what needs to be the, fix a big picture man. example will try to keep patient informed Put case back in MOT - even not d/a MDT meetings within your team keep these in mind difficult as learning - weekly meeting	

Don't discuss with colleagues
abuse ☐
More control on the job

we know we work as team in most domains of University fraternity
 what might be your strengths & weaknesses with
 regards to team work.
 Could you, if possible demonstrate with an example.

Management / NHS Issues

Can't work as single person
 Respect all other team member
 other person with dignity & a
 empathetic understanding.

Identifying issues

What might be your strengths
 or any possible weaknesses.
 How do you perceive yourself as a
 team worker?

Team work

Communication - skill. ^{Does he} view himself as a
 Time keeping re Admin. good communicator

Clinical Scenarios

As a Consultant, very senior member of the team: people look up to you
 I understand the importance of communication ^{colleagues}

How do you ^{rate} perceive your communication skills with Admin team?
 and does what do How do you plan to improve?

Can you cite an example when you demonstrate
 good communication skills or otherwise
 If otherwise how do you plan to improve.

Insight ☒

Other (learning or support required)

~~self awareness~~ ☒

rigidity ☒

Candidate Questions:

Response

W

Applicant to be appointed?

☐ Yes

☐ No

Panel Member Name:

Panel Member Signature:

Special conditions or requirements for conditional offer:

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Interview Question Template

Appendix 1

Candidate Name:	P	Overall Score:
DR MOHAMMED MAHGOUB		

Chair: Introductions, format (presentation 10 mins plus questions and then formal panel interview – max 60 mins in total)

Scoring:

1 = No evidence of demonstrable knowledge and/or competence
2 = Some evidence demonstrable knowledge and/or competence

3 = good evidence of demonstrable knowledge and/or competence
4 = Strong evidence of demonstrable knowledge and/or

Presentation 10 mins plus 10 minutes of questions	Notes	Score 1-4
- Content? - Gaps? - Style? - Interpersonal skills? - Understanding of role requirements? Demonstrated Trust Values? - Putting patients first - Being actively respectful - Seeking to improve and develop - Being caring and compassionate - Working positively together Presentation	Came late. Initially on Teams. No apology. Hadn't sent present" through in advance, despite being chased by RM. Had to present via laptop. Fitted 10^{mins} in line of actual question asked. Came in error. Not overly friendly; mischievous? slightly snide? Writing on a little pad throughout interview.	2

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Question Theme	Responses	Score 1-4
Background, Training, Motivation Karen - CV - R&D. - Why applying... - AOS cancer research. Cheryl - challenges day → sub. / adv. - issues & conflict - clinical scenario - breast Ca.	① Cer 2019, initial FT team @ Leicester before → NWAFF via agency - 2y's breast @ George's. (lyr as leg for lung & gyno / mss) ② No R&D but "actively involved in clinical trials". No PI - interested in doing. ③ In NWAFF 18/12, "like the people". Happy & breast & AOS ④ Would like to play > 10 ft from admitting car. would < "one bit" → would ⑤ Biggest challenge "financial" (wife doesn't work); would like to represent & provide. No clear structure of the job & tasks to fill gaps → advantages. "Tried to be more respected if substantive". ② "Conflict is part of life & people have different views" (Lyrago & mss). → NS (President of herself) & for a local, "think for one & walk home". R. p. s. just want ③ HDT filled & it's a quick decision. < his plan (dispute others)	
Personal Attributes/Values Kamal - Team-working skills & approach, example - Come over wife & difficult decision - Communication - Relationship, & non-med advice colleagues	① The whole NHS is a team. "Organis" is one of my challenges & disagreements → prescribing example ② "All try to take shortcuts & not inform people" → "working on" ③ Think comm* @ the moment, people when stressed can be < model of behavior / comm! ④ "You just have to be more respectful". Clearer in NHS eg.	
Moby - Application process add - Pro discuss work load managed effectively. In past struggles - How can NWAFF's process -- CCH	① Main difficulty is lack of structure in current role -- < likely to have those issues & more structure. ② Unable to answer, as not aware of CCH Cancer Research Hospital ③ When started @ NWAFF, team felt "this is a CCH".	
Teaching / Research - Science & improvement	... should do "weird & wonderful" eg certain immunotherapy. → Actively tried to, in compassionate grounds but, got particular immunotherapy & it.	

Management / NHS Issues

Gareth - Leadership style
- Values - at of 5

① Leading by example most important attribute. When prompted →
"I would say I have some good leadership, eg clear vision. I'm a big picture man". "I don't think like a good manager, as repetitive details being -"

② "Delivering excellent care" "not align to my personal values".
"People usually have blind spots". MRF, + & -. He's not wanting to Δ to another.
① tre - v. good doctor but a bit disorganized.

② Can't think of an example
③ Important as those c protected characteristics tend to be vulnerable

④ → gave us an example re a new secretary.
⑤ Emotional support

Callum - Good at + / - behaviours

③ Mistake Support development.
Ex - why do you think EOI

Clinical Scenarios

is important & can you give us an example of when you have demonstrated this in your everyday practice?

fu questions?

Questions for us?

→ Moby: finds some Mr elements "being" how would he cope →
picking up, writing & checking off letters finds being, thinks
could handle if at time.

Off account would like to start the job in April for financials
Applying for job in MEAT.

Kamal - re colleagues asking re "disorganized" → put down
to be a lesson at luxury of being able to say "I wa
this & I want that?"

Fixed term locum

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Thu 9.2.23 16:41

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Hi Mohamed

Are you able to make a decision on whether to accept the fixed term trust locum or not? Could you let me know by the end of tomorrow please?

Thank you

Cheryl

RE: Update

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Tue 28.2.23 13:57

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>; CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<andrea.chamberlain@nhs.net>

[It would be the advertised job \(without upper GI\)](#)

Best wishes

Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 28 February 2023 13:51

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>; CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <andrea.chamberlain@nhs.net>

Subject: Re: Update

Importance: High

Hi Cheryl,

I am back at work. I am planning to give you a response but I had a final query. Will this fixed term job be the same job with the same structure that was advertised and I applied for or will it be a different one?

I am looking forward to your answer.

Regards

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Sent: 10 February 2023 08:51

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>; CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <andrea.chamberlain@nhs.net>

Subject: Update

Hi Mohamed

I understand you are on leave for 2 weeks after today. Could you please let me know your decision before you go?

Thank you

Cheryl

RE: re decision re Fixed term locum contract

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Fri 3.3.23 12:41

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Can we have a meeting at 1.30 anyway –(I cannot get up to PCH today as I am the only cover in the Woodlands) - my worry is that the trust will simply terminate your contract with a week's notice if there is no decision today

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 03 March 2023 12:34

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: re decision re Fixed term locum contract

I have an additional patient coming at 3 as a new and a family meeting with a dying patient family at 4:00 pm.

Moreover, I would like to meet Cheryl face to face.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Sent: 03 March 2023 12:30

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Subject: RE: re decision re Fixed term locum contract

Sorry to pressure, but we are being pressed. As your contract ends today we do need to decide next steps. From what I can see on e-track the last patient booked is 2.45pm?

Thanks

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

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www.nwanglia.nhs.uk



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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>

Sent: 03 March 2023 12:28

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<cherylpalmer@nhs.net>

Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<samantha.oherlihy@nhs.net>

Subject: Re: re decision re Fixed term locum contract

I have a clinic this afternoon so I can't do today.

Regards

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<cherylpalmer@nhs.net>

Sent: 03 March 2023 12:19

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>

Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<samantha.oherlihy@nhs.net>

Subject: RE: re decision re Fixed term locum contract

I am not in PCH but could join a teams meeting with you and Sam this afternoon as decisions need to be made today. Sam do you have availability?

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>

Sent: 03 March 2023 12:14

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<cherylpalmer@nhs.net>

Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<samantha.oherlihy@nhs.net>

Subject: Re: re decision re Fixed term locum contract

Good afternoon,

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May I request a face-to-face meeting with you to discuss the offered job and its duration and its flexibility?

Also, I wanted to discuss with you a few points in the feedback.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Sent: 02 March 2023 09:18

To: MAHGOUN, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Subject: re decision re Fixed term locum contract

Good morning Dr Mahgoub,

I hope this email finds you well.

It has been brought to my attention that your contract ends tomorrow – Friday 3rd March.

Are you now in a position to let Cheryl know if you will be accepting the fixed term locum contract that has been offered?

The advice I have been sent from the contracts team for options at this point are the following –

- (1) 4 weeks notice to the agency and move straight into the fixed term contract.
- (2) 1 week notice to the agency if the agreement is to terminate the contract.

Please can you get back to either Cheryl or myself in regard to this so we know how to proceed.

Best Wishes,

Sam

 #hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

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Tel: 01733 677097 / Microsoft Teams

Surgical Division, Department 202, Core A Level 1, PCH

www.nwanglia.nhs.uk



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RE: contract discussion

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Fri 3.3.23 14:10

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

It is the same job you applied for just on a 12 month fixed term trust locum contract rather than a substantive contract. We agreed pre interview that the upper GI element of the job plan in the job description would be taken out, so it would be breast, CUP and AOS.

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 03 March 2023 14:09

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Subject: Re: contract discussion

I was expecting to receive a written offer and contract as this offer is different from the Job I applied for, and I had no idea what would it entail?

Regards

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Sent: 03 March 2023 13:58

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Subject: RE: contract discussion

Mohamed – we asked for an answer before you went on leave so you have had at least 4 weeks now and we are being pressured by contracts.

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 03 March 2023 13:47

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Subject: Re: contract discussion

Importance: High

There was no ultimatum when you gave the offer and this current ultimatum was only brought up yesterday.

As you will agree with me, these big decisions can't be rushed. I need to study things and I would expect you to provide me with the information needed to make the right decision.

I hope I can get the written offer and the contract, and we book a face-to-face meeting as I requested as I would like to propose few adjustments.

Thanks

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Sent: 03 March 2023 13:38
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: RE: contract discussion

If we don't respond to contracts by 5pm with a definitive decision they have told us that they will be terminating your contract with a week's notice. Sam will come down and see you before your clinic starts.

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Sent: 03 March 2023 13:37
To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: Re: contract discussion

Dear both,

I have to apologise that I will not be able to attend this meeting. I hope you respect my request to meet face to face.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>
Sent: 03 March 2023 13:33
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Subject: RE: contract discussion

We are on teams now, please join, invite sent, thanks

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust
Peterborough City Hospital
Department: Cancer Services
Email: samantha.oherlihy@nhs.net
Tel: Mobile 07562 434652
PCH 01733 677790

HH 01480 416416 ext 3307

PA: Carly Whiting

Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

Surgical Division, Department 202, Core A Level 1, PCH

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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>

Sent: 03 March 2023 13:24

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<samantha.oherlihy@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: contract discussion

May I again request a face to face meeting?

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<samantha.oherlihy@nhs.net>

Sent: 03 March 2023 13:02

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: contract discussion

When: 03 March 2023 13:30-14:00.

Where:

Microsoft Teams meeting

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re pending Job decision

OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Fri 3.3.23 16:49

To: MAHGOUN, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Hi Dr Mahgoub.

Cheryl and I have had a catch up and have decided the following will be the best way to proceed.

We will extend your agency contract for one more month. At the end of that month you will either be moved onto the fixed term trust locum contract (as already discussed) or this will be the notice period and your contract terminated.

In response to further discussion about the role please arrange to meet Cheryl at HH on either Thursday 9th March at 16.30 or Friday 10th at 16.30, or arrange a teams call at these times.

We then must give a final date for your decision which will be Friday 17th March 12.00. If we do not hear from you by this date we will have to assume you have declined the job offer.

If you do accept the position, Cheryl will discuss with you the plan going forward and we will ensure the relevant paperwork is sent to you.

If you do decide to decline, we would ask that you ensure all outcomes and letters are completed and signed off before the end of the month, and we will work with you in handing over your patient cases to the relevant clinicians.

I hope you will find this agreeable, and that there are now clear timelines in place for all parties.

Best Wishes,

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

HH 01480 416416 ext 3307

PA: Carly Whiting

Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

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Re: re Pending job decision

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Mon 6.3.23 15:41

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Hi Sam,

I am repeating my request. Can you send me a written offer and contract so I can review it.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Date: Monday, 6 March 2023 at 10:52

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Subject: re Pending job decision

Hi Dr Mahgoub.

Cheryl and I have had a catch up and have decided the following will be the best way to proceed.

We will extend your agency contract for one more month. At the end of that month you will either be moved onto the fixed term trust locum contract (as already discussed) or this will be the notice period and your contract terminated.

In response to further discussion about the role please arrange to meet Cheryl at HH on either Thursday 9th March at 16.30 or Friday 10th at 16.30, or arrange a teams call at these times.

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#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

HH 01480 416416 ext 3307

PA: Carly Whiting

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Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

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RE: re Pending job decision

OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Mon 6.3.23 16:07

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

📎 2 attachments (693 KB)

176-S-GW-4594624_Job Description (1).pdf; 176-S-GW-4594624_Personal Specification (1).pdf;

Hi Dr Mahgoub,

We will be unable to send a contract at this stage, as you have not agreed to take the post as of yet. Once you do this, it would be sent with the options to review with Cheryl before signing. I attach the JD and PS for the role as a guide, as the content is what would be drawn up in the contract, but please note I believe the Upper GI aspect was discussed at the start of the interview that this would be omitted.

The offer I believe was verbalised to you, but perhaps Cheryl could send this to you in an email, as I wasn't on the interview panel to know what exactly was offered.

Please note the times below if you are still wanting a F2F meeting with Cheryl this week.

Best Wishes,

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 06 March 2023 15:41

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Subject: Re: re Pending job decision

Hi Sam,

I am repeating my request. Can you send me a written offer and contract so I can review it.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Date: Monday, 6 March 2023 at 10:52

To: MAHGOUN, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Subject: re Pending job decision

Hi Dr Mahgoub.

Cheryl and I have had a catch up and have decided the following will be the best way to proceed.

We will extend your agency contract for one more month. At the end of that month you will either be moved onto the fixed term trust locum contract (as already discussed) or this will be the notice period and your contract terminated.

In response to further discussion about the role please arrange to meet Cheryl at HH on either Thursday 9th March at 16.30 or Friday 10th at 16.30, or arrange a teams call at these times.

We then must give a final date for your decision which will be Friday 17th March 12.00. If we do not hear from you by this date we will have to assume you have declined the job offer.

If you do accept the position, Cheryl will discuss with you the plan going forward and we will ensure the relevant paperwork is sent to you.

If you do decide to decline, we would ask that you ensure all outcomes and letters are completed and signed off before the end of the month, and we will work with you in handing over your patient cases to the relevant clinicians.

I hope you will find this agreeable, and that there are now clear timelines in place for all parties.

Best Wishes,

Sam

 #hello my name is...

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Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

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Email: carly.whiting@nhs.net

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RE: contract discussion

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Tue 7.3.23 16:25

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Hi Mohamed

As Sam discussed, there is no contract until a job is accepted. The JD she sent you contains all the relevant information (with upper GI removed)

The written job offer is as I stated to you a fixed term 12 month trust locum and if you accept there will be a personal development plan alongside this – which will be drawn up with you if you accept the job.

When are you planning to see me?

Best wishes

Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 07 March 2023 14:33

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Subject: Re: contract discussion

Importance: High

Hi Cheryl,

Can you kindly ask Sam to send me a written job offer and the contract to review. I asked her twice for it and she didn't send it yet.

I will need to review it ahead of the face-to-face meeting.

Regards

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Sent: 03 March 2023 13:38

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Subject: RE: contract discussion

If we don't respond to contracts by 5pm with a definitive decision they have told us that they will be terminating your contract with a week's notice. Sam will come down and see you before your clinic starts.

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 03 March 2023 13:37

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

TRUST) <samantha.oherlihy@nhs.net>

Subject: Re: contract discussion

Dear both,

I have to apologise that I will not be able to attend this meeting. I hope you respect my request to meet face to face.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<samantha.oherlihy@nhs.net>

Sent: 03 March 2023 13:33

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>

Subject: RE: contract discussion

We are on teams now, please join, invite sent, thanks

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

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Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>

Sent: 03 March 2023 13:24

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<samantha.oherlihy@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION

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TRUST) <cherylpalmer@nhs.net>

Subject: Re: contract discussion

May I again request a face to face meeting?

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<samantha.oherlihy@nhs.net>

Sent: 03 March 2023 13:02

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<m.mahgoub@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<cherylpalmer@nhs.net>

Subject: contract discussion

When: 03 March 2023 13:30-14:00.

Where:

Microsoft Teams meeting

Join on your computer, mobile app or room device

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Meeting ID: 364 288 387 434

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Re: Fixed term locum

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Thu 16.3.23 09:21

To: CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<andrea.chamberlain@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Hi Cheryl,

I have thought about the fixed term offer. I have patients which I have been looking after for more than two years and I feel I have duty to them and this hospital which I feel I am part of its team.

I am accepting the fixed term contract and I am ready to start as soon as possible. I hope we can meet next week to discuss the details.

Regards

Mohamed

From: CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <andrea.chamberlain@nhs.net>
Date: Friday, 10 February 2023 at 12:32
To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>, MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>, WELLS, Moby (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <moby.wells@nhs.net>
Subject: RE: Fixed term locum

Hi all

Just to confirm the interview feedback information has now been sent to Mohamed, in an email direct to himself.

Kind regards

Andrea

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>
Sent: 09 February 2023 17:31
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>; CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <andrea.chamberlain@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: RE: Fixed term locum

Andrea – please can you forward the feedback to Mohamed? Mohamed we can then catch up and discuss it.

Thank you
Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Sent: 09 February 2023 17:19
To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>
Subject: Re: Fixed term locum

Hi Cheryl,

As I explained to you earlier, I happy to consider the fixed term job, if there is a realistic prospect of getting a substantive post after that.

In order for me to make a clear assessment, I requested feedback about my interview performance as I thought I interviewed well. If I accept this post without feedback, I might repeat the same mistakes and not get appointed.

I am yet to receive any feedback. Therefore, I would like to make the following requests:

1. I would like to repeat my request for feedback about the interview so I can make an informed decision.
2. Can you I request to give my decision about the offer after I considered the feedback.

I am still keen to be part of this trust and I am hoping that you will help me in my efforts.

Regards

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Sent: 09 February 2023 16:41
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>
Subject: Fixed term locum

Hi Mohamed

Are you able to make a decision on whether to accept the fixed term trust locum or not? Could you let me know by the end of tomorrow please?

Thank you

Cheryl

RE: Oncology Cover Plan for JD IA with Rota and Contact Numbers

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Thu 16.3.23 10:29

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Mohamed – the meeting is about the job – please don't action anything with your agency. As you are unable to meet today we will leave the pre-arranged meeting in place. I am on leave next week and the meeting is set for Tues 30th March.

Best wishes

Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Sent: 16 March 2023 10:13

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Cheryl,

This is very short notice. You have already sent me invite for next week. I have lots of admin that I need to address. So, I am afraid I can't do today. Next week is better.

May I know what is this meeting about?

Regards

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Sent: 16 March 2023 10:01

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>; GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>

Subject: RE: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Mohamed

It was not clear that you would be back today and there needed to be a contingency plan. The patients will not be reinstated at such short notice – you therefore have no patients to see this morning. It will give you time to work on your admin.

Please can you come to the Woodlands Centre at Hinchingsbrooke at 2pm this afternoon to see me.

Thank you

Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Sent: 16 March 2023 08:38

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

Can you kindly reinstate my clinics as I am on my way to the hospital.

Regards

Mohamed

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Date: Wednesday, 15 March 2023 at 17:47

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

The 48h would have passed this evening. I will be hopefully coming tomorrow to work.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Date: Wednesday, 15 March 2023 at 16:39

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: RE: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Dr Mahgoub.

Thanks for your email, which I will reply too, although please note you are off sick

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CASEDO

233

We have carefully considered and decided to reassign patients in the short term in view of you being off sick, and pending your decision.

I do need to catch up with you in regard to the conditional offer.

If I can also pick up on the fact you mentioned possible norovirus and an isolation period, as you are aware isolation is 48 hours after the last episode, in view of this when would the 48 hours be up please?

Best Wishes

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oharlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

HH 01480 416416 ext 3307

PA: Carly Whiting

Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

Surgical Division, Department 202, Core A Level 1, PCH

www.nwanglia.nhs.uk



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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Sent: 15 March 2023 14:36

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oharlihy@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

Have you cancelled the next two days or moved my patients to other consultants? If you did so, why did you not inform me you are doing so? Have you also moved my other patient appointments in the remaining of the month to other doctors as well?

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oharlihy@nhs.net>

Date: Wednesday, 15 March 2023 at 08:34

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Morning Dr Mahgoub

Sorry to hear you are still not 100%.

In view of the fact you mention a possible isolation period, and that it is Wednesday, and you have clinics tomorrow and Friday, we have made the decision to cancel those. Unfortunately the secretaries are short staffed and I need to allow them as much time as possible to contact these patients, and avoid patients an unnecessary trip to the hospital if you are not in.

Best Wishes

Sam

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oharlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

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Surgical Division, Department 202, Core A Level 1, PCH
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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Sent: 15 March 2023 07:48
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

I am feeling better but not right yet. I am also considering any isolation period in case I had a viral illness like Noravirus etc. I won't be able to come today. Will update about Thursday later.

Regards

Mohamed

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Date: Tuesday, 14 March 2023 at 09:05
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

I won't be able to come to work today as I am not yet back to normal.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Date: Monday, 13 March 2023 at 08:53
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Cc: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>
Subject: RE: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Sorry to hear, this and hope you feel better soon.

If you are in a position to update us in regard to tomorrow by 5pm today, that would be a great help, so if you are off we can sort cover in ED tomorrow.

Many thanks

Best Wishes

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust
Peterborough City Hospital
Department: Cancer Services
Email: samantha.oherlihy@nhs.net
Tel: Mobile 07562 434652
PCH 01733 677790
HH 01480 416416 ext 3307
PA: Carly Whiting
Email: carly.whiting@nhs.net
Tel: 01733 677097 / Microsoft Teams
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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Sent: 12 March 2023 21:17
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Cc: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>
Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Dear Sam,

I am sorry to contact you this late. I have not felt 100% and have some abdominal symptoms.

I am afraid I won't be able to come to work tomorrow. I am sorry for any difficulty this might cause.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Date: Sunday, 12 March 2023 at 17:08
To: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>, HOLLINGDALE, Abigail (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <abigail.hollingdale1@nhs.net>, MCADAM, Karen (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kmcadam@nhs.net>, DATTA, Sudipta (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <sudiptadatta@nhs.net>, TREECE, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <streece@nhs.net>, AYERS, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <s.ayers@nhs.net>, JEPHCOTT, Catherine (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <catherine.jephcott@nhs.net>, ANSARI, Tayyaba (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <tayyaba.ansari@nhs.net>, MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>, PAKAKOSTIDI, Aristoula (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <aristoula.papakostidi1@nhs.net>, HUTKA, Margaret (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.hutka@nhs.net>
Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>, FOWLER, Alexis (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <alexis.fowler@nhs.net>, ACUTEONCOLOGYTEAM (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.acuteoncologyteam@nhs.net>, RADIOOTHERAPYADMIN (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.radiotherapyadmin@nhs.net>, ONCOLOGYMEDICALSECRETARIES (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.oncologymedicalsecretaries@nhs.net>, PERKINS, Eleanor (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <eleanor.perkins3@nhs.net>
Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Good Evening

Please find attached the rota for the surgical division for the next few days strikes, in case you need to know the cover for the division.

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust
Peterborough City Hospital
Department: Cancer Services
Email: samantha.oherlihy@nhs.net
Tel: Mobile 07562 434652
PCH 01733 677790
PA: Carly Whiting
Email: carly.whiting@nhs.net
Tel: 01733 677097 / Microsoft Teams
Surgical Division, Department 202, Core A Level 1, PCH
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From: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>
Sent: 02 March 2023 16:32
To: HOLLINGDALE, Abigail (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <abigail.hollingdale1@nhs.net>, MCADAM, Karen (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kmcadam@nhs.net>, DATTA, Sudipta (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <sudiptadatta@nhs.net>, TREECE, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <streece@nhs.net>, OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>, AYERS, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <s.ayers@nhs.net>, JEPHCOTT, Catherine (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <catherine.jephcott@nhs.net>, ANSARI, Tayyaba (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <tayyaba.ansari@nhs.net>, MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>, PAKAKOSTIDI, Aristoula (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <aristoula.papakostidi1@nhs.net>, HUTKA, Margaret (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.hutka@nhs.net>
Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>, DIFRANCO, Filippo (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <fdifranco@nhs.net>, OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>, PAYNE, Sally (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <sally.payne12@nhs.net>, FOWLER, Alexis (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <alexis.fowler@nhs.net>, ACUTEONCOLOGYTEAM (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.acuteoncologyteam@nhs.net>, RADIOOTHERAPYADMIN (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.radiotherapyadmin@nhs.net>, ONCOLOGYMEDICALSECRETARIES (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<nwangli@nhs.net>; PERKINS, Eleanor (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
 <eleonor.perkins3@nhs.net>; HARRISON, Penny (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
 <penny.harrison3@nhs.net>

Subject: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Dear All

As promised, please find below the Oncology Consultant Cover Plan, including General Guide, Oncology Consultant Cover Rota and contact numbers.

Dr K Gupta
 Oncology Clinical Lead

A : General Guide :

AOS Cover : To increase oncology visibility and availability, Oncology Consultant for AOS all day will be providing advice and seeing oncology patients wherever they are in the hospital.

ED Cover : For consultant reviews in ED plus it will be helping in clerking in and assisting in admitting pts as there will be no juniors to do it. Having a Consultant Oncologist visibly in ED will demonstrate our willingness to help our ED colleagues.

GHOW Ward 9am-6pm Cover : To be available on site for any ward clinical issues and provide advice. Whilst we are willing, but I don't think we are safely competent in doing all of the Jr Doc stuff, hence we will be heavily relying on non-striking Jr Doc and/or Physician Associate, however, we may need help from medical team if required.

Day Unit Cover : To provide on-site cover to the specialty doc / registrar for the Haem-Onc day unit and for any clinical issues in outpatients. There is no designated consultant for this, but ALL of us can be approached for any input, advice or help if necessary, being mindful of how busy would the Day Unit Doc will be.

Radiotherapy Queries Cover : To provide cover for any queries or issues arising for or about patients ongoing radiotherapy, because the radiotherapy treatment are not cancelled.

Night Cover – 6pm-9am – Offsite : To be available for any Oncology queries and to be also available to come in IF absolutely required (this is understood to be extremely rare!). Oncologists have an off-site night oncall. We understand that GHOW may need medical team's help for desperate situations in these times, but it is to be noted that essentially, this will be offsite cover i.e. on phone only.

B: Oncology Consultant Cover Rota

<u>Oncology Consultant Covering</u>	Monday, 13th March	Tuesday, 14th March
AOS 8-6	Tayyaba Ansari	Sarah Ayers
ED 8-8pm	M Mahgoub	M Mahgoub
GHOW Ward 8am-8pm	Sarah Treece	Abbie Hollingdale
Day Unit	DU doc available	DU doc available
Radiotherapy queries 8-5	Dr Datta	Dr Papakostidi
Night (8pm-8am)	Kate Milne	Kate Milne

C : Contact Numbers of Oncology Consultants :

TA - Dr Ansari	07841 524034		
SA - Dr Ayers	07980 403484		
SD - Dr Datta	07946 427839		
AEH - Dr Hollingdale	07971 665237		
KG - Dr Gupta	07747 633538		
CRJ - Dr Jephcott	07788 552647		
KFE - Dr McAdam	07850 489997		
MH - Dr Hutka	07554 880536		
AP - Dr Papakostidi	07960 961993	01733 244994	
STR - Dr Treece	07813 141449		
MM- Dr Mahgoub	07591 824941		

Best wishes & Kind Regards

Dr K Gupta MBBS MD DNB MNAMS MRCP FRCR
 Consultant Clinical Oncologist
 Urology | Upper GI | Colorectal
 UroOncology Lead Clinician
 PCH Oncology Clinical Lead
 NorthWest Anglia NHS Foundation Trust

Direct secure Phone : 07747633538
 Direct official/secure email : kamalnayan.gupta2@nhs.net
 Clinical Secretary/PA - Vanessa Taylor 0173367(3185); vanessataylor1@nhs.net
 Governance & Clinical Director PA - Michelle Marriner 01733 67(3100) michelle.marriner@nhs.net

Fw: Fixed term locum

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Fri 17.3.23 14:32

To: HOLLINGDALE, Abigail (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<abigail.hollingdale1@nhs.net>; TREECE, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<streece@nhs.net>; JEPHCOTT, Catherine (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<catherine.jephcott@nhs.net>; GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<kamalnayan.gupta2@nhs.net>; MCADAM, Karen (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<kmcadam@nhs.net>; ANSARI, Tayyaba (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<tayyaba.ansari@nhs.net>; AYERS, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<s.ayers@nhs.net>; DATTA, Sudipta (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<sudiptadatta@nhs.net>; HUTKA, Margaret (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.hutka@nhs.net>; ACUTEONCOLOGYTEAM (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<nwangliaft.acuteoncologyteam@nhs.net>; ONCOLOGYMEDICALSECRETARIES (NORTH WEST ANGLIA NHS
FOUNDATION TRUST) <nwangliaft.oncologymedicalsecretaries@nhs.net>; HAEMONCRECEPTIONTEAM (NORTH
WEST ANGLIA NHS FOUNDATION TRUST)
<nwangliaft.haemoncreceptionteam@nhs.net>; HAEMONCRECEPTIONTEAM (NORTH WEST ANGLIA NHS
FOUNDATION TRUST) <nwangliaft.haemoncreceptionteam@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Dear All,

I couldn't hold my excitement any longer. **I would like to share with you the good news that I have accepted the fixed term NHS locum job offer**, I was offered by Dr Palmer for the Job I interviewed.

While I was wishing to secure a substantive post which I couldn't do, I am sure I will be successful next time, hopefully after the one-year fixed term contract finishes.

I look forward to work with you in my new job and I would like to thank everyone who supported me and encouraged me to apply to be part of this fantastic team and excellent hospital.

Regards

Mohamed

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 16 March 2023 09:21

To: CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<andrea.chamberlain@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Subject: Re: Fixed term locum

Hi Cheryl,

I have thought about the fixed term offer. I have patients which I have been looking after for more than two years and I feel I have duty to them and this hospital which I feel I am part of its team.

I am accepting the fixed term contract and I am ready to start as soon as possible. I hope we can meet next week to discuss the details.

Regards

Mohamed

From: CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <andrea.chamberlain@nhs.net>
Date: Friday, 10 February 2023 at 12:32
To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>, MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>, WELLS, Moby (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <moby.wells@nhs.net>
Subject: RE: Fixed term locum

Hi all

Just to confirm the interview feedback information has now been sent to Mohamed, in an email direct to himself.

Kind regards

Andrea

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>
Sent: 09 February 2023 17:31
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>; CHAMBERLAIN, Andrea (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <andrea.chamberlain@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: RE: Fixed term locum

Andrea – please can you forward the feedback to Mohamed? Mohamed we can then catch up and discuss it.

Thank you
Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Sent: 09 February 2023 17:19
To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: Re: Fixed term locum

Hi Cheryl,

As I explained to you earlier, I happy to consider the fixed term job, if there is a realistic prospect of getting a substantive post after that.

In order for me to make a clear assessment, I requested feedback about my interview performance as I thought I interviewed well. If I accept this post without feedback, I might repeat the same mistakes and not get appointed.

I am yet to receive any feedback. Therefore, I would like to make the following requests:

1. I would like to repeat my request for feedback about the interview so I can make an informed decision.
2. Can you I request to give my decision about the offer after I considered the feedback.

I am still keen to be part of this trust and I am hoping that you will help me in my efforts.

Regards

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Sent: 09 February 2023 16:41
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>
Subject: Fixed term locum

Hi Mohamed

Are you able to make a decision on whether to accept the fixed term trust locum or not? Could you let me know by the end of tomorrow please?

Thank you

Cheryl

Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Thu 16.3.23 10:12

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Hi Cheryl,

This is very short notice. You have already sent me invite for next week. I have lots of admin that I need to address. So, I am afraid I can't do today. Next week is better.

May I know what is this meeting about?

Regards

Mohamed

From: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Sent: 16 March 2023 10:01

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>; GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>

Subject: RE: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Mohamed

It was not clear that you would be back today and there needed to be a contingency plan. The patients will not be reinstated at such short notice – you therefore have no patients to see this morning. It will give you time to work on your admin.

Please can you come to the Woodlands Centre at Hinchingsbrooke at 2pm this afternoon to see me.

Thank you

Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Sent: 16 March 2023 08:38

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

Can you kindly reinstate my clinics as I am on my way to the hospital.

Regards

Mohamed

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Date: Wednesday, 15 March 2023 at 17:47

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

The 48h would have passed this evening. I will be hopefully coming tomorrow to work.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Date: Wednesday, 15 March 2023 at 16:39

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: RE: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Dr Mahgoub.

Thanks for your email, which I will reply too, although please note you are off sick.

We have carefully considered and decided to reassign patients in the short term in view of you being off sick, and pending your decision.

I do need to catch up with you in regard to the conditional offer.

If I can also pick up on the fact you mentioned possible norovirus and an isolation period, as you are aware isolation is 48 hours after the last episode, in view of this when would the 48 hours be up please?

Best Wishes

Sam

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#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oharlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

HH 01480 416416 ext 3307

PA: Carly Whiting

Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

Surgical Division, Department 202, Core A Level 1, PCH

www.nwanglia.nhs.uk



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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Sent: 15 March 2023 14:36

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oharlihy@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

Have you cancelled the next two days or moved my patients to other consultants? If you did so, why did you not inform me you are doing so? Have you also moved my other patient appointments in the remaining of the month to other doctors as well?

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oharlihy@nhs.net>

Date: Wednesday, 15 March 2023 at 08:34

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Morning Dr Mahgoub

Sorry to hear you are still not 100%.

In view of the fact you mention a possible isolation period, and that it is Wednesday, and you have clinics tomorrow and Friday, we have made the decision to cancel those. Unfortunately the secretaries are short staffed and I need to allow them as much time as possible to contact these patients, and avoid patients an unnecessary trip to the hospital if you are not in.

Best Wishes

Sam

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Sent: 15 March 2023 07:48
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

I am feeling better but not right yet. I am also considering any isolation period in case I had a viral illness like Noravirus etc. I won't be able to come today. Will update about Thursday later.

Regards

Mohamed

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Date: Tuesday, 14 March 2023 at 09:05
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Hi Sam,

I won't be able to come to work today as I am not yet back to normal.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Date: Monday, 13 March 2023 at 08:53
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Cc: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>
Subject: RE: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Sorry to hear, this and hope you feel better soon.

If you are in a position to update us in regard to tomorrow by 5pm today, that would be a great help, so if you are off we can sort cover in ED tomorrow.

Many thanks

Best Wishes

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust
Peterborough City Hospital
Department: Cancer Services
Email: samantha.oherlihy@nhs.net
Tel: Mobile 07562 434652
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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Sent: 12 March 2023 21:17
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Cc: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>
Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Dear Sam,

I am sorry to contact you this late. I have not felt 100% and have some abdominal symptoms.

I am afraid I won't be able to come to work tomorrow. I am sorry for any difficulty this might cause.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Date: Sunday, 12 March 2023 at 17:08
To: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>
HOLLINGDALE, Abigail (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <abigail.hollingdale1@nhs.net>

MCADAM, Karen (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kmcadam@nhs.net>, DATTA, Sudipta (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <sudiptadatta@nhs.net>, TREECE, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <streece@nhs.net>, AYERS, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <s.ayers@nhs.net>, JEPHCOTT, Catherine (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <catherine.jephcott@nhs.net>, ANSARI, Tayyaba (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <tayyaba.ansari@nhs.net>, MAHGOU, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>, PAKAKOSTIDI, Aristoula (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <aristoula.papakostidi1@nhs.net>, HUTKA, Margaret (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.hutka@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>, PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>, FOWLER, Alexis (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <alexis.fowler@nhs.net>, ACUTEONCOLOGYTEAM (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.acuteoncologyteam@nhs.net>, RADIOOTHERAPYADMIN (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.radiotherapyadmin@nhs.net>, ONCOLOGYMEDICALSECRETARIES (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.oncologymedicalsecretaries@nhs.net>, PERKINS, Eleanor (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <eleanor.perkins3@nhs.net>

Subject: Re: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Good Evening

Please find attached the rota for the surgical division for the next few days strikes, in case you need to know the cover for the division.

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.ohherlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

PA: Carly Whiting

Email: carly.whiting@nhs.net

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From: GUPTA, Kamalnayan (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kamalnayan.gupta2@nhs.net>

Sent: 02 March 2023 16:32

To: HOLLINGDALE, Abigail (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <abigail.hollingdale1@nhs.net>; MCADAM, Karen (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <kmcadam@nhs.net>; DATTA, Sudipta (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <sudiptadatta@nhs.net>; TREECE, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <streece@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.ohherlihy@nhs.net>; AYERS, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <s.ayers@nhs.net>; JEPHCOTT, Catherine (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <catherine.jephcott@nhs.net>; ANSARI, Tayyaba (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <tayyaba.ansari@nhs.net>; MAHGOU, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>; PAKAKOSTIDI, Aristoula (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <aristoula.papakostidi1@nhs.net>; HUTKA, Margaret (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.hutka@nhs.net>

Cc: MARRINER, Michelle (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <michelle.marriner@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>; DIFRANCO, Filippo (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <fdifranco@nhs.net>; OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.ohherlihy@nhs.net>; PAYNE, Sally (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <sally.payne12@nhs.net>; FOWLER, Alexis (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <alexis.fowler@nhs.net>; ACUTEONCOLOGYTEAM (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.acuteoncologyteam@nhs.net>; RADIOOTHERAPYADMIN (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.radiotherapyadmin@nhs.net>; ONCOLOGYMEDICALSECRETARIES (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.oncologymedicalsecretaries@nhs.net>; PERKINS, Eleanor (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <eleanor.perkins3@nhs.net>; HARRISON, Penny (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <penny.harrison3@nhs.net>

Subject: Oncology Cover Plan for JD IA with Rota and Contact Numbers

Dear All

As promised, please find below the Oncology Consultant Cover Plan, including General Guide, Oncology Consultant Cover Rota and contact numbers.

Dr K Gupta
Oncology Clinical Lead

A : General Guide :

AOS Cover : To increase oncology visibility and availability, Oncology Consultant for AOS all day will be providing advice and seeing oncology patients wherever they are in the hospital.

ED Cover : For consultant reviews in ED plus it will be helping in clerking in and assisting in admitting pts as there will be no juniors to do it. Having a Consultant Oncologist visibly in ED will demonstrate our willingness to help our ED colleagues.

GHOW Ward 9am-6pm Cover : To be available on site for any ward clinical issues and provide advice. Whilst we are willing, but I don't think we are safely competent in doing all of the Jr Doc stuff, hence we will be heavily relying on non-striking Jr Doc and/or Physician Associate, however, we may need help from medical team if required.

Day Unit Cover : To provide on-site cover to the specialty doc / registrar for the Haem-Onc day unit and for any clinical issues in outpatients. There is no designated consultant for this, but ALL of us can be approached for any input, advice or help if necessary, being mindful of how busy the Day Unit Doc will be.

Radiotherapy Queries Cover : To provide cover for any queries or issues arising for or about patients ongoing radiotherapy, because the radiotherapy treatment are not cancelled.

Night Cover – 6pm-9am – Offsite : To be available for any Oncology queries and to be also available to come in IF absolutely required (this is understood to be extremely rare!). Oncologists have an off-site night oncall. We understand that GHOW may need medical team's help for desperate situations in these times, but it is to be noted that essentially, this will be offsite cover i.e. on phone only.

B: Oncology Consultant Cover Rota

<u>Oncology Consultant Covering</u>	Monday, 13th March	Tuesday, 14th March
AOS 8-6	Tayyaba Ansari	Sarah Ayers
ED 8-8pm	M Mahgoub	M Mahgoub
GHOW Ward 8am-8pm	Sarah Treece	Abbie Hollingdale
Day Unit	DU doc available	DU doc available
Radiotherapy queries 8-5	Dr Datta	Dr Papakostidi
Night (8pm-8am	Kate Milne	Kate Milne

C : Contact Numbers of Oncology Consultants :

TA - Dr Ansari	07841 524034		
SA - Dr Ayers	07980 403484		
SD - Dr Datta	07946 427839		
AEH - Dr Hollingdale	07971 665237		
KG - Dr Gupta	07747 633538		
CRJ - Dr Jephcott	07788 552647		
KFE - Dr McAdam	07850 489997		
MH - Dr Hutka	07554 880536		
AP - Dr Papakostidi	07960 961993	01733 244994	
STR - Dr Treece	07813 141449		
MM- Dr Mahgoub	07591 824941		

Best wishes & Kind Regards

Dr K Gupta MBBS MD DNB MNAMS MRCP FRCR

Consultant Clinical Oncologist
Urology | Upper GI | Colorectal
UroOncology Lead Clinician
PCH Oncology Clinical Lead
NorthWest Anglia NHS Foundation Trust

Direct secure Phone : 07747633538

Direct official/secure email : kamalnayan.gupta2@nhs.net

Clinical Secretary/PA - Vanessa Taylor 0173367(3185); vanessataylor1@nhs.net

Governance & Clinical Director PA - Michelle Marriner 01733 67(3186); michelle.marriner@nhs.net



re tomorrows meeting

OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Mon 27.3.23 17:19

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Good Evening Dr Mahgoub

Just a reminder of our scheduled meeting tomorrow at the Woodlands in Hinchingsbrooke at 2pm.

We have received some concerns raised by your colleagues in regard to your conduct and behaviours over the last few weeks. As we are meeting tomorrow we would like to discuss these with you, and for you to have an opportunity to give us your opinion on these matters.

Kind regards

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

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Re: re tomorrows meeting

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Tue 28.3.23 13:49

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Hi Sam,

This is the first time I hear about any concerns. I am happy to meet and fully cooperate with any queries you have.

The meeting today was booked to discuss my fixed term job after I accepted it. After accepting the offer, I clarified with Cheryl what was the meeting for, and she confirmed that it was regarding contract.

I won't hide from you that I was bit shocked by your email. As these concerns are regarding my professionalism, I contacted the BMA. They advised me to request for this meeting to be postponed so I can have a BMA representative who can accompany me in such meeting.

Therefore, I am not intending to attend today meeting and I request another date to allow me to have BMA representative during the meeting. I also request that you can send me a summary of these concerns in regard to my conduct and behaviours ahead of that meeting.

In another note, when is my start date for my fixed term NHS locum as I need to provide the agency with enough notice.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Date: Monday, 27 March 2023 at 17:19

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Subject: re tomorrows meeting

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Kind regards

Sam

#hello my name is...

Samantha O'Herlihy
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Email: samantha.oherlihy@nhs.net
Tel: Mobile 07562 434652
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From: Ria Balach ria.balach@drclocums.com
Subject: FW: DR MAHGOUB - TERMINATION OF CONTRACT
Date: 29 March 2023 at 11:24
To: Mohamed Mahgoub farisf16.1981@gmail.com, Mohamed Mahgoub farisf16@yahoo.com

Hi

So she has replied this just now.....

From: Client_Jobs_3 <Client_Jobs_3@drclocums.com>
Sent: Wednesday, March 29, 2023 11:21 AM
To: Ria Balach <ria.balach@drclocums.com>
Subject: FW: DR MAHGOUB - TERMINATION OF CONTRACT

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Good Morning Donna

The department have asked that we terminate the contract due to clinical issue that have arisen and the service manager has asked for us to terminate the contract on Friday

Kind regards
Cinzia Phillips
North West Anglia NHS Foundation Trust
FSS Medical Booking Team Leader
Hinchingbrooke Hospital/ Peterborough City Hospital
Hinchingbrooke Park
Huntingdon
PE29 6NT

Working hours : 08:30-16:30 Monday to Friday

I WILL NOW BE WORKING FROM HOME ON A TUESDAY AND THURSDAY. IM IN THE OFFICE MONDAY,WEDNESDAY AND FRIDAY. ON THE DAYS I AM WORKING FROM HOME THE OFFICE PHONE IS DIVERTED TO A MOBILE.

Tel : 01480 416027

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From: Donna Henshall <donna.henshall@drclocums.com>
Sent: 29 March 2023 10:40
To: PETERBOROUGHLOCUMS (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.peterboroughlocums@nhs.net>
Subject: RE: DR MAHGOUB - TERMINATION OF CONTRACT

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Hi Cinzia

Thank you for the information below, is it possible to provide a weeks notice for Dr Mahboub please?

I have also requested all his timesheets

Kind regards

Donna

Donna Henshall | Client Relations Manager



Tel: +44(0) 1908 545 878
Mobile: 07920 547359
Email: donna.henshall@drclocums.com
Web: drclocums.com

Partis House, Davy Avenue, Knowlhill, Milton Keynes, MK5 8HJ



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Help save paper - Do you really need to print me?

From: PETERBOROUGHLOCUMS (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.peterboroughlocums@nhs.net>
Sent: Tuesday, March 28, 2023 5:22 PM

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CASEDO

To: Donna Henshall <donna.henshall@drclocums.com>
Subject: [EXTERNAL] DR MAHGOUB - TERMINATION OF CONTRACT

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Afternoon Donna

I have been asked by the department to let you know that we will not be extending Dr Mahgoub's contract past the 31st March .

Please can you ask Ria and co to please get me his final batch of timesheets over ASAP after Friday so we are all square and up to date.

Kind regards
Cinzia Phillips
North West Anglia NHS Foundation Trust
FSS Medical Booking Team Leader
Hinchingsbrooke Hospital/ Peterborough City Hospital
Hinchingsbrooke Park
Huntingdon
PE29 6NT

Working hours : 08:30-16:30 Monday to Friday

I WILL BE NOW BE WORKING FROM HOME ON A TUESDAY AND THURSDAY. IM IN THE OFFICE MONDAY ,WEDNESDAY AND FRIDAY. ON THE DAYS I AM WORKING FROM HOME THE OFFICE PHONE IS DIVERTED TO A MOBILE.

Tel : 01480 416027

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For more information and to find out how you can switch visit [Joining NHSmial - NHSmial Support](#)

From: Ria Balach ria.balach@drclocums.com
Subject: RE: Re: [EXTERNAL] Peterborough LONG TERMS - LOTS
Date: 29 March 2023 at 15:52
To: Mohamed Mahgoub farisf16@yahoo.com



If this is your job, which I assume it is, then you can question why extending for only 3 weeks.

You can say another agency has called and offered a 3 month job there!

From: Mohamed Mahgoub <farisf16@yahoo.com>
Sent: Wednesday, March 29, 2023 3:43 PM
To: Ria Balach <ria.balach@drclocums.com>
Subject: [EXTERNAL] Re: Peterborough LONG TERMS - LOTS

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Lets see

Mohamed

On 29 Mar 2023, at 15:36, Ria Balach <ria.balach@drclocums.com> wrote:

And shocking this job jst been advertised!!

Subject: Peterborough LONG TERMS - LOTS

PLEASE SEE THE RATES THAT MUST BE ADHERED TO THESE ARE NOT NEGOTIABLE.

MG : £75.00 MAX TOTAL CHARGE

JNR : £55.00 MAX TOTAL CHARGE

CONS : £110.00 MAX TOTAL CHARGE

1 x GENERAL SURGERY MIDDLE
GRADE
ASAP -12 WEEKS
FULL ROTA – NOT NEGOTIABLE
MUST HAVE SURGERY EXPERIENCE IN

THE UK

1 X ONCOLOGY CONSULTANT

ASAP -12 WEEKS

MONDAY TO FRIDAY

09:00-17:00

CLINICS ONLY

MUST WORK THROUGH THE DE
MODEL, ESCALATED RATE WILL BE
CONSIDERED

1 X NEUROLOGY CONSULTANT

ASAP -12 WEEKS

MONDAY TO FRIDAY

MUST WORK THROUGH THE DE
MODEL, ESCALATED RATE WILL BE
CONSIDERED

1 X UROLOGY MIDDLE GRADE

ASAP -12 WEEKS

FULL ROTA

1 X UROLOGY JUNIOR

ASAP -12 WEEKS FULL ROTA

1 X UROLOGY CONSULTANT

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FROM 1730 Friday 21/04/23 through to 1800
Friday 28/04/23

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TOTAL DE AND 50% FOR NON RES
ON CALL**

**Cinzia Phillips
North West Anglia NHS Foundation Trust
FSS Medical Booking Team Leader
Hinchingbrooke Hospital/ Peterborough City Hospital
Hinchingbrooke Park
Huntingdon
PE29 6NT**

Working hours : 08:30-16:30 Monday to Friday

I WILL NOW BE WORKING FROM HOME ON A TUESDAY AND THURSDAY. IM IN
THE OFFICE MONDAY,WEDNESDAY AND FRIDAY. ON THE DAYS I AM WORKING
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<image001.jpg>

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From: Ria Balach <ria.balach@drclocums.com>
Subject: RE: Re: [EXTERNAL] Dr maghoub - extend until 21.04.2023?
Date: 29 March 2023 at 14:51
To: Mohamed Mahgoub farisf16.1981@gmail.com



I wont reply to her until you tell me to

From: Mohamed Mahgoub <farisf16.1981@gmail.com>
Sent: Wednesday, March 29, 2023 2:49 PM
To: Ria Balach <ria.balach@drclocums.com>
Subject: [EXTERNAL] Re: Dr maghoub - extend until 21.04.2023?

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That is OK.

Regards

Mohamed

On 29 Mar 2023, at 14:47, Ria Balach <ria.balach@drclocums.com> wrote:

So I have just got back after driving and the lady in my office had already sent me this below before calling me to ask on phone... after receiving phone call from Cinzia in Med Staffing asking the question about extension

x

From: Donna Henshall <donna.henshall@drclocums.com>
Sent: Wednesday, March 29, 2023 2:11 PM
To: Ria Balach <ria.balach@drclocums.com>
Subject: maghoub - extend until 21.04.2023

And he was due attend to a meeting today but didn't attend?

Kind regards

Donna

<image001.png>



Tel: +44(0) 1908 545 878
Mobile: 07920 547359
Email: donna.Henshall@drclocums.com
Web: drclocums.com

<image002.png>

<image003.jpg>

<image004.png>

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Help save paper - Do you really need to print me?

From: Gemma Wilson on Trac application 144517483 reply-343118001-10@recruit.trac.jobs 
Subject: Following from the Offer Letter
Date: 29 March 2023 at 12:01
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Good morning,

Following from the offer letter email please see below the checks you are required to complete;

- Please send us a colour copy of your passport (front and back image). (OR 3 FORMS OF ID IF UK DOCTOR)
- If you have lived outside of the UK for longer than 6 months in the last 5 years, please provide us with a Police Check for every country you have been to.
- Please complete your Occupational Health Assessment for our Trust (DETAILS CAN BE FOUND IN THE OFFER LETTER)
- Please complete the attached documents and return to me as soon as possible (ANYTHING YOU CANNOT ANSWER ON THE FORMS PLEASE LEAVE BLANK)
- Please could you also supply reference details from NWAFT, this cannot be someone who was on the interview panel. We require the referees name, job title, email address, and time period the reference covers.

To ensure a timely recruitment process it is essential that we complete all checks as quickly as possible so your cooperation throughout this process is imperative and much appreciated. If you require any further information regarding the checks then please refer back to your offer letter alongside this email.

PLEASE NOTE: We are currently going through a busy recruitment period so please allow at least 1 week for a reply to your emails.

Kind regards

Gemma Wilson	Model	10. New -	9. New	1. New Starter
	declara...1.docx	Starter...22.pdf	Employ...ire.pdf	Form...1).docx

North West Anglia NHS Foundation Trust

North West Anglia NHS Foundation Trust
Hinchingsbrooke Hospital
Hinchingsbrooke Park
Huntingdon
Cambs
PE29 6NT

nwangliaft.medicalrecruitment@nhs.net
www.nwangliaft.nhs.uk

Wednesday, 29th March 2023

Private and Confidential

Dr Mohamed Osama Mahgoub
Flat 6 - 80 The Parade
Leicester
Leicestershire
LE2 5BF
United Kingdom

Your Ref: 176-S-GW-4594624

Dear Dr Mohamed Mahgoub,

Further to your recent interview, I am very pleased to confirm our conditional offer of appointment to the above post and welcome you to the North West Anglia NHS Foundation Trust. Please confirm your acceptance electronically online.

This offer is subject to satisfactory receipt of the pre-employment checks detailed overleaf.

Please read carefully through this letter for next steps in the recruitment process.

If the post you have applied for requires a DBS check and you are not on the Update Service at the appropriate level, you will be charged for the cost of the check. By accepting this role you authorise the Trust to deduct the cost of this check from your first months salary. The cost of the check is currently £44 for an enhanced check and £27 for a standard check.

Identity checking - as part of your application process we need to verify your identity. In order to do this you are required to attend an ID Check appointment. To book your ID Check appointment, please visit: https://apps.trac.jobs/application/144517483?CandidateTask=Booking_IDCheck. You may also be required to provide evidence of professional registration or qualifications, if applicable. Please ensure that you arrange your appointment within 5 days of receiving this invitation.

It is very important that you bring the correct documents with you to the ID Check appointment. Failure to do this will mean that you will have to return on another date and repeat the ID check.

Convictions - This post requires a DBS check to be carried out, which will be completed online. Please go to <https://apps.trac.jobs/application/144517483?CandidateTask=ConvictionsTask> and

fill in your details.

The form will require details of **ALL** names you have used, since birth. Please ensure that you remember to include middle name(s).

You will also need to provide details of **ALL** addresses you have lived at over the past 5 years (including full postcodes). Please include overseas addresses where applicable. Addresses can overlap, but there must not be any gaps. It is important that you also include temporary addresses such as student accommodation.

You are reminded that under the Asylum, Immigration and Nationality Act (2006) it is unlawful for an individual to take up employment who does not have recourse to live, remain and work in the United Kingdom and checks will be undertaken to verify your eligibility to do so. If you require a Certificate of Sponsorship to conduct your duties you should contact me as soon as possible to take appropriate action to expedite an application to the UK Border Agency.

I will keep you informed of the progress of your application and should you require any assistance please do not hesitate to contact me. Once all pre-employment checks have been completed to our satisfaction, I will contact you again to agree a start date and issue your Statement of Main Terms and Conditions of Employment, and details of the Corporate Induction dates that you will be required to attend.

May I take this opportunity to congratulate you on your appointment and wish you every success in your career with North West Anglia NHS Foundation Trust.

Yours sincerely,

Mrs Gemma Wilson
Medical Recruitment Advisor
Tel: 01733 677 860 (PCH) / 01480 416 344 (HH)

Summary of Offer and other Useful Information

Post	Locum Consultant
Department	Oncology
Base for mileage	Peterborough City Hospital
Pay Band	YC73
Salary Range	£88,364 - £119,133 per annum
Starting salary	Your starting salary will be the bottom of the scale unless you satisfy either of these conditions: • You have previously worked for an NHS organisation (excluding GP Surgeries) at the same grade or an overlap point of the scales – We will run an Inter Authority Transfer with your previous Trust to confirm this and request that you provide us with a copy of your most recent payslip. • You have previous comparable experience at the same level of post in any other organisation - which warrants credit at one incremental point for every complete year of service (evidence will be required to confirm this). • Please be aware that should you require professional registration in order to practice and are awaiting your registration, you will be paid at the lower salary detailed above until your registration is confirmed, your revised salary will be backdated to the date you appear on your relevant Professional Bodies Live Register. Further details including confirmation of starting salary will be confirmed on your contract.
Hours/PAs	Full time - 10 sessions per week
Tenure	Fixed term: 12 months
Notice period	3 Months
Annual leave	On appointment - 32 days annual leave plus bank holidays After 7 years service - 34 days annual leave plus bank holidays
Pension Scheme	You will automatically be enrolled into the NHS Pension Scheme. Further details about the scheme are available at www.nhsbsa.nhs.uk Please familiarise yourself with the NHS Pension 2015 Scheme Guide available at http://www.nhsbsa.nhs.uk/Documents/Pensions/2015_Members_Guide_(V4)_03.2016_-_digital.pdf
Accommodation	Accommodation within the Trust is very limited and you should therefore contact the Trust Accommodation Team by emailing nwangliaft.accommodationsvc@nhs.net or by calling (01733) 678008 to check availability. Failure to contact Accommodation will mean that no accommodation will be prepared for you.
Dress Code/Uniform	Please read the attached Dress Code and Uniform Policy. For staff where a uniform is provided, you will be asked to complete a uniform measurement form at your pre-employment appointment. You will be able to collect your uniform from our sewing room on your first day. The Sewing Room is located opposite HSDU in the Facilities corridor and is open between 11:00 and 15:00 Monday, Tuesday, Thursday and Friday.
Car Parking Scheme	The Trust offers reduced parking rates on our on-site car parks; this can be via payments deducted directly from your monthly salary or by smart cards which can be used to purchase a staff ticket from the car parking machines.

Pre-Employment Checks

Pre-employment check	Action Required
Verification of identity and right to work in the UK check	Whilst COVID-19 restrictions are being relaxed in the general population, we are continuing to minimise face to face contact and so will complete your identity and right to work checks via a video call using Microsoft Teams. We will telephone you to book a suitable date and time, sending you a link to join the video call. Prior to this you will need to scan over the Identity documents you will be providing this can be either a clear scanned copy or photograph from your mobile telephone. During the video call we will ask you to show us the originals of the documents you have scanned so please have those to hand to avoid delays in your recruitment. A checklist is attached which details the acceptable documents but could be a combination of two photographic and one proof of address or one photographic and two proofs of address. Note: if you are a British citizen but do not hold a UK passport then we require a UK Birth Certificate combined with National Insurance evidence From 1 July 2021, the process for completing right-to-work checks on EU, EEA, and Swiss citizens changed and we are no longer able to accept EU passports or ID cards as valid proof of right-to-work, with the exception of Irish citizens. If you have any problems providing any of these documents, please contact us so we can advise you of alternative options.
Professional registration and qualifications check	Please email a scanned clear copy of [Detail what is required]
Criminal record and barring check	Please complete the enclosed Self-Declaration Form and return. During the COVID-19 outbreak the Trust has suspended charges for DBS checks and you will not be charged the cost of your check. If you are already subscribed to the update service please let us know and we will perform a free online check. If you have lived and worked outside of the UK for more than six consecutive months in the preceding five years to applying for this post we will require a satisfactory overseas police check from your country of origin and/or recent country of residence. This is sometimes referred to as a certificate of good conduct or certificate of clearance.

Employment history and reference check	Under NHS regulations we have to undertake reference checking of previous employment history for a full 3 years. Normally this has to be completed before a start date can be agreed. As a temporary measure it has been agreed that as a minimum, we will seek at least one reference from your current or previous employer either via email or over the phone.
Covid-19 Personal Risk Assessment	All new joiners are required to complete a risk assessment which will be used to help us manage your health and safety in the context of Covid-19 and aid you and your new line manager in making decisions about your workplace and/or start date. Please follow the link to the online risk assessment. Covid Risk Assessment When completing the risk assessment you will need to provide the following details of your new line manager: Carly Whiting carly.whiting@nhs.net
Occupational Health check	Please complete a health declaration via our Portal Portal (nwangliaft.nhs.uk), using your email address and the company reference number N6306E90. Should you need assistance in completing your questionnaire or accessing the portal please contact our Occupational Health Department direct on 01733 673777.

From: Gemma Wilson on Trac application 144517483 reply-343119679-16@recruit.trac.jobs
Subject: Email Address
Date: 29 March 2023 at 12:04
To: Mohamed Osama Mahgoub farisf16@yahoo.com

Good afternoon,

Please could you also supply with me the job title and email address of Dr Maragaret Hutka so I can also request a reference from them.

Kind regards

Gemma Wilson

From: Ria Balach <ria.balach@drclocums.com>
Subject: RE: Fwd: [EXTERNAL] Conditional Offer of Appointment - Vacancy - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 29 March 2023 at 13:17
To: Mohamed Mahgoub farisf16.1981@gmail.com

WHAT?!!!

Im out of this meeting in 5 mins Ill call you x

From: Mohamed Mahgoub <farisf16.1981@gmail.com>
Sent: Wednesday, March 29, 2023 12:58 PM
To: Ria Balach <ria.balach@drclocums.com>
Subject: [EXTERNAL] Fwd: Conditional Offer of Appointment - Vacancy - 176-S-GW-4594624 - Consultant in Medical Oncology

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Hi Ria,

Please see below.

It seems they are offering me a fixed term contract. I guess they should be giving you 4 weeks notice. You can also ask how they are terminating the contract for clinical reasons and send me a job offer at the same time.

Regards

Mohamed

Begin forwarded message:

From: "Trac on Trac application 144517483" <reply-343116130-11@recruit.trac.jobs>
Subject: Conditional Offer of Appointment - Vacancy - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 29 March 2023 at 11:56:03 BST
To: "Mohamed Osama Mahgoub" <farisf16@yahoo.com>
Reply-To: "Trac on Trac application 144517483" <reply-343116130-11@recruit.trac.jobs>

Dear Dr Mahgoub,

Further to your recent interview I am pleased to confirm your appointment to the above post subject to receipt of satisfactory Employment Checks.

Please find a copy of your conditional offer letter attached to this email.

If you require an ID Check or a DBS check there will be details in the attached letter. It is important that you follow all the instructions carefully and promptly.

The Trust requires trainees to undertake online IT training in advance of commencing so that they can be issued with their IT login details on their first day.

It has been estimated that this will take no longer than 2 hours to complete, details will be issued to you separately via email. As you will be doing this before you commence with the Trust we will reimburse you for 2 hours at your normal hourly rate.

In addition, please ensure that you complete and return any attached forms as soon as possible.

As soon as all your checks have been completed we will contact you to arrange a start date. We strongly recommend that you do not hand in your notice on your current job until we have notified you that your checks are complete.

Kind regards,

Mrs Gemma Wilson
Medical Recruitment Advisor
Tel: 01733 677 860 (PCH) / 01480 416 344 (HH)

re revised end of Agency contract date

OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Thu 30.3.23 15:30

To: MAHGOUN, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>; PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Good Afternoon Both

Please be advised that Dr Mahgoub's agency contract was due to end tomorrow. After discussions we have managed to extend this until 21st April to allow time to sort any concerns and for references to be received.

Please both know however this is the last extension, and we will not be permitted to extend after the 21st April.

I hope this allows enough time for everything to be put in order.

Please do communicate if you can foresee any issues, and please note I am on A/L from 7th April to 17th April inclusive.

Kind Regards

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

HH 01480 416416 ext 3307

PA: Carly Whiting

Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

Surgical Division, Department 202, Core A Level 1, PCH

www.nwanglia.nhs.uk



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RE: re tomorrows meeting

OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Wed 29.3.23 10:29

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

📎 1 attachments (48 KB)

28th March 2023.docx;

Good Morning Dr Mahgoub,

Sorry for the delay in replying. I was covering capacity for the trust yesterday and today, which means I am not always at my desk.

It was unfortunate you did not attend the meeting yesterday, cancelling with 11 minutes before it was due to take place.

I attach a letter outlining some of the issues raised. I would urge that you respond with your opinions by the deadline please to avoid further delays.

Many thanks

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services

North West Anglia NHS Foundation Trust

Peterborough City Hospital

Department: Cancer Services

Email: samantha.oherlihy@nhs.net

Tel: Mobile 07562 434652

PCH 01733 677790

HH 01480 416416 ext 3307

PA: Carly Whiting

Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

Surgical Division, Department 202, Core A Level 1, PCH

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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 28 March 2023 13:49

To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

<cherylpalmer@nhs.net>
Subject: Re: re tomorrows meeting

Hi Sam,

This is the first time I hear about any concerns. I am happy to meet and fully cooperate with any queries you have.

The meeting today was booked to discuss my fixed term job after I accepted it. After accepting the offer, I clarified with Cheryl what was the meeting for, and she confirmed that it was regarding contract.

I won't hide from you that I was bit shocked by your email. As these concerns are regarding my professionalism, I contacted the BMA. They advised me to request for this meeting to be postponed so I can have a BMA representative who can accompany me in such meeting.

Therefore, I am not intending to attend today meeting and I request another date to allow me to have BMA representative during the meeting. I also request that you can send me a summary of these concerns in regard to my conduct and behaviours ahead of that meeting.

In another note, when is my start date for my fixed term NHS locum as I need to provide the agency with enough notice.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>
Date: Monday, 27 March 2023 at 17:19
To: MAHGOUN, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Subject: re tomorrows meeting

Good Evening Dr Mahgoub

Just a reminder of our scheduled meeting tomorrow at the Woodlands in Hinchbrook at 2pm.

We have received some concerns raised by your colleagues in regard to your conduct and behaviours over the last few weeks. As we are meeting tomorrow we would like to discuss these with you, and for you to have an opportunity to give us your opinion on these matters.

Kind regards

Sam

 #hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust
Peterborough City Hospital
Department: Cancer Services
Email: samantha.oherlihy@nhs.net
Tel: Mobile 07562 434652
PCH 01733 677790
HH 01480 416416 ext 3307
PA: Carly Whiting

Email: carly.whiting@nhs.net

Tel: 01733 677097 / Microsoft Teams

Surgical Division, Department 202, Core A Level 1, PCH

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29th March 2023

Dear Dr Mahgoub,

In response to your request, please find below the issues that have been raised by your colleagues since we put today's meeting in place, and since you announced you were accepting the offer. From email trails I have been sent, I have seen you involved in the email discussions, and so may well be familiar with some of the concerns below.

- Consultant colleagues feeling undermined, in regard to their decision making with their patients where you disagree with their plans for the patient.
- Refusing to accept decisions made by consultant colleagues in regard to treatment plans for their patients.
- Seeing other colleague's patients to discuss treatment options, one of which is to seek private opinions about their care.
- Suggesting to a palliative patient that they should seek a private opinion.
- Contacting patients whilst off sick
- Showing a patient and their relative email discussions between consultant colleagues about the patients care plan.
- Continuing not to keep admin up to date with letters and outcomes outstanding for long periods affecting patient care.

Unfortunately, none of the above reflects the Trust values which we adhere too. We have discussed with our HR Business partners and senior management and the position is we need to follow up on these concerns before we proceed further.

Please, as you felt you could not attend the meeting yesterday, can you put in writing your responses to the concerns raised above for us to take into consideration. I am very keen to not delay this further as you were interviewed at the end of January, with the offer made at the start of February.

To further complicate matters as you know, your agency contract ends at the end of the week, therefore if you can send your responses by midday tomorrow, for us to then review.

Yours Sincerely

Samantha O'Herlihy

Divisional Operations manager – Cancer Services.

Request for Further Information

MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Wed 29.3.23 15:41

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>

Dear Cheryl,

I appreciate you bringing the concerns to my attention. In order to better understand the issues and address them effectively, I kindly request additional information and specific examples related to the concerns mentioned in your previous correspondence.

For each of the concerns listed below, please provide:

- The date(s) and context of the incident(s).
- The individuals involved.
- Any relevant information, documentation or correspondence that may help me understand the situation more clearly.

Concerns:

1. Undermining consultant colleagues' decision-making regarding patient care.
2. Refusing to accept treatment plan decisions made by consultant colleagues.
3. Discussing treatment options with other colleagues' patients, including suggesting private opinions.
4. Recommending a palliative patient to seek a private opinion.
5. Contacting patients while off sick.
6. Showing patients and their relatives email discussions between consultants about their care plan.

Having this information will enable me to respond to the concerns raised more accurately and work towards resolving any misunderstandings or areas of concern. I am committed to addressing these issues and ensuring a positive working environment.

Thank you for your assistance, and I look forward to receiving the requested information.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oherlihy@nhs.net>

Date: Wednesday, 29 March 2023 at 10:29

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Subject: RE: re tomorrows meeting

Good Morning Dr Mahgoub,

Sorry for the delay in replying. I was covering capacity for the trust yesterday and today, which means I am not always at my desk.

It was unfortunate you did not attend the meeting yesterday, cancelling with 11 minutes before it was due to take place.

I attach a letter outlining some of the issues raised. I would urge that you respond with your opinions by the deadline please to avoid further delays.

Many thanks

Sam

Generated by



#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust

Peterborough City Hospital
Department: Cancer Services
Email: samantha.oharlihy@nhs.net

Tel: Mobile 07562 434652
PCH 01733 677790
HH 01480 416416 ext 3307

PA: Carly Whiting

Email: carly.whiting@nhs.net
Tel: 01733 677097 / Microsoft Teams
Surgical Division, Department 202, Core A Level 1, PCH
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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Sent: 28 March 2023 13:49
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oharlihy@nhs.net>
Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Subject: Re: re tomorrows meeting

Hi Sam,

This is the first time I hear about any concerns. I am happy to meet and fully cooperate with any queries you have.

The meeting today was booked to discuss my fixed term job after I accepted it. After accepting the offer, I clarified with Cheryl what was the meeting for, and she confirmed that it was regarding contract.

I won't hide from you that I was bit shocked by your email. As these concerns are regarding my professionalism, I contacted the BMA. They advised me to request for this meeting to be postponed so I can have a BMA representative who can accompany me in such meeting.

Therefore, I am not intending to attend today meeting and I request another date to allow me to have BMA representative during the meeting. I also request that you can send me a summary of these concerns in regard to my conduct and behaviours ahead of that meeting.

In another note, when is my start date for my fixed term NHS locum as I need to provide the agency with enough notice.

Regards

Mohamed

Generated by



From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Date: Monday, 27 March 2023 at 17:19
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>
Subject: re tomorrows meeting

Good Evening Dr Mahgoub

Just a reminder of our scheduled meeting tomorrow at the Woodlands in Hinchbrook at 2pm.

We have received some concerns raised by your colleagues in regard to your conduct and behaviours over the last few weeks. As we are meeting tomorrow we would like to discuss these with you, and for you to have an opportunity to give us your opinion on these matters.

Kind regards

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust
Peterborough City Hospital
Department: Cancer Services
Email: samantha.oherlihy@nhs.net
Tel: Mobile 07562 434652
PCH 01733 677790
HH 01480 416416 ext 3307
PA: Carly Whiting
Email: carly.whiting@nhs.net
Tel: 01733 677097 / Microsoft Teams
Surgical Division, Department 202, Core A Level 1, PCH
www.nwanglia.nhs.uk



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From: trac.jobs on Trac application 144517483 reply-344316662-1e@recruit.trac.jobs
Subject: Withdrawal of application - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 4 April 2023 at 16:41
To: Mohamed Osama Mahgoub farisf16@yahoo.com

Dear Dr Mohamed Osama Mahgoub,

This is an automated email message to confirm the withdrawal of your application for the vacancy 'Consultant in Medical Oncology' (176-S-GW-4594624) at North West Anglia NHS Foundation Trust.

Your application was marked as Withdrawn by a member of the recruitment team at 16:40, 04-Apr-2023

If you think this might have been done in error please reply to this message.

--

Regards,
Trac | Recruitment management software
Civica UK Ltd

From: trac.jobs on Trac application 144517483 reply-343781144-1e@recruit.trac.jobs
Subject: Your ID check appointment booking: Reminder - Vacancy 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 1 April 2023 at 17:27
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Dr Mahgoub,

It appears from our records that you have not yet booked your ID Check appointment. To book your appointment, please visit:
https://apps.trac.jobs/application/144517483?CandidateTask=Booking_IDCheck

Please note that attending an ID check appointment is a condition of your offer of employment. Failure to attend can result in your start date being delayed or the conditional offer of employment being withdrawn.

I look forward to hearing from you shortly.

Kind regards,

Mrs Gemma Wilson
Medical Recruitment Advisor
Tel: 01733 677 860 (PCH) / 01480 416 344 (HH)

From: trac.jobs on Trac application 144517483 reply-344036066-1b@recruit.trac.jobs
Subject: Your ID check appointment booking: Reminder - Vacancy 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 3 April 2023 at 17:31
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Dr Mahgoub,

It appears from our records that you have not yet booked your ID Check appointment. To book your appointment, please visit:
https://apps.trac.jobs/application/144517483?CandidateTask=Booking_IDCheck

Please note that attending an ID check appointment is a condition of your offer of employment. Failure to attend can result in your start date being delayed or the conditional offer of employment being withdrawn.

I look forward to hearing from you shortly.

Kind regards,

Mrs Gemma Wilson
Medical Recruitment Advisor
Tel: 01733 677 860 (PCH) / 01480 416 344 (HH)

From: trac.jobs on Trac application 144517483 reply-343494204-1c@recruit.trac.jobs
Subject: Your ID check appointment booking: Reminder - Vacancy 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 30 March 2023 at 17:33
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Dr Mahgoub,

It appears from our records that you have not yet booked your ID Check appointment. To book your appointment, please visit:
https://apps.trac.jobs/application/144517483?CandidateTask=Booking_IDCheck

Please note that attending an ID check appointment is a condition of your offer of employment. Failure to attend can result in your start date being delayed or the conditional offer of employment being withdrawn.

I look forward to hearing from you shortly.

Kind regards,

Mrs Gemma Wilson
Medical Recruitment Advisor
Tel: 01733 677 860 (PCH) / 01480 416 344 (HH)

Action required – your NHSmail account has been set as a 'Leaver'

no-reply@nhs.net <no-reply@nhs.net>

Fri 31.3.23 16:54

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

NHSmail - Important Information



Action required – Your NHSmail account has been set as a 'Leaver'

Dear NHSmail user

Your account has been marked as a 'Leaver' by your Local Administrator (LA). Typically, this occurs when a user moves to a different NHS / health and care organisation or when a user leaves employment within the NHS.

If you are joining a new organisation within the NHS / health and care sector, please make sure your new organisation's LA is aware you already have an NHSmail account and would like to transfer it. They will need to mark your account as a 'Joiner' within 30 days, otherwise your account will be deleted.

You should also ensure any data in relation to your current role is archived locally. This data should not remain in your mailbox when it transfers to your new employing organisation. Your current LA can help with this if you are unsure.

If you are leaving the NHS / health and care sector, your account will be deleted after the 30-day 'leaver' period has passed, and you do not need to take any further action.

If you think your account has been incorrectly marked as a 'Leaver' please contact your LA.

Please note:

- The timelines detailed in this notification cannot be extended.
- The NHSmail helpdesk cannot carry out any of the actions listed above, as they are LA responsibilities.

Finding your Local Administrator

LAs are the primary contacts responsible for the administrative duties relating to your NHSmail account. Please refer to the [Finding your Local Administrator Guide](#) which will help you identify who your LAs are.

Note: If you are searching for an LA for your new organisation, please search for a colleague who is already part of that organisation within the [NHSmail People Finder](#), rather than searching for yourself.

If you have any questions, please contact the NHSmail helpdesk on 0333 200 1133.

Thanks,

NHSmail Team

Generated by



The NHSmail support pages are available at <https://support.nhs.net/knowledge-base/> If you need additional assistance, the NHSmail helpdesk is available 24 hours a day, 7 days a week on 0333 200 1133 or helpdesk@nhs.net.

Incident# 421539 has been logged for you

SERVICEDESK, Ivanti (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <ivanti.servicedesk@nhs.net>

Fri 31.3.23 16:37

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Hi Mohamed Mahgoub,

The following new Incident has been logged for you:

Incident #	421539
Summary:	PCH - Please mark m.mahgoub@nhs.net as a leaver
Customer Name:	Mohamed Mahgoub
Site:	Peterborough City Hospital
Priority:	5
Status:	Active
Category:	NHS.net Leaver

Description

Please mark m.mahgoub@nhs.net as a leaver, user is leaving today 31/03/23

Open Incident in Self Service:

[http://ldsapp02.mednhs.net/HEAT/Login.aspx?](http://ldsapp02.mednhs.net/HEAT/Login.aspx?Scope=SelfService&role=SelfServiceMobile&CommandId=OpenMyItem&ItemType=Peterborough%20City%20Hospital&ItemId=220785DEADE34500B37E9C2A3125ABBB)

Scope=SelfService&role=SelfServiceMobile&CommandId=OpenMyItem&ItemType=Peterborough City Hospital&ItemId=220785DEADE34500B37E9C2A3125ABBB

Please Note, We have less staff on site than normal with the majority of our team working remotely, this has meant we can no longer accept walk-ins to the IT department.

For all of our safety, we ask that you only visit in person by appointment only.

Thank you for your cooperation and understanding during this time.



RE: Request for Further Information

PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Fri 31.3.23 09:10

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>

Dear Mohamed

I think it would be much more constructive to talk rather than emailing. It is disappointing that you were unable to meet us as planned this week. Sam is here next week and I am on leave, so you could meet with her, then it is the week of the JD IA and then the following week we could all meet on either the Tuesday or Thursday afternoon (18/4 or 20/4).

I understand a conditional offer has been sent to you, so references from your current role will need to be sought and submitted please.

I have added some notes below, taking out full patient details, to answer your questions, but due to my upcoming leave please copy Sam and myself into any replies.

Cheryl

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 29 March 2023 15:41

To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>

Subject: Request for Further Information

Importance: High

Dear Cheryl,

I appreciate you bringing the concerns to my attention. In order to better understand the issues and address them effectively, I kindly request additional information and specific examples related to the concerns mentioned in your previous correspondence.

For each of the concerns listed below, please provide:

- The date(s) and context of the incident(s).
- The individuals involved.
- Any relevant information, documentation or correspondence that may help me understand the situation more clearly.

Concerns:

1. Undermining consultant colleagues' decision-making regarding patient care.

HH dis0988952 – relates to actions on 16/3 – SA saw patient, you subsequently intercepted the patient near reception and saw patient - ? why here showed emails of correspondence to patient and husband ? SA treatment plan paused by you. Breast CNS took a call from the patient's husband that evening who explained he had been shown the emails and queried 'what was going on in the dept with these doctors'.

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>

Sent: 22 March 2023 16:50

To: AYERS, Sarah (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <s.ayers@nhs.net>

Generated by



Subject: Avastin not given
Importance: High

Dear Sarah,

CG DIS0021674

I spoke with my patient who informed me that you advised the day unit not to proceed with Avastin. I informed that there must be a very good reason why you did this. I informed her I will clarify this with you.

Can you please share with me the reason why you advised against giving Avastin for this neo-adjuvant patient. I hope this is an evidence-based decision.

Regards

Mohamed

- Appropriately not given due to proteinuria and hypertension

Sent: 10 February 2023 11:11

To: ANSARI, Tayyaba (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<tayyaba.ansari@nhs.net>

Cc: QUIRKE, Jacqueline (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<jacqueline.quirke@nhs.net>; MABIYA, Chipso (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<chipo.mabiya@nhs.net>

Subject: Radiological discrepancy

Hi Tayyaba,

I hope this email finds you well.

Re:

KC DIS0058719

I have reviewed this patient on Monday. While reviewing her case, it was noted by a member of the team that her scan dating back to Feb 22, MRCP shows an early pancreatic lesion. This was not picked up in the report at the time.

As this might be considered a significant miss, I felt that I should make you aware of this as the treating consultant so that a duty of candour discussion after MDT review can take place.

Regards

Mohamed

You then declined to say who had seen the pancreatic lesion on the scan, although a member of the team thought that you had seen it.

From: MCKEOWN, Barbara (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<barbara.mckeown1@nhs.net>

Sent: 15 February 2023 09:55

Generated by



See full email trail below

I do not consider it a “formality” to tell a young woman with metastatic pancreatic cancer that it was missed at an operable stage if this was not the case. Obviously if it were the case Duty of Candour would apply. If someone thinks they can see a tumour, why would they want to be anonymous and not share what they think they have seen so that we can look at it?

Same pancreatic patient KC – you disagreed with her treating consultant’s management and told the patient – you wanted to treat her with high dose dex for lymphangitis when she was responding to treatment for PE and infection. Patient then mentioned that you told her that she should get second opinion as there is disagreement on lung management and how you would come in afternoon and will give her the contact details of a consultant whom she should contact for second opinion. asked the primary consultant why you were confusing her when she already has lot to take in and if there is any disagreement why he is not contacting the primary consultant

JS – detail in recent complaint CP23:193 re talking unprofessionally about neurology in front of the patient and wife

2. Refusing to accept treatment plan decisions made by consultant colleagues

HH dis0988952 – relates to actions on 16/3 – SA saw patient, you also saw patient - ? why here showed emails of correspondence to patient and husband ? SA treatment plan paused by you. Breast CNS took a call from the patient’s husband that evening who explained he had been shown the emails and queried what was going on in the dept with these doctors. Also relates to the long email trail from the previous week including KMcA, SA, TA and CP as Breast Oncologists all giving the same opinion which differed from that of MM. Patient has subsequently been seen in Harley Street – confused by lack of cohesive decision making

JS – detail in recent complaint CP23:193 - disagreeing with specialist neurology opinion and subjecting the patient to lumbar puncture/post mortem

3. Discussing treatment options with other colleagues' patients, including suggesting private opinions. –

Gynae patient no dis, but patient of another consultant whilst IP was told by you to go privately in London, when she said she was happy and wouldn’t be, you inferred she was making the wrong decision and it would be to her detriment. Patient had already had second opinion from Prof in Manchester who concurred with the primary consultant.

Also the pancreatic patient KC as above

4. Recommending a palliative patient to seek a private opinion.

Again HH DIS0988952

5. Contacting patients while off sick.

Again HH DIS0988952

From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Sent: 29 March 2023 15:41
To: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Subject: Request for Further Information
Importance: High

Dear Cheryl,

I appreciate you bringing the concerns to my attention. In order to better understand the issues and address them effectively, I kindly request additional information and specific examples related to the concerns mentioned in your previous correspondence.

For each of the concerns listed below, please provide:

- The date(s) and context of the incident(s).
- The individuals involved.
- Any relevant information, documentation or correspondence that may help me understand the situation more clearly.

Concerns:

1. Undermining consultant colleagues' decision-making regarding patient care.
2. Refusing to accept treatment plan decisions made by consultant colleagues.
3. Discussing treatment options with other colleagues' patients, including suggesting private opinions.
4. Recommending a palliative patient to seek a private opinion.
5. Contacting patients while off sick.
6. Showing patients and their relatives email discussions between consultants about their care plan.

Having this information will enable me to respond to the concerns raised more accurately and work towards resolving any misunderstandings or areas of concern. I am committed to addressing these issues and ensuring a positive working environment.

Thank you for your assistance, and I look forward to receiving the requested information.

Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.oharlihy@nhs.net>
Date: Wednesday, 29 March 2023 at 10:29
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Subject: RE: re tomorrows meeting

Good Morning Dr Mahgoub,

Sorry for the delay in replying. I was covering capacity for the trust yesterday and today, which means I am not always at my desk.
It was unfortunate you did not attend the meeting yesterday, cancelling with 11 minutes before it was due to take place.
I attach a letter outlining some of the issues raised. I would urge that you respond with your opinions by the deadline please to avoid further delays.

Many thanks

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust
Peterborough City Hospital
Department: Cancer Services
Email: samantha.ohherlihy@nhs.net
Tel: Mobile 07562 434652
PCH 01733 677790
HH 01480 416416 ext 3307
PA: Carly Whiting
Email: carly.whiting@nhs.net
Tel: 01733 677097 / Microsoft Teams
Surgical Division, Department 202, Core A Level 1, PCH
www.nwanglia.nhs.uk



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From: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<m.mahgoub@nhs.net>
Sent: 28 March 2023 13:49
To: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<samantha.ohherlihy@nhs.net>
Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<cherylpalmer@nhs.net>
Subject: Re: re tomorrows meeting

Hi Sam,

This is the first time I hear about any concerns. I am happy to meet and fully cooperate with any queries you have.

The meeting today was booked to discuss my fixed term job after I accepted it. After accepting the offer, I clarified with Cheryl what was the meeting for, and she confirmed that it was regarding contract.

I won't hide from you that I was bit shocked by your email. As these concerns are regarding my professionalism, I contacted the BMA. They advised me to request for this meeting to be postponed so I can have a BMA representative who can accompany me in such meeting.

Therefore, I am not intending to attend today meeting and I request another date to allow me to have BMA representative during the meeting. I also request that you can send me a summary of these concerns in regard to my conduct and behaviours ahead of that meeting.

In another note, when is my start date for my fixed term NHS locum as I need to provide the agency with enough notice.

Generated by



Regards

Mohamed

From: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>
Date: Monday, 27 March 2023 at 17:19
To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>
Cc: PALMER, Cheryl (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <cherylpalmer@nhs.net>
Subject: re tomorrows meeting

Good Evening Dr Mahgoub

Just a reminder of our scheduled meeting tomorrow at the Woodlands in Hinchbrook at 2pm.

We have received some concerns raised by your colleagues in regard to your conduct and behaviours over the last few weeks. As we are meeting tomorrow we would like to discuss these with you, and for you to have an opportunity to give us your opinion on these matters.

Kind regards

Sam

#hello my name is...

Samantha O'Herlihy
Divisional Operations Manager – Cancer Services
North West Anglia NHS Foundation Trust
Peterborough City Hospital
Department: Cancer Services
Email: samantha.oherlihy@nhs.net
Tel: Mobile 07562 434652
PCH 01733 677790
HH 01480 416416 ext 3307
PA: Carly Whiting
Email: carly.whiting@nhs.net
Tel: 01733 677097 / Microsoft Teams
Surgical Division, Department 202, Core A Level 1, PCH
www.nwanglia.nhs.uk



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Incident# 421539 is resolved.

SERVICEDESK, Ivanti (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <ivanti.servicedesk@nhs.net>

Fri 31.3.23 16:55

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Hi Mohamed Mahgoub,

Incident# 421539 has been resolved:

Incident #	421539
Summary:	PCH - Please mark m.mahgoub@nhs.net as a leaver
Customer Name:	Mohamed Mahgoub
Location:	
Priority:	5
Status:	Resolved
Category:	NHS.net Leaver
Resolved On:	31/03/2023 15:55:52 (UTC - Etc/UTC)

Description

Please mark m.mahgoub@nhs.net as a leaver, user is leaving today 31/03/23

Resolution

Email has been marked as a leaver. Any new trust will need to mark this a joiner within the next 30 days otherwise the account will go into the NHSmail deletion process.

It can take 24 hours from being marked as a leaver for a new trust to be able to join you.

Please note that you will still be able to access your email as normal via email.nhs.net whilst in the leaver/joiner process.

You will receive an automated email to confirm you are marked as a leaver.

Many thanks

Aled Hipgrave
IT Support Analyst
Account Management
aled.hipgrave@nhs.net

Open Incident in Self Service:

[http://ldsapp02.mednhs.net/HEAT/Login.aspx?](http://ldsapp02.mednhs.net/HEAT/Login.aspx?Scope=SelfService&role=SelfService&CommandId=OpenMyItem&ItemType=Incident&ItemId=220785DEADE34500B37E9C2A3125ABBB)

[Scope=SelfService&role=SelfService&CommandId=OpenMyItem&ItemType=Incident&ItemId=220785DEADE34500B37E9C2A3125ABBB](http://ldsapp02.mednhs.net/HEAT/Login.aspx?Scope=SelfService&role=SelfService&CommandId=OpenMyItem&ItemType=Incident&ItemId=220785DEADE34500B37E9C2A3125ABBB)

We hope this has now resolved your issue, if you believe this is still outstanding please contacting the helpdesk within 5 days to reopen this call.

From: trac.jobs on Trac application 144517483 reply-344316662-1e@recruit.trac.jobs
Subject: Withdrawal of application - 176-S-GW-4594624 - Consultant in Medical Oncology
Date: 4 April 2023 at 16:41
To: Mohamed Osama Mahgoub farisf16@yahoo.com



Dear Dr Mohamed Osama Mahgoub,

This is an automated email message to confirm the withdrawal of your application for the vacancy 'Consultant in Medical Oncology' (176-S-GW-4594624) at North West Anglia NHS Foundation Trust.

Your application was marked as Withdrawn by a member of the recruitment team at 16:40, 04-Apr-2023

If you think this might have been done in error please reply to this message.

--

Regards,
Trac | Recruitment management software
Civica UK Ltd

Delegation changes to your NHS mail account

no-reply@nhs.net <no-reply@nhs.net>

Tue 4.4.23 13:02

To: MAHGOUB, Mohamed (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <m.mahgoub@nhs.net>

Cc: OHERLIHY, Samantha (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <samantha.oherlihy@nhs.net>



Delegation changes to your NHSmail account

Dear NHSmail User,

The following delegation permissions to grant temporary access to your mailbox for another NHSmail user have been added or removed by aled.hipgrave@nhs.net, your organisation's Local Administrator (LA).

- Full Access permission added
- samantha.oherlihy@nhs.net – please note the recipient(s) of permission(s) and the relevant LA are cc'd to this email.

If you think your NHSmail account has been incorrectly granted these delegation permissions, please contact your LA.

Please note that the NHSmail helpdesk cannot carry out these actions, only your organisation's LA team can make amendments to delegation permissions.

Finding your Local Administrator (LA)

LAs are the primary contacts responsible for the administrative duties relating to your NHSmail account. There may be more than one LA responsible for the administration of your NHSmail account.

You can use the NHSmail People Finder to find the contact details of LAs across NHS organisations, through <https://portal.nhs.net/PeopleFinder>. For example, if you are leaving an organisation and you need to contact the LA of the new organisation. Or if you work across different organisations and need to contact their LAs.

Please visit [Finding your Local Administrator on the NHSmail support pages for further guidance.](#)

Please visit the [NHSmail support pages](#) for further guidance.

Best wishes,

The NHSmail Team

Generated by



BETWEEN:

DR M O M MAHGOUB

Claimant

and

**NORTH WEST ANGLIA NHS
FOUNDATION TRUST**

First Respondent

DR CALLUM GARDNER

Second Respondent

DR CHERYL PALMER

Third Respondent

**WITNESS STATEMENT OF
SAMANTHA O'HERLIHY**

I, **SAMANTHA O'HERLIHY** care of Peterborough City Hospital, Edith Cavell Campus, Bretton, Peterborough PE3 9GZ, will say as follows:

- 1 I am employed by North West Anglia NHS Foundation Trust (the '**Trust**') as Divisional Operations Manager for Cancer Services. I have been in this role since 8 August 2022. Before that I was the Operations Manager in the Trust's Radiology department at Hinchingbrooke Hospital.
- 2 In my role, I am responsible for overseeing the operational running of the Trust's Oncology, Haematology and Palliative and Radiotherapy services, including workforce, budgets and achievement of key performance indicators.
- 3 At the time I joined the Cancer Services team, Dr Mahgoub was working at the Trust as a Locum Consultant Medical Oncologist via DRCLOCUMS agency (the '**Agency**'). Dr Mahgoub had a contract with the Agency but did not have any kind of contract directly with the Trust. My understanding is that there is a framework agreement between the Trust and the Agency which sets out the terms upon which locum doctors are provided. Dr Mahgoub was engaged to work at the Trust via a series of short-term

bookings [99-100; 104-107; 108-111; 112-115; 116-119; 120-123; 124-127; 129-132; 150-153; 183-186].

- 4 In October 2022, the Trust advertised a permanent post of Consultant in Medical Oncology. The department was keen for Dr Mahgoub to apply for this role and become an employee of the Trust. I notified him in October 2022 that we would be putting out an advert and at first, he seemed enthusiastic, but he didn't actually apply for the role until December 2022 (which was after the original closing dates had passed) [128; 138]. He then cancelled his first scheduled interview for the role in early January citing that he had been on annual leave and was not prepared. He was eventually interviewed on 30 January 2023. I was not on the interview panel, as the original panel set for the first interview was kept the same, and I was on annual leave in early January 2023. My deputy Moby Wells (Assistant Service Manager) was on the interview panel in my place.
- 5 Following the interview, the Associate Divisional Director, Dr Cheryl Palmer, fed back to me that Dr Mahgoub had not performed well at interview and the interview panel had therefore decided that he was not appointable to a permanent post. However, they were willing to offer Dr Mahgoub a 12-month fixed term contract on the basis that he would also agree to a personal development plan, with a view to potentially offering him a permanent contract at the end of the fixed term if all objectives had been met. On 31 January 2023, Dr Palmer explained the proposal to Dr Mahgoub in an email which stated 'There would be structure with a clear job plan and an agreed personal development plan with measures against which you would be supported and regularly assessed/reviewed to help to ensure time management and administration improved' [187-188]. Matters such as the salary and job plan hadn't been discussed with Dr Mahgoub, and progression of the offer was subject to agreeing a personal development plan with Dr Mahgoub, and as with all offers of employment at the Trust it was subject to the usual pre-employment checks [139].
- 6 Dr Palmer then did not hear back from the Claimant about whether he was interested in a fixed term contract. She chased him on 9 February 2023 [223] and he said that he wanted to receive feedback from his interview before making a decision. The feedback was provided to him on 10 February 2023 [222], but still no decision was forthcoming from Dr Mahgoub.
- 7 On 2 March 2023, I emailed Dr Mahgoub noting that his current agency engagement was due to end the following day, and that I had been informed that the options were:

- 7.1 Give 4 weeks' notice to the agency and move straight into the fixed term contract; or
- 7.2 Give 1 weeks' notice to the agency if the agreement was to terminate the contract (i.e. his engagement via the Agency) [191-192].
- 8 Dr Mahgoub replied on 3 March 2023 requesting a face-to-face meeting with Dr Palmer [190-195]. He refused to have a meeting unless he could meet with Dr Palmer face-to-face as he said he expected us to provide him with the information needed and he 'would like to propose few adjustments' [193].
- 9 On 6 March 2023, Dr Palmer and I agreed that Dr Mahgoub's agency engagement would be extended to 31 March [196-199]. I explained to Dr Mahgoub via email on 6 March 2023 that at the end of the month he would either be moved onto a fixed term contract of employment, or his engagement via the Agency would be terminated. I offered him meeting dates for either face to face or via Teams with me and Dr Palmer on 9 or 10 March 2023 to discuss the terms of the fixed term contract [201]. I also explained that if we did not hear from him regarding the job offer by 17 March 2023, we would assume that he had declined the offer, and if he did accept the offer Dr Palmer would discuss with him the plan going forward and we would ensure the relevant paperwork was sent to him. Dr Mahgoub requested a written offer and contract, and I explained that if he agreed to take the post, a contract would be sent with options for him to review with Dr Palmer before signing [200-201].
- 10 On 7 March 2023, Dr Mahgoub asked Dr Palmer for a written job offer and contract [219]. Dr Palmer explained that the offer was a 12-month fixed term contract and if he accepted there would be a personal development plan alongside the contract which would be drawn up with Dr Mahgoub [219].
- 11 During this period, many of the other consultants in the team, on learning that Dr Mahgoub had been offered employment with the Trust, came forward with concerns about his practice and behaviours. There were concerns that he was always very behind with his administrative work, which sometimes delayed patient care, sometimes promised patients treatments which did not match what they were ultimately offered, and offered to refer patients for private treatment and second opinions in a manner which the other consultants felt was inappropriate. Dr Palmer discussed this with the Trust's Chief Medical Officer, Dr Gardner, and they agreed that the offer of a fixed term contract would be withdrawn, and his agency engagement would be terminated.

- 12 On 12 March 2023, Dr Mahgoub emailed me to inform me that he was ill and wouldn't be coming into work on 13 March 2023 [232-233]. In the end he was off sick on 14 and 15 March 2023 too [231]. On 15 March 2023, I emailed the Claimant regarding his sickness and the fact that I had reassigned his patients for 16 March 2023, as due to a norovirus type illness he was unlikely to be back due to the 48 hour isolation period. I also noted that I needed to catch up with him regarding the Trust's conditional offer of employment [229].
- 13 On 16 March 2023, Dr Mahgoub copied me into an email to Dr Palmer in which he stated 'I am accepting the fixed term contract, and I am ready to start as soon as possible' [225]. He asked to meet the following week 'to discuss the details'. There had still been no discussion about the personal development plan, job plan or salary as Dr Mahgoub had refused to meet with me and Dr Palmer.
- 14 I forwarded Dr Mahgoub's email to Emma Palmer and Laura Fogg (HR Business Partners) for their advice on how to proceed [224]. I did this because as set out above, Dr Palmer and Dr Gardner had previously agreed to withdraw the offer of a fixed term contract and terminate his agency engagement, but this had not happened because Dr Mahgoub had been off sick. I sought their advice to ensure the right processes were going to be followed. Dr Palmer arranged a meeting with Dr Mahgoub for 28 March 2023 [240].
- 15 On 27 March 2023, I emailed Dr Mahgoub ahead of the meeting scheduled for 28 March 2023 to let him know that we had received some concerns from his colleagues regarding his conduct and behaviour and would like to discuss these at the meeting [240]. Dr Mahgoub then requested that the meeting be postponed so that he could have a BMA representative accompany him and asked for a summary of the concerns [239-240]. I provided this on 29 March 2023 [239; 242].
- 16 On 28 March 2023, we asked the Trust's Flexible Staffing Service to inform the Agency that we would not be extending Dr Mahgoub's agency engagement past 31 March 2023 [238]. As set out above, I had explained to Dr Mahgoub on 6 March 2023 that his agency engagement would not be extended beyond that date.
- 17 On 29 March 2023, I was copied into a series of emails between Emma Palmer and Andrea Chamberlain in which Andrea Chamberlain confirmed that the next stage of the recruitment process would be to send Dr Mahgoub a conditional offer letter subject to the usual pre-employment checks [271-272]. Emma Palmer advised me to ask the

Agency whether they would allow us to give additional notice to them (by which she meant extend Dr Mahgoub's agency engagement) to cover the period of pre-employment checks being carried out [271]. This was actioned, extending to 21 April 2023.

- 18 On 29 March 2023, the Medical Recruitment Team sent Dr Mahgoub a letter formally setting out a conditional offer of employment, which was subject to satisfactory receipt of pre-employment checks [243-248].
- 19 On 30 March 2023, I emailed Emma Palmer to confirm that the Flexible Staffing Service had agreed with the Agency to extend Dr Mahgoub's agency engagement to 21 April 2023 [268]. The purpose of this was to retain Dr Mahgoub via his agency engagement while we were waiting for the pre-employment checks to be completed.
- 20 On 31 March 2023, I was copied into an email from Dr Palmer to Dr Mahgoub in which Dr Palmer noted that a conditional offer had been sent to Dr Mahgoub [263].
- 21 I was on study leave on 31 March 2023, and so not onsite, but I was occasionally checking emails during breaks. On 31 March 2023, Dr Gupta (another Consultant in the Oncology team, and Clinical lead for Oncology at Peterborough), telephoned me to inform me that on 30 March 2023 Dr Mahgoub was telling staff on the ward that 31 March 2023 was his last day in the Trust [267]. I contacted Dr Mahgoub's secretary by phone, but she did not answer, so I emailed her. She replied to say that Dr Mahgoub did not say to her that he was leaving but did say he would get his admin up to date [274-275]. He also put an 'out of office' message on his email stating that he did not work in the NHS. I was confused by this as his agency engagement had been extended to 21 April 2023 and I was under the impression he was wanting to ensure the pre-employment checks were completed, with a view to then discussing the terms of his employment (i.e. salary, job plan and personal development plan), which still had not been discussed at all.
- 22 On 3 April 2023, as it was clear that Dr Mahgoub did not intend to return to the Trust (his email still said 'out of office') I asked the recruitment team to abandon the recruitment process and re-advertise the post [283]. I never heard from him again, despite emailing him on 3 April 2023 [288], and just ensured that all his invoices from the Agency were checked and paid.

This statement is true to the best of my knowledge and belief.

Signed:



Samantha O'Herlihy, Divisional Operations
Manager – Cancer Services

Dated: 29.4.2024

From: GARDNER, Callum (NORTH WEST ANGLIA NHS FOUNDATION TRUST) callum.gardner1@nhs.net 
Subject: RE: URGENT: CP23.139 Signed Response Letter v3
Date: 22 February 2024 at 09:36

CG

To: MAHGOUB, Mohamed (NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST) mohamed.mahgoub4@nhs.net,
SURGICALCOMPLAINTS (NORTH WEST ANGLIA NHS FOUNDATION TRUST) nwangliaft.surgicalcomplaints@nhs.net
Cc: TURNER, Krystina (NORTH WEST ANGLIA NHS FOUNDATION TRUST) krystina.turner@nhs.net,
HAINES, Claire (NORTH WEST ANGLIA NHS FOUNDATION TRUST) claire.haines1@nhs.net,
NETHERCLIFFE, Janine (NORTH WEST ANGLIA NHS FOUNDATION TRUST) janine.nethercliffe@nhs.net,
LONGSTER, Chris (NORTH WEST ANGLIA NHS FOUNDATION TRUST) chris.longster1@nhs.net,
COMPLAINTS (NORTH WEST ANGLIA NHS FOUNDATION TRUST) nwangliaft.complaints@nhs.net

Dear Mohamed,

Thank-you for your responses. However, it is imperative that you also respond to the following comments in the complaint, as such allegations directly question your professionalism, so it is important that you have the opportunity to respond to them. Indeed, if you refute such allegations, then it is clearly important that you do so:

4. **22/11/2022: Later that afternoon Dr Mahgoub came back to check on the progress of the lumbar puncture, but it had still not happened. He commented on the work ethics of the neurologists that if they worked as they should it would have been done a lot quicker.**

Not responded to the comment made regarding the work ethics of neurologists.

8. **09/12/2022: Soon after this I had a conversation with Dr Mahgoub and Carla Martino, where I was informed that the next steps would be for John to be transferred to Sue Ryder hospice in the middle of the forthcoming week. At this meeting Dr Mahgoub appeared to be quite put out that the neurologist had totally disagreed with his diagnosis of encephalitis. Dr Mahgoub then left the room where Carla and I continued to discuss arrangements for Johns final weeks.**

Need to respond to comment re being "put out".

WR

#hello my name is...

Callum

Dr Callum Gardner FRCP
Chief Medical Officer & Responsible Officer

North West Anglia NHS Foundation Trust
Department 404
Peterborough City Hospital
Bretton Gate
Peterborough
PE3 9GZ

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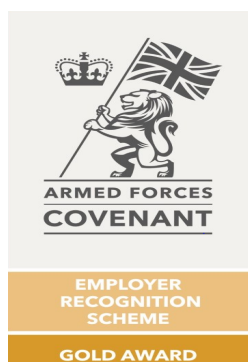
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From: MAHGOUB, Mohamed (NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST) <mohamed.mahgoub4@nhs.net>
Sent: Thursday, January 11, 2024 9:40 AM
To: SURGICALCOMPLAINTS (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.surgicalcomplaints@nhs.net>
Cc: GARDNER, Callum (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <callum.gardner1@nhs.net>; TURNER, Krystina (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <krystina.turner@nhs.net>; HAINES, Claire (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <claire.haines1@nhs.net>; NETHERCLIFFE, Janine (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <janine.nethercliffe@nhs.net>; LONGSTER, Chris (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <chris.longster1@nhs.net>; COMPLAINTS (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.complaints@nhs.net>
Subject: Re: URGENT: CP23.139 Signed Response Letter v3

Dear team,

I have read the complaint and replied to all the questions the patient asked. The complaint response consumed more than 40 hours of my working time. I have a separate full-time job.

My reply is comprehensive and addressed all the questions posed by the Mrs Sheppard. I, therefore, refer you back to my comprehensive reply to answer all the queries that she posed.

One point I want to make is that. There is factual error in the reply. In point 6, it is stated that "John was started on Dexamethasone 8mg twice a day from 22 November 2022, until 25 November 2022. He was then switched to Methylprednisolone 1g from 26 November until 29 November 2022, and then Dexamethasone 8mg twice a day from 30 November 2022 to 3 December 2022. No further steroids were prescribed after this".

That is wrong. Dexamethasone was given between the 4th and 7th of December 2022 at 4 mg Po BD dose which was reduced to 2 mg Po BD on the 8th of December. No Dexamethasone was given after the 8th till the 12th of December when one dose of 2 mg SC dose was given.

I hope this helps.

Regards

Mohamed

From: SURGICALCOMPLAINTS (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.surgicalcomplaints@nhs.net>
Sent: 08 January 2024 12:10
To: MAHGOUB, Mohamed (NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST) <mohamed.mahgoub4@nhs.net>
Cc: GARDNER, Callum (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <callum.gardner1@nhs.net>; TURNER, Krystina (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <krystina.turner@nhs.net>; HAINES, Claire (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <claire.haines1@nhs.net>; NETHERCLIFFE, Janine (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <janine.nethercliffe@nhs.net>; LONGSTER, Chris (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <chris.longster1@nhs.net>; COMPLAINTS (NORTH WEST ANGLIA NHS FOUNDATION TRUST) <nwangliaft.complaints@nhs.net>
Subject: URGENT: CP23.139 Signed Response Letter v3

Good morning Mr Mahgoub,

Thank you for your very detailed statement you sent, I really appreciate your

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cooperation thus far.

Please find attached the draft response letter which we cannot send without further details from yourself. Within your statement, there were two points (2 and 4 in the attached) from the complainant which you did not answer in your statement.

Please could you provide a response to these points, which I am sure can be completed with all the information you already have. Your response would be greatly appreciated by myself and the Complaints team.

Please could I ask this to be completed by the end of this week (08/01/2024), as we do not wish to delay the complainant or their family any more than they have already been delayed.

Kind regards,

Sam Bramley

Divisional Governance Coordinator
Surgical Division
North West Anglia NHS Foundation Trust

Email: sam.bramley@nhs.net



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From: MORGAN, Amber (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<amber.morgan@nhs.net>
Sent: Sunday, January 7, 2024 4:48 PM
To: SURGICALCOMPLAINTS (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
<nwangliaft.surgicalcomplaints@nhs.net>
Subject: CP23.139 Signed Response Letter v3

Hi Sam

I have updated the response, but Dr Mahgoub still needs to respond to a couple of points. I would suggest the response is sent to him to review and comment on, and ask that he responds to the points annotated in red.

Kind regards

Amber Morgan

Service Manager – Theatres, Anaesthetics, Pain Management Services, Pre-Operative Assessment and Critical Care
North West Anglia NHS Foundation Trust
Surgical Division, Peterborough City Hospital

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Email: amber.morgan@nhs.net
Tel: 07874 888083

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Personal Assistant: Liz Phillips
Email: elizabeth.phillips5@nhs.net
Tel: 01733 677365

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I would like to start with providing my most sincere condolences and apologies for the difficult time the family had gone through and the emotional distress they endured.

The events in question took place more than six months ago and I am no longer working in PCH. To provide comprehensive and accurate response, I requested access to the medical notes, but this has not been granted by PCH yet. Therefore, with the disclaimer that the statement is mainly based on what I can remember, I provide the statement below. This should be considered when reading this statement.

Below, I will try my best to explain the events and put them into perspective. I hope this helps clear any misunderstanding.

I was working in PCH as an agency locum oncology consultant and part of my job is to cover the ward and support the juniors when they face difficult situations. I have dedicated days where I manage the ward, while on others, juniors approach me with any difficult case. This was part of my agreement with the department and that is why, I might be in the wards in some days and not in others. I also cross cover Dr Hurka's clinical responsibilities. The patient was under the care of Dr Hutka.

When a patient is approaching end of life, the clinical emphasis is mainly focused on the patient's comfort. This means only continuing meds essential for patient comfort while stopping any medications that doesn't have that aim. This is well accepted practice that prevent any unnecessary discomfort driven from futile treatment that is not going to alter the course of the disease or provide any meaningful benefit. This is not considered equivalent to stopping the ventilator for a ventilated patient or pulling the plug as these interventions do sustain life if continued and if ended, a rapid death is very likely. On the other hand, rationalising the patient medications is nothing of that sort.

I had no direct input on what specific medications the patient was on during his last days. This is usually advised by our palliative care team which was involved in the patient care. Fentanyl is routinely used in the NHS in end-of-life care setting. According to what was included regarding the post-mortem, the patient had no overdose, and Fentanyl toxicity was not the patient direct cause of death.

During the last meeting with the wife, I explained that the patient is approaching end of life and we discussed the preferred place for his death which was agreed to be the hospice. As the prognostication is mostly inaccurate, I usually give specific time frame only if asked.

It seems that the wife, understood from her later discussion with Carla after I left, that he has weeks to live which was not the case.

I usually don't like to use the word "end of life" but I routinely use the alternative "Keep the patient comfortable" which according to my understanding and experience with previous patients is understood by patients and families as end of life. I am sure that I used this phrase during the discussion with the wife.

That is why soon after the meeting ended, I stopped all non-essential medications after the meeting with the wife. I believe this decision was in the patient's best interest. Contrary to the family impression, I don't believe it hastened the patient death.

While I disagreed with the course of action the neurology team took in this case, in the medical field, differences in opinion are expected and should be welcomed if it helps the patient care. I worked with the neurology team and asked for their advice in this case. I sought their advice not once but twice. I respect them and their expertise.

Shortly before his admission, the patient was started on a relatively new drug called Encorafenib. Encorafenib has been reported to cause encephalitis which involves inflammation in the brain, which I suspected in this case. After discussing with neurology, I started him on Pulse steroids which is a large dose of steroids used cautiously in medical crisis situations due to its potential adverse effects.

As soon as I started the pulse steroids, the patient condition normalised. Usually this is the first measure. As it is rarely enough, it is usually followed by other measures such as IVIG or plasmapheresis which is only organised by the neurology team. That is why I needed the neurology team on board so we can move to the next step in treatment of the encephalitis. If the situation relapsed after trying pulse steroid and no other specific treatment was provided to treat the encephalitis, the condition is rapidly fatal.

As the first LP was potentially false negative as it was done after three days of pulse steroids and after discussing with neurology, we decided to hold off the steroids for the following reasons: 1. If this was not encephalitis, so would be perfect time to stop the steroids to minimise its side effects. 2. If LP is needed a more accurate LP result will help making further treatment become possible

Few days after stopping the steroids, the patient got diagnosed with covid-19 and his overall condition started to deteriorate. Few days later, his neurological symptoms started to surface again. I considered attempting another LP to make a diagnosis and seek further interventions. I asked for another neurology consultation to assist in that goal.

However, the patient condition has significantly deteriorated. The neurologist reviewed him and felt further LPs was not in his best interest. He also stressed on the fact that it is not due to encephalitis.

While both neurologists ruled out encephalitis, they failed to provide an alternative explanation of his clinical picture. That closed the door against any further treatment of encephalitis such as IVIG or plasmapheresis.

With this firm exclusion of encephalitis, and with the rapid clinical worsening of his case, it was clear for everyone, that the patient is approaching end of life.

Therefore, I started the end-of-life care pathway and stopped all non-essential medications.

Finally, I was not informed that a post-mortem will be done and didn't request this to be done as I don't feel it will add anything.

In summary,

In this case, I did everything possible to help the patient and communicate well with the family. I suspected a clinical diagnosis based on drug history and timing and previous historical clinical cases.

The patient responded to the steroids supporting the diagnosis. I wanted to consider all possible further treatment including IVIG which require neurology input. COVID 19 didn't help and the neurologist recommendation against the LP made further workup to establish a diagnosis and seek further treatment impossible to achieve.

With his clinical condition worsening rapidly, further treatment was futile, and the best course of action was to keep him comfortable which was explained to the wife. However, after conversation with the nurse specialist, the wife left believing that the patient life expectancy is weeks. She didn't ask me about exact life span.

I was asked if I am happy with metastatic colon cancer as the primary cause of his death and I disagreed. I was not aware of any plans for post-mortem.

This is what I can remember. I hope this helps and I happy to provide further statements when access to notes becomes available. I am also ready to meet the family in person or remotely if this felt that it will be helpful.