aware there are always improvements that can be made to that to be more effective. In terms of the mechanics of the appraisal and revalidation process, we had a very well established system. I think, and I believe, and many doctors told me that they felt well supported within the Southern Trust with that process, which is not something that's found everywhere.

51 Q. Yes. The professional leadership aspect of your role, which is set out within paragraph 2 of the job description -- we don't need to turn it up, it will be a familiar feature to you. You had to provide support to your Associate Medical Directors, Clinical Directors and Lead Clinicians throughout the Trusts. Presumably there was an element of reciprocation in that. They had to be, in some respects, your eyes and ears on the ground or closer to the ground in terms of drawing professional issues to your attention?

A. Very much so. Particularly the Associate Medical Director team was critical to the running of the professional system within the Trust, so that was something I spent a lot of time developing and improving. Certainly by the time I left post, I felt we had a very highly trained, competent and effective and quite diverse team of Associate Medical Directors who were in a good place to deliver that going forward. The Clinical Directors, I always think, to be honest, I have always said the Clinical Director role I think is the most difficult role in the Health Service. You are delivering high volumes of clinical work and you

this role?

A. On or before 12 months.

277 Q. Can you recall the exact date you took over again, sorry?

A. I would say 29 April. 14:26

278 Q. Now, the Inquiry Panel has already heard evidence from your predecessor on the other side of the house, Mr. Mackle. The impression he gave us was quite a taxing job. Would you agree with that?

A. I would. 14:26

279 Q. You're obviously in the -- I'll say unique position of being AMD for two sections at the same time. Was it possible for any one person to do this job?

A. Well, that depends on the support you have above and below. 14:26

280 Q. Perhaps, then, why don't we turn to what support you may have had. So you were in the medical management line. How did you find any support you were receiving from the Medical Director?

A. Not as much as would have been helpful. 14:27

281 Q. Well, what support was there from the Medical Director, first?

A. With regards to what?

282 Q. With regards to discharging your duties as Associate Medical Director? 14:27

A. Well, in the previous -- he was appointed, I would say, in July 2015. I think in that time up until April we had two one-to-ones.

283 Q. So that's two one-to-one meetings in, approximately,

shall we say 9 months, is that a fair enough?
A. Yes.
284 Q. These one-to-one meetings, were they a crucial part of you being able to do your job, did you feel?
A. Crucial? No. But certainly helpful. 14:28
285 Q. Helpful in what way?
A. Steering direction, information.
286 Q. What impact did the absence of these one-to-one meetings have on your ability to discharge your role?
A. Well it is hard to know what the priorities are or what the direction of travel is. 14:28
287 Q. And how regularly should these one-to-one meetings have been taking place?
A. Every month.
288 Q. Under previous regimes had they been taking place every month? 14:28
A. I couldn't say every month but certainly far more frequently than twice in 9-months.
289 Q. So between yourself and Dr. Wright you have, maybe, two meetings over a nine-month period? 14:28
A. Uh-huh.
290 Q. What's your understanding of why the other seven didn't take place?
A. Well, we had our first one -- he was appointed in July. I think we had our first one in February. 14:29
291 Q. And why had there been no meeting before then, so much as you can understand it?
A. Well one-to-one meetings are organised by the Medical Director's Office.

defined and shared so that they were aware of them so that I wouldn't be just left holding the baby, or babies in this case, and to get some feedback on what part of this elephant we were going to eat first, or at least start chewing on, and get some direction of priority.

320 Q. You do receive two responses to this email. The first one -- if we just scroll up again, please -- is from Mr. Carroll. "I think it's safe to say you have a good handle on things." 14:37

A. Mm-hmm.

321 Q. Did that response go any way to dampening your concerns?

A. No.

322 Q. You then receive a response from Dr. Wright, which appears in your witness statement or your Section 21 response, rather, at WIT-14854. That's paragraph 4.6. Dr. Wright responds: 14:37

"That seems a fairly accurate summing up. Can't all be fixed in a day. Should we have a get together to work up an action plan." 14:37

Can you ever recall meeting Dr. Wright to discuss the email of 9th May?

A. I attempted to the following Friday. 14:38

323 Q. You say you attempted to. Were you able to meet with Dr. Wright?

A. He suggested that it wasn't the time or the place and it should wait until the next one-to-one.

Corrigan, Martina

From: Corrigan, Martina
Sent: 16 September 2016 18:08
To: Weir, Colin
Subject: FW: Urgent for investigation please

Hi Colin

I am not sure if I had forwarded this to you already?

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: Personal Information redacted by USI
Mobile : Personal Information redacted by USI

From: Young, Michael
Sent: 08 September 2016 17:32
To: Corrigan, Martina
Subject: RE: Urgent for investigation please

Few points
1/ GP probably should have referred as RF in first place. A PSA of 34 is well above normal
2/ if booking centre has not received a triage back then I agree that they follow the GP advice
3/ if recent scan had shown secondaries then they were present at referral. As such then this was at an advanced non curable stage even then.
4/ I think the point here is that although non-curable I would have thought that treatment would still have been offered in the form of anti-androgen therapy at some stage over the subsequent few months.
5/ So to follow this to the next step means that if still following our current Routine waiting time would have resulted in the patient not being seen for a year. Some clinicians would have regarded this as resulting in a delay in therapy.
6/ It is not clear if arrangements were made, but the triage letter was not returned ?
7/ The patient was in fact seen within a few months.
8/ The apparent delay of just a few months has however not impinged on prognosis.

My view

MY

From: Corrigan, Martina
Sent: 07 September 2016 12:14
To: Young, Michael
Subject: FW: Urgent for investigation please
Importance: High

As discussed this afternoon

Received from SHSCT on 10/12/2021. Annotated by the Urology Services Inquiry.

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: Personal Information redacted by USI
Mobile : Personal Information redacted by USI

From: Corrigan, Martina
Sent: 02 September 2016 14:51
To: Young, Michael
Cc: Weir, Colin
Subject: Urgent for investigation please
Importance: High

Michael,

Please see email trail and Charlie's comments below.

Can you please discuss with Colin when you are back from Annual Leave and advise course of action ?

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: Personal Information redacted by USI
Mobile : Personal Information redacted by USI

From: Carroll, Ronan
Sent: 01 September 2016 13:09
To: Corrigan, Martina
Cc: McAllister, Charlie
Subject: FW: Patient 93 HCN Personal Information redacted by the USI
Importance: High

Martina
Please see Charlie's comments and direction of travel for this issue – can I leave with you to progress and feedback to Charlie and myself when action/decisions have been reached/need to be taken – can we address this asap
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
Personal Information redacted by USI

From: McAllister, Charlie
Sent: 31 August 2016 18:37
To: Carroll, Ronan
Subject: Re: Patient 93 HCN Personal Information redacted by the USI

My thoughts are that this should go through Mr Young (as Urology lead) first and Mr Weir second (as the CD).

Received from SHSCT on 10/12/2021. Annotated by the Urology Services Inquiry.

Then happy to become involved.

C
Sent from my BlackBerry 10 smartphone.

From: Carroll, Ronan
Sent: Wednesday, 31 August 2016 17:40
To: McAllister, Charlie
Subject: FW: [redacted] HCN [redacted]

Charlie
Please can you read the series of emails. Suffice to say that although the outcome for the pt would not be any different, this as you know is not the issue that needs to be dealt with.
Await your thoughts
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
[redacted]

From: Corrigan, Martina
Sent: 31 August 2016 13:17
To: Carroll, Ronan
Subject: FW: [redacted] HCN [redacted]
Importance: High

Can we discuss please?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: [redacted]
Mobile : [redacted]

From: Haynes, Mark
Sent: 31 August 2016 09:34
To: Corrigan, Martina
Subject: Fw: [redacted] HCN [redacted]
Importance: High

Ignore the hcn but the story here is raised PSA referred by GP on 4th may. GP referral as routine. Not returned from triage so on wl as routine. If had been triaged would have been RF upgrade (PSA 34 and 30 on repeat). Saw Mr Weir for leg pain and CT showed metastatic disease from prostate primary. Referred to us and seen yesterday. As a result of no triage delay in treatment of 3.5 months. Wouldn't change outcome.
SAI?

Sent from my BlackBerry 10 smartphone.

From: Coleman, Alana [redacted]
Sent: Wednesday, 31 August 2016 08:34

Received from SHSCT on 10/12/2021. Annotated by the Urology Services Inquiry.

To: Haynes, M
Subject: FW: [redacted] HCN [redacted]

From: Coleman, Alana
Sent: 31 August 2016 08:34
To: Haynes, Mark
Subject: RE: [redacted] HCN [redacted]
Importance: High

Ah I found [redacted] !!

This referral went for triage to Mr O'Brien on the 05/05/2016 – and was not returned.
We have been advised that if we get no response after chasing missing triage that we are to follow instruction per referral – the GP originally referred [redacted] as Routine.
I have attached what was sent for triage – [redacted] s referral is pg25-31.

Thanks
Alana

From: Coleman, Alana
Sent: 31 August 2016 08:14
To: Haynes, Mark
Subject: RE: [redacted] HCN [redacted]

Morning Mr Haynes,

The HCN is for a [redacted] – referral we got yesterday from SWAH?

If it is definitely [redacted] your querying do you have a date of birth?

Thanks
Alana

From: Haynes, Mark
Sent: 31 August 2016 07:08
To: Coleman, Alana
Subject: [redacted] HCN [redacted]

Morning Alana

Could you find out what happened at triage to the referral from 4th May 2016 on this man and let me know please?

Mark

Received from SHSCT on 10/12/2021. Annotated by the Urology Services Inquiry.

the same time.

321 Q. How did they receive the information?

A. Mr. Rice was very understanding. He was obviously aware of the ongoing difficulties and understood and was supportive. When I had to see Mrs. -- I have a mental blank -- Brownlee, she listened quietly and I was aware obviously there was a friendship between Mrs. Brownlee and Mr. O'Brien, but she listened professionally and she agreed she would identify a Trust Board member to act as the designated person, as was her role, and she was quite understanding. 15:18 15:18

322 Q. The purpose in speaking to them was the formality of informing them that an employee, a clinical employee had been excluded?

A. That was one aspect of it. As far as the Chief Executive, he needed to be aware that it was a formal exclusion or an immediate exclusion of one of his employees and he needed to be aware of the reasons for that, so that was simply a matter of updating him on that. For Mrs. Brownlee it would have been the need to appoint a designated Board member in the first instance. 15:19 15:19

323 Q. What was the reason for the exclusion?

A. We discussed the case with NCAS, who were in agreement with our decision for immediate exclusion. This is not a formal exclusion. It's an immediate exclusion for a brief period of time, for a few weeks. They agreed that in order to scope the size of the problem, for Mr. Weir to complete his investigation, without any 15:20

do know for sure, however, it took place after Kieran Donaghy started his annual leave in the last 2 weeks in August prior to his retirement date of 31st August 2016, or in very early September. I believe it was during this conversation that Dr Wright made me aware that Mr O'Brien was a friend of Mrs Roberta Brownlee, Chair of the Southern HSC Trust. As part of the same conversation, I can recall asking Dr Wright if Francis Rice, Chief Executive knew about the concerns. I cannot recall if Dr Wright said if the Chief Executive had already been alerted or that this still needed to be done, but we definitely discussed the need for the Chief Executive to be aware of the concerns given the possibility that MHPS may need to be implemented.

12(ii) On 6th September 2016, Dr Wright forwarded me an email **(this can be located at Relevant to HR/ Evidence received after 4 November 2021/ Reference no 77/ V Toal no 77/ 20160906 Email Confidential Screening Investigation_Dr R Wright)** that Mr Simon Gibson, Assistant Director – Medical Directorate had sent to him on 5th September 2016. Simon Gibson's email to Dr Wright stated that he had attached *"as requested"* a *"screening report on Dr A O'Brien"*. Simon Gibson went on to ask Dr Wright in that email if he would like him to convene an oversight meeting. Dr Wright forwarded me the email with the screening report **(this can be located at Relevant to HR/ Evidence received after 4 November 2021/ Reference no 77/ V Toal no 77/ 20160906 Attachment_AOB Screening Report)** so I could review in advance of an Oversight Group meeting that was to be convened as per the Trust 2010 Guidelines.

II If different, also state when you became aware that there would be an investigation into matters concerning the performance of Mr O'Brien?

III Who communicated these matters to you and in what terms?

12(iii) I became aware that there would be a formal investigation into matters concerning the performance of Mr O'Brien on 22nd December 2016. Simon Gibson contacted me by telephone on 21st December 2022 to advise that a meeting of the Oversight Group would be needed the following day. Please

215 Q. Do you think NCAS advice was discussed?
A. I can't remember, actually. I mean, it would have been minuted if it had been, I think. It usually would have been minuted.
216 Q. The option that -- 12:52
A. I think we would have been very wary about discussing something we hadn't seen, you know, a hearsay from a phone call is one thing. No, we didn't have it in front of us for that meeting.
217 Q. Yes. I will just read out an e-mail from Mr. Gibson 12:52 that he sent to you on 28th September, two weeks after the NCAS report came in. He said:

"I sought advice from NCAS which was discussed when the Oversight Committee met", and he suggested that it 12:52 should be filed whilst what he describes as the informal work with Mr. O'Brien was underway, and we are going to come on to look at that informal work. He certainly think it's discussed. It's not reflected in the letter. 12:53
A. I can't recall to be honest. I am sure he has some recollection of it.
218 Q. Just for your note --
A. Mr. Gibson would have made the minutes. He would have recorded the minutes. 12:53
219 Q. Yes. The e-mail to which I refer, members of the Panel, is WIT-41573. Are we going to have the letter up again, please? No.
A. I would imagine it would have been -- I mean, there

might have been some mention of it but without actually seeing the letter we couldn't have formally considered it, really.

220 Q. Yes. The meeting leading to a decision to adopt an informal MHPS investigation, along with a meeting with Mr. O'Brien setting out a programmed or time-tabled series of actions that would be required of him, who led with those suggestions, can you recall? 12:54

A. Probably, me.

221 Q. The fact that they are recorded as actions, does that suggest that there was consensus reached in terms of what should happen next? 12:54

A. Yes, yes.

222 Q. What was the degree of concern reflected at that meeting about the issues that had been raised? 12:54

A. Very significant and that this needed to be bottomed out relatively quickly. He gave a four-week timescale for action there so the level of concern was high.

223 Q. Can you recall whether you drew the Committee's attention to what Mr. Haynes had been telling you? 12:55

A. I can't remember, to be honest.

224 Q. Presumably the focus was the Gibson screening report that was with the committee?

A. Yes.

225 Q. In committees such as that, if there's dissent or disagreement with the direction of travel or the action that's going to be taken, is it generally talked through and resolved if it can be? 12:55

A. Yes. I mean, absolutely, yes. I mean, the people here

Gibson, Simon

From: Gibson, Simon <[redacted]>
Sent: 28 September 2016 16:03
To: Wright, Richard
Cc: Gishkori, Esther; Stinson, Emma M; McAllister, Charlie
Subject: Dr A O'Brien
Attachments: leto_160913_to+rb_advice+letter_[redacted].pdf

Dear Richard/Esther

You will recall that as part of the collation of evidence in relation to the above, I sought advice from NCAS which was discussed when the Oversight Committee met.

The written advice from NCAS has now come in and is attached. Whilst the informal work is underway with Dr O'Brien, this NCAS advice will be placed on file for reference should we need it at the end of the informal piece of work.

I hope this is useful

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust
[redacted]
Mobile: [redacted]
DHH: [redacted]

From: Gibson, Simon
Sent: 28 September 2016 15:53
To: Gibson, Simon
Subject:

Received from Vivienne Toal on 26/07/2022. Annotated by the Urology Services Inquiry.

NHS
National Clinical Assessment Service

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

Tel: 028 90 690 791

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

13 September 2016

PRIVATE AND CONFIDENTIAL
Sent by email only

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

NCAS ref: Personal information redacted by the USI **(Please quote in all correspondence)**

Dear Mr Gibson

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

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

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

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

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

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

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POSITIVE ABOUT DISABLED PEOPLE

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

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

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

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

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

Relevant regulations/guidance:

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

Review date:

7 October 2016.

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

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

I hope the process has been helpful to you.

Yours sincerely

Dr Colin Fitzpatrick
NCAS Senior Adviser

cc: Jill Devenney, Case Officer (N I)

POSITIVE ABOUT DISABLED PEOPLE

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

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

"I would be grateful if you could respond to this email, even if you have not received any plans or proposals."

What did you take this email to mean? Did you think the Medical Director; what did you make of the Medical Director's interest of this at this time?

A. Well, this came three weeks after my one-to-one with the Medical Director. Now, the email to Martina Corrigan on 9 September came three weeks after my one-to-one with the Medical Director. And then it was on 17 August, I think, that Martina replied with those figures. And then this came in from Simon. And when you see "confidential," and when you see "given the sensitivity of the subject", that would indicate that we're looking at either MHPS or GMC or both. 15:34 15:34 15:35

466 Q. Did you reference there -- sorry, did you reference there one-to-one with the Medical Director?

A. Uh-huh. 15:35

467 Q. When did that take place?

A. That was in July, 13th.

468 Q. Approximately a month has passed by the time you receive -- over a month has passed by the time you receive this email in that one-to-one? 15:35

A. Well it was three weeks after that that the Medical Director contacted Martina, then Martina sent an email about nine days after that.

469 Q. If we can have a look at your response, please. If you

scroll back up, you say:

"Dear Simon. As you know, I came into this midstream. I have received no communication from Mr. O'Brien on this topic." 15:36

You were asked had Mr. O'Brien provided a plan. You said you hadn't received it. You don't indicate to Mr. Gibson, who is the Assistant Director in the Medical Director's Office that you and Mr. Weir have 15:36 been discussing this very issue the week before, on the 18th, the Thursday before even, and perhaps were starting to formulate your own plan for addressing this issue. Why would you not have indicated that to Mr. Gibson? 15:36

A. He didn't ask.

470 Q. I can fully see that he didn't ask, but the email is marked "confidential AOB". As you just indicated, perhaps indicates that the Medical Director is considering their options. Should you at this stage 15:36 have flagged that, hold on, Mr. Weir and I have discussed this, we think we can work with Mr. O'Brien? Did that thought ever cross your mind to flag this to Mr. Gibson?

A. No. 15:37

471 Q. On reflection, do you think you probably should have flagged that to Mr. Gibson?

A. If he had asked, I would have answered. He didn't ask, 'do you have any plans'?

National Clinical Assessment Service

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Direct Fax: 020 7931 7571
Email: casesupport@ncas.nhs.uk

29 December 2016

SENT VIA EMAIL ONLY

PRIVATE AND CONFIDENTIAL

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

NCAS ref: Personal Information redacted by the USI **(Please quote in all correspondence)**

Dear Dr Wright

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

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

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

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

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Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

From: Wright, Richard [redacted]
Sent: 28 December 2016 11:14
To: Khan, Ahmed
Subject: Confidential

Hi Ahmed. I hope you have had a good break.
I have a tricky situation with I need some help with.
Mr A Obrien is a consultant urologist. There has been an SAI which has highlighted serious potential issues re revue of patients, possible missing patient notes and undictated clinics. The SAI has indicated that there has been patient harm in at least one case.
I was going to ask Colin Weir as CD to investigate this under MHPS. Would you be prepared to act as Case manager under the MHPS framework?
Happy to discuss if need be anytime over the holiday period.
[redacted]
Regardss Richard

Received from Ahmed Khan on 08/07/2022. Annotated by the Urology Services Inquiry.

4.11 In October 2016, the SHSCT ran a Quality Improvement event which including a session on raising concerns.

4.12 In 2016-17, I developed a new guideline for the Trust regarding how to handle concerns with medical staff together with Zoe Parks (Head of Medical Staffing at SHSCT).

4.13 From 7-8th March 2017, I attended a specific MHPS training workshop run by National Clinical Assessment Service (NCAS). Please find attached *located at S.21 43 of 2022 attachments- Appendix 3*.

4.14 In 2017 we began delivering our Trust Development Programme for Senior Medical Staff which specifically included a section on MHPS and other means of raising and acting on concerns. Please find attached located at *S.21 43 of 2022 attachments- Appendix 4.*

5. In your role as Medical Director what, if any, training or guidance did you provide or arrange on the MHPS framework and the Trust Guidelines to be provided to:

- ***I. Clinical Managers;***
- ***II. Case Investigators***
- ***III. designated Board members; and***
- ***IV. Any other relevant person under the MHPS framework and the Trust Guidelines.***

5.1 I & II) Please see my answer to question 4. Training for Case Investigators and Case Managers was provided mainly through the Trust Development Programme for Senior Medical Staff along with individually tailored NCAS training (which I also I attended). This was the programme that I developed in association with the Human Resources department and the Health and Social Care Leadership Centre. I partly delivered this, although we utilised expertise from across the Trust and also expertise from NCAS. This would have been reviewed as part of a doctor's annual appraisal of their entire medical practice including leadership and investigative roles.

5.2 III) The Board members would have received some, albeit more limited, training as part of the Trust Board development days which were arranged by the Trust Chair such as the 'On Board' training described above in paragraph 4.

24.2 However, on reflection I believe that I could maybe have been more proactive in dealing with challenges in the MHPS investigation. I believe there are some mitigating factors:

a. I think most important factor was that I had no previous experience of conducting such a complex MHPS investigations as a Case Manager. I reviewed all the relevant Guidelines and the MHPS framework document. However, with no previous experience I wasn't fully equipped to carry out such a complex MHPS case investigation. I received MHPS training after the investigation had commenced.

b. I also believe that having no dedicated / protected time for the Case Manager role in my job plan was also an important factor. Initially, it was meant to be for only a couple of months but ended up taking much longer. I was carrying out a very busy clinical and management job in Children's directorate at the same time. After my appointment as Acting Medical Director, I was very mindful of my competing demands as senior management team and Trust Board member and its responsibilities. Therefore, I requested to step down from the Case Manager role. However, this wasn't accepted by the Oversight Committee. (Email attached). **This can be located at Attachment folder S21 31 of 2022- Attachment 69 (a) and 69 (b).**

c. After the formal MHPS process started in January 2017, clarity of roles and responsibilities between Oversight Committee and Case Manager was lacking when I saw some decisions were taken by the Committee prior to coming to me as a case manager. An example was replacing case investigator role. As the Medical Director (Dr Richard Wright) was my line manager and in the Committee, I took a step back.
d. The information I received initially about the case was inadequate and inconsistent.
e. The case investigation evolved into a case of a more complex nature with more and more unexpected findings emerging.
f. The resources allocated to carry out such a complex investigation were inadequate.

24.3 However I believe these factors did not damage the quality of the end product (my Case Manager's Determination). They largely just caused the process to be slower than I think it ought to have been.

Received from Ahmed Khan on 08/07/2022. Annotated by the Urology Services Inquiry.

26. At any point in the process where the Medical Director has reached a judgment that a practitioner is to be the subject of an exclusion, the regulatory body should be notified. Guidance on the process for issuing alert letters can be found in circular HSS (TC8) (6)/98. This framework also sets out additional circumstances when the issue of an alert letter may be considered.

27. Section II of this framework sets out the procedures to be followed should a formal investigation indicate that a longer period of formal exclusion is required.

FORMAL APPROACH

28. Where it is decided that a formal approach needs to be followed (perhaps leading to conduct or clinical performance proceedings) the CE must, after discussion between the Medical Director and Director of HR, appoint a Case Manager, a Case Investigator and a designated Board member as outlined in paragraph 8. The seniority of the Case Investigator will differ depending on the grade of practitioner involved in the allegation. Several Case Investigators should be appropriately trained, to enable them to carry out this role.

29. All concerns should be investigated quickly and appropriately. A clear audit route must be established for initiating and tracking progress of the investigation, its' costs and resulting action.

30. At any stage of this process - or subsequent disciplinary action - the practitioner may be accompanied to any interview or hearing by a companion. The companion may be another employee of the HSS body; an official or lay representative of the BMA, BDA, defence organisation, or friend, work or professional colleague, partner or spouse. The companion may be legally qualified but he or she will not, however, be acting in a legal capacity.

The Case Investigator's role

31. The Case Investigator:

- must formally, on the advice of the Medical Director, involve a senior member of the medical or dental staff[3] with relevant clinical experience in cases where a question of clinical judgment is raised during the investigation process;
- must ensure that safeguards are in place throughout the investigation so that breaches of confidentiality are avoided. Patient confidentiality needs to be maintained. It is the responsibility of the Case Investigator

[3] Where no other suitable senior doctor or dentist is employed by the HSS body a senior doctor or dentist from another HSS body should be involved.

Received from Richard Wright on 20/06/2022. Annotated by the Urology Services Inquiry.

Southern Health and Social Care Trust

30th December 2016

Dr Michael McBride
Chief Medical Officer
DHSSPS
C5.15 Castle Buildings,
Stormont Estate,
Belfast,
BT4 3SQ

Dear Dr McBride

Notification of immediate exclusion of Mr Aidan O'Brien GMC No: [redacted] Consultant Urological Surgeon, Southern Health & Social Care Trust

I am writing to inform you that, under the terms of Maintaining High Professional Standards (MHPS), the Southern Trust has today excluded the above doctor.

The reason for the exclusion, taken following advice from NCAS, was to allow a four week period to scope out the scale of potential problems in relation to Mr O'Briens administrative practices, which may have led to patients coming to harm, and form the Terms of Reference of a formal investigation.

The scoping exercise will be considering:

1. Potential delays in triaging GP referral letters
2. Potential delays in recording the clinical outcome of outpatient clinics
3. Potential adverse impact of patients notes being kept at home for unreasonable periods of time

The decision was taken by the Southern Trust's Oversight Committee on the basis that, if Mr O'Brien's administrative practices have potentially led to patients coming to harm, should he return to work, the potential that his administrative practices could continue to harm patients would still exist.

In line with MHPS guidance, this scoping exercise will be completed within four weeks, and I will update you upon its conclusion. If the exercise identifies significant concerns during its progress, I will of course alert you earlier.

Yours sincerely

Dr Richard Wright
Medical Director

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: [028] 3861 3978 / Email: [redacted]

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

Note of Meeting with Mr Aidan O'Brien, Consultant Urologist – 30th December 2016

Present:

Mr O'Brien (accompanied by his wife, Personal Information redacted by the USI
Dr Richard Wright, Medical Director
Ms Lynne Hainey, Employee Relations

Introductions were made and Dr Wright thanked Mr O'Brien for attending the meeting. It was explained that the reason the meeting had been called was to make Mr O'Brien aware that concerns had been raised with Dr Wright on the back of a Serious Adverse Incident (SAI) Investigation. Dr Wright noted that some of these concerns had been raised with Mr O'Brien previously and an attempt had been made to resolve the matters, with no success. Ms Hainey made Mr O'Brien aware of the nature of the concerns that had been raised with Dr Wright ie concerns relating to his administrative practices, and the possibility that patients may have come to harm as a result of those administrative practices. In particular:-

1. The lengthy period of time taken to undertake the triage of GP referrals (with currently 318 un-triaged cases).

   Ms Hainey referred to the ongoing SAI investigation relating to a Urology patient who may have a poor clinical outcome due to the lengthy period of time taken by Mr O'Brien to undertake triage of GP referrals. Mr O'Brien was also informed that the SAI also identified an additional patient who may also have had an unnecessary delay in their treatment for the same reason.

2. That there is a backlog of over 60 undictated clinics going back over 18 months and therefore there is approximately 600 patients who may not have had their clinic outcomes dictated, so the Trust is unclear what the clinical management plan is for these patients.

3. That some of the patients seen by Mr O'Brien may have had their notes taken back to his home, and are not available within the hospital. There is a concern that the clinical management plan for these patients is unclear, and may be delayed.

Mr O'Brien advised that he was not aware of the cases in question being investigated under SAI, and that he had no involvement in the SAI process. Dr Wright advised that he would raise this with the SAI Team, stating that the process remains ongoing and they may not have contacted Mr O'Brien yet because he had been on sick leave.

Dr Wright advised that nevertheless concerns had been raised with him in relation to Mr O'Brien's administrative practices and because of the seriousness of these, and the fact that previous action had proved unsuccessful in being able to resolve the issues, a decision had been taken to investigate the matter formally in accordance with the Maintaining High Professional Standards Framework and associated local guidance. Ms Hainey provided Mr O'Brien with a copy of both documents for his information, explaining that these outline the process by which an investigation is undertaken and Mr O'Brien's rights in the process.

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

Dr Wright confirmed that a Case Manager and Case Investigator had been appointed (Mr Ahmed Khan, Case Manager and Mr Colin Weir, Case Investigator). Ms Hainey explained that Mr Weir will be supported in the investigation by a representative from Human Resources (as yet to be appointed). Dr Wright advised that a Non-Executive Director will also be appointed to oversee the investigation process, and the detail of this person to be communicated to Mr O'Brien asap.

Mr O'Brien was informed that as an interim precautionary measure, he was being placed on immediate exclusion with full pay. He was informed that the decision had been taken by the Oversight Committee in the Trust and that NCAS had been informed of this prior to the meeting. It was explained that this would be for no longer than 4 weeks, and that during that time, further preliminary information would be collated to decide the scope of the investigation, and therefore the Terms of Reference for investigation which would be forwarded in due course. Mr O'Brien was informed that a meeting would be arranged to take place with him during the 4 week period, and that he would be kept informed of any progress in relation to the investigation.

Mr O'Brien advised that the concerns needed to be considered in the context of the enormous pressure on him to operate. He stated that clinical outcomes are compromised because of a lack of capacity. He stated that there is an inequity within the department and gave an example that in October, he had a waiting list of 288 for inpatient admission whilst a colleague had a waiting list of 29. He advised that he had previously asked that this situation be addressed. But that because of the waiting list the demand on him was to operate.

Mr O'Brien stated that it was important to appreciate the totality of the work that he does, and as a result he does not have time to triage non red flag referrals. He advised that the referral of these was a historical hangover from the time when it was felt there was not enough to do when on-call. The triage of non-red flag referrals was undertaken to justify on-call time. Mr O'Brien advised however that this time is now spent on operations eg the last week he was in work, he undertook 21 operations whilst on-call.

Dr Wright noted the points made by Mr O'Brien and advised that whenever an investigation is undertaken, there may be criticisms of the Trust, and its systems but that would have to await the outcome of the investigation.

Mrs O'Brien stated that her husband had worked for 25 years as a Consultant in the Trust and that during that time he had worked 70-90 hours per week including week-ends. She advised that when taking someone off the waiting list in chronological order ie those longest on the waiting list, her husband is conscious that so much could have changed for the patient during the intervening period and so he would take the time to ring and speak to the patient to find out how doing etc. Mr O'Brien advised that he had 19 additional theatre sessions and 15 extra oncology sessions, and is under pressure to do all.

Dr Wright advised that he is well aware of the work that Mr O'Brien does for the Trust, but that given the concerns that have been brought to his attention, the matters have to be investigated. Ms Hainey stressed that it is an investigation to establish the facts and that Mr O'Brien would be given every opportunity to respond in full as part of the investigation process.

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

Mrs O'Brien stated her view that the system needs to change as there is too much work being placed on Consultants. She advised that when she worked as a nurse practitioner 40 years previous, it was her role to triage the referrals. Mr O'Brien reiterated that he had raised two years previous that he did not have capacity to deal with non-red flag triage. He said that it is his view that you need to speak to patients rather than ticking a box, and that to do so takes time.

Dr Wright referred to the need to return any notes as a matter of urgency. Mr O'Brien was requested to return these to Martina Corrigan, Head of Service for Urology by 11.00 am on Tuesday 3rd January 2017. Mr O'Brien stated that he could not return these without processing them. Dr Wright stated that the notes needed to be returned by the above date and time, as he was accountable and needed to deal with the matter. He stated that if there were notes missing, this was a very major problem that would need to be dealt with through Information Governance. Mr O'Brien advised that he has all the notes that are tracked out to him. Both Mr and Mrs O'Brien queried what happens with the patients given that Mr O'Brien has not processed them, and would be the best person to process the cases. Dr Wright advised that he will deal with this. Mr O'Brien asked for a deferment of two weeks to allow him to process the files and Dr Wright advised that no deferment could be granted. Ms Hainey reiterated that in the interests of all parties, and of the investigation process, that the notes needed to be returned as per Dr Wright's management request.

Mr O'Brien said that he was shell-shocked. Mrs O'Brien said that there would be no better person to process the cases. Dr Wright said Mr O'Brien had been asked to return all the information in March 2016 but did not. Mr O'Brien said that the emphasis for him at that time was operating. When the letter of March 2016 was discussed, Mrs O'Brien stated that she would have concerns about one of the signatories as he had caused problems previously. It was made clear that the notes had to be returned as requested and that anything associated with the care of those patients would be reviewed by others. Ms Hainey asked Mr O'Brien to comply with the request and Mrs O'Brien stated that she was concerned about how the cases would be dealt with. Dr Wright advised that he would take responsibility for this. He advised that the matter would have to be reported to the Chief Medical Officer who would be querying where all the notes are, and therefore that it is imperative that Mr O'Brien return the notes as requested.

As it was obvious that both Mr and Mrs O'Brien were upset, Ms Hainey asked if anyone wished a glass of water or cup of tea/coffee. This was declined. Mrs O'Brien stated that there was too much bureaucracy in the Health Service and she felt this was a major issue. She advised that Mr O'Brien's SPA time was spent operating or reviewing cancer patients, and that he took time in December to do his appraisal. Mr O'Brien said that he had been pleading for the past 2-3 years that he should not see any new patients because of the immorality of not being able to do what he had pledged to do. He said that as a consequence of operating, other duties get neglected. He said that there were not enough hours to be faultless, that he had tried in the past without sleeping or without food.

Mr O'Brien stated that he was devastated by what had been communicated to him today. Dr Wright queried if Mr O'Brien's job plan was unrealistic. Both Mr and Mrs O'Brien stated that the job plan is OK but things are allocated to SPA time that are not admin work. Dr Wright stated that if the job plan does not cover all the work have to do, then it is not right. Mrs O'Brien stated that the first job plan was 15.5 when in reality it should have been about 18. She said that now the job plan is 10

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

sessions. Mrs O'Brien stated that she and her children have sacrificed their family life for her husband's job and stated that she found it most hurtful that it should be reduced to this moment, and that it was grossly unfair.

It was again reiterated that there is an obligation to address concerns when these are raised, and that Dr Wright had been made aware of serious concerns about Mr O'Brien's administrative practices which may have / has the potential to lead to harm for patients.

Mr O'Brien was made aware of the paragraphs in the MHPS documentation relating to exclusion. He queried if he can continue to work with private patients. Dr Wright suggested that he take advice from his union, but said that as RMO, he would discourage this. Dr Wright suggested that Mr O'Brien ask his colleagues to review any private patients that he has.

Mr O'Brien was made aware of support services available through Care-call and OH. He was advised that an OH appointment would be made for him and would be communicated to him. Prior to meeting concluding, Mr O'Brien apologised to Dr Wright.

Keeping in contact and availability for work

20. Exclusion under this framework should be on full pay provided the practitioner remains available for work with their employer during their normal contracted hours. The practitioner should not undertake any work for other organisations, whether paid or voluntary, during the time for which they are being paid by the HPSS employer. This caveat does not refer to time for which they are not being paid by the HPSS employer. The practitioner may not engage in any medical or dental duties consistent within the terms of the exclusion. In case of doubt the advice of the Case Manager should be sought. The practitioner should be reminded of these contractual obligations but would be given 24 hours notice to return to work. In exceptional circumstances the Case Manager may decide that payment is not justified because the practitioner is no longer available for work (e.g. abroad without agreement).

21. The Case Manager should make arrangements to ensure that the practitioner may keep in contact with colleagues on professional developments, take part in CPD and clinical audit activities with the same level of support as other doctors or dentists in their employment. A mentor could be appointed for this purpose if a colleague is willing to undertake this role. In appropriate circumstances Trusts should offer practitioners a referral to the Occupational Health Service.

Informing other organisations

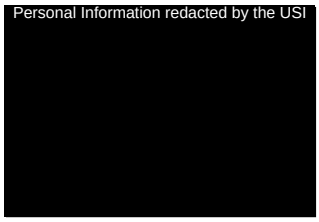
22. Where there is concern that the practitioner may be a danger to patients, the employer has an obligation to inform other organisations including the private sector, of any restriction on practice or exclusion and provide a summary of the reasons. Details of other employers (HPSS and non-HPSS) may be readily available from job plans, but where it is not the practitioner should supply them. Failure to do so may result in further disciplinary action or referral to the relevant regulatory body, as the paramount interest is the safety of patients. Where a HPSS employer has placed restrictions on practice, the practitioner should agree not to undertake any work in that area of practice with any other employer[4].

23. Where the Case Manager has good grounds to believe that the practitioner is practicing in other parts of the HPSS, or in the private sector in breach or defiance of an undertaking not to do so, they should contact the professional regulatory body and the CMO of the Department to consider the issue of an alert letter.

24. No practitioner should be excluded from work other than through this new procedure. Informal exclusions, so called ‘gardening leave’ have been

[4] HSS bodies must develop strong co-partnership relations with universities and ensure that jointly agreed procedures are in place for dealing with any concerns about practitioners with joint appointments.

Received from Richard Wright on 20/06/2022. Annotated by the Urology Services Inquiry.



21 February 2017.

Dr. Richard Wright,
Medical Director,
Southern Health & Social Care Trust,
Trust Headquarters,
Craigavon Area Hospital,
68 Lurgan Road,
Portadown,
BT63 5QQ.

Dear Dr. Wright,

Re: Note of Meeting with Mr. Aidan O'Brien on 30 December 2016.

Thank you for your letter of 18th January 2017, enclosing a Note of the Meeting of 30th December 2016. I wish to take this opportunity to advise of a number of factual errors and omissions:

1. In the first paragraph, the Note states that 'Dr. Wright noted that some of these concerns had been raised with Mr. O'Brien previously and attempts had been made to resolve the matters informally, with no success'.

   This statement is incorrect and should have read 'Dr. Wright noted that some of these issues had been highlighted with Mr. O'Brien in March'. You did not state that attempts had been made to resolve the matters informally, with no success.

2. Again, in the third paragraph, the Note states that 'Dr. Wright advised that nevertheless concerns had been raised with him in relation to Mr. O'Brien's administrative practices and because of the seriousness of these, and the fact that informal steps had been unable to resolve the issues previously, a decision had been taken to investigate the matter formally in accordance with the Maintaining High Professional Standards Framework and associated local guidance'.

   This statement is incorrect, as you did not make reference to 'informal steps having been unable to resolve the issues previously'.

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

Southern Health & Social Care Trust

Oversight Committee
10th January 2017

Present:
Dr Richard Wright, Medical Director (Chair)
Vivienne Toal, Director of HROD
Esther Gishkori, Director of Acute Services

In attendance:
Simon Gibson, Assistant Director, Medical Director's Office
Siobhan Hynds, Head of Employee Relations
Ronan Carroll, Assistant Director, Acute Services
Tracey Boyce, Director of Pharmacy, Acute Governance Lead

Dr A O'Brien

Dr Wright summarised the progress on this case to date, following the meeting with Mr O'Brien on 30th December, including the following appointments to the investigation:

- John Wilkinson is the Non-Executive Director
- Ahmed Khan is the Case Manager
- Colin Weir is the Case Investigator
- Siobhan Hynds is the HR Manager supporting the investigation

Ronan Carroll summarised the meeting with Urologists, who were supportive of working to resolve the position. Ronan Carroll updated the Oversight Committee in relation to the three issues identified, plus a fourth issue subsequently identified.

Issue one - Untriaged referrals
It was reported that, from June 2015, there are 783 untriaged referrals, all of which need to be tracked and reviewed to ascertain the status of these patients in relation to the condition for which they were referred. All 4 consultants will be participating in this review, which was now commencing.
Action: Ronan Carroll

There are 4 letters which hadn't been recorded on PAS which have been handed over by Dr O'Brien (consultant to consultant referrals).

Issue two – Notes being kept at home
307 notes were returned by Mr O'Brien from his home.
88 sets of notes located within Mr O'Briens office
27 sets of notes, tracked to Mr O'Brien, were still missing, going back to 2003. Work is continuing to validate this list of missing notes. It was agreed to allow an additional seven days to track these notes down, in advance of informing the CEx and SIRO, and Information Governance Team.
Action: Ronan Carroll

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

Southern Health & Social Care Trust

Oversight Committee
22nd December 2016

Present:
Dr Richard Wright, Medical Director (Chair)
Vivienne Toal, Director of HROD
Ronan Carroll, on behalf of Esther Gishkori, Director of Acute Services

In attendance:
Simon Gibson, Assistant Director, Medical Director's Office
Malcolm Clegg, Medical Staffing Manager
Tracey Boyce, Director of Pharmacy, Acute Services Directorate

Dr A O'Brien

Context
On 13th September 2016, a range of concerns had been identified and considered by the Oversight Committee in relation to Dr O'Brien. A formal investigation was recommended, and advice sought and received from NCAS. It was subsequently identified that a different approach was to be taken, as reported to the Oversight Committee on 12th October.

Dr O'Brien was scheduled to return to work on 2nd January following a period of sick leave, but an ongoing SAI has identified further issues of concern.

Issue one
Dr Boyce summarised an ongoing SAI relating to a Urology patient who may have a poor clinical outcome due to the lengthy period of time taken by Dr O'Brien to undertake triage of GP referrals. Part of this SAI also identified an additional patient who may also have had an unnecessary delay in their treatment for the same reason. It was noted as part of this investigation that Dr O'Brien had been undertaking dictation whilst he was on sick leave.

Ronan Carroll reported to the Oversight Committee that, between July 2015 and Oct 2016, there were 318 letters not triaged, of which 68 were classified as urgent. The range of the delay is from 4 weeks to 72 weeks.

Action
A written action plan to address this issue, with a clear timeline, will be submitted to the Oversight Committee on 10th January 2017
Lead: Ronan Carroll/Colin Weir

Received from SHSCT on 21/12/2021. Annotated by the Urology Services Inquiry.

Update as of 10 January 2017

Mr O'Brien had advised Martina Corrigan that these letters were in a filing cabinet in his office. Martina collected these on Monday 9 January and there are actually 783 letters that had never been triaged. See attached table: the longest were June 2015 and Martina has checked and these have all been dealt with apart from one who is the partial booking cycle for a Jan/Feb appointment. Therefore the longest on the untriaged waiting list has been waiting since August 2015 but these may be appointed soon due to the fact that they are nearly at the top of the waiting lists.

Plan – firstly to carry out an admin exercise with the rest of the letters and ensure that these patients have not already attended and then the remaining letters will be triaged by the four consultants who have advised that they willing to do this. After some discussion it was agreed that in keeping with their normal triage pathway that these letters will need advanced triaged which will take quite a bit of time because of the volumes. Therefore this will need to be done over and above core time and we have been asked firstly can these letters as an exceptional case be done off site (consultant home) and also as the four have already committed to additional Waiting List initiative work for next three months this will put them over their hours and also be in breach of the terms of the WLI so they would like to know how best that this will be addressed.

If there are any patients that need seen as Urgent and are waiting longer than other patients then the Consultants are willing to do additional clinics to see these patients again outside of Core time and after the above about payment has been agreed. It is very difficult for the consultants to quantify the time that it will take to do this and the volumes that may need to be seen at an additional clinic but once agreed they will via Martina keep you updated.

Also to note when Martina met with Mr O'Brien on Monday 9 January to collect the outcomes he also gave her a copy of four patient letters that were sent direct to him and have not been recorded on PAS. One was a medical inpatient discharge asking for a follow-up appointment in Urology – discharged on 10 February 2015, one was consultant referral from Dr Adams (Obs/Gynae) dated 24/03/15 and 2 were GP letters from GP's one dated 15 May 2015 and the other 19 May 2015. These will be included in Triage but I will get one of the Team to look at these urgently as they are longer than the others and they have not been recorded and if they need an appt I will get these appointed to the next available clinic

Issue two

An issue has been identified that there are notes directly tracked to Dr O'Brien on PAS, and a proportion of these notes may be at his home address. There is a concern that some of the patients seen in SWAH by Dr O'Brien may have had their notes taken by Dr O'Brien back to his home. There is a concern that the clinical management plan for these patients is unclear, and may be delayed.

Action

Casenote tracking needs to be undertaken to quantify the volume of notes tracked to Dr O'Brien, and whether these are located in his office. This will be reported back on 10th January 2017

Lead: Ronan Carroll

Received from SHSCT on 21/12/2021. Annotated by the Urology Services Inquiry.

Stinson, Emma M

From: Clayton, Wendy < Personal Information redacted by the USI
Sent: 06 January 2017 10:47
To: Carroll, Ronan; Corrigan, Martina
Subject: RE: TURP audit

Ronan – this is what you need? All the below pts had a Personal Information redacted by the USI private letter on NIECR. Doesn't mean there could be more but no private letter on NIECR

Casenote	Health & Care Number	Hospital Description	Date on Waiting List	Date Operation	Days Between Added to WL and Operation Date	Proc Category
Personal Information redacted by the USI		Craigavon Area Hospital	07/09/2015	06/07/2016	**303**	TURPT
		Craigavon Area Hospital	13/10/2015	16/03/2016	**155**	TURPT
		Craigavon Area Hospital	25/04/2016	04/05/2016	**9**	TURBT
		Craigavon Area Hospital	05/05/2016	15/06/2016	**41**	TURBT
		Craigavon Area Hospital	30/10/2015	17/08/2016	**292**	TURPT/TURBT
		Craigavon Area Hospital	18/01/2016	27/01/2016	**9**	TURPT
		Craigavon Area Hospital	27/05/2016	29/06/2016	**33**	TURPT
		Craigavon Area Hospital	29/06/2016	27/07/2016	**28**	TURPT

Regards

Wendy Clayton
Operational Support Lead
ATICS/SEC
Tel: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

-----Original Message-----
From: Carroll, Ronan
Sent: 06 January 2017 10:10
To: Clayton, Wendy; Corrigan, Martina
Subject: FW: TURP audit

Wendy
Tks can u display so that we can see the pts timeline Eg when seen, operated on - total waiting time

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
Personal Information redacted by the USI

-----Original Message-----
From: Clayton, Wendy
Sent: 05 January 2017 15:53

Received from SHSCT on 21/12/2021. Annotated by the Urology Services Inquiry.

that Mr O'Brien may have been affording advantageous scheduling to private patients.

18.1 This issue regarding private patients first was recorded in the Oversight Meeting minutes of 10th January 2017. A review of Trans Urethral Resection of Prostate (TURP) patients identified 9 patients who had been seen privately as outpatients, then had their procedure carried out within the NHS, and noted that the waiting times for those patients seemed less than expected and in non-chronological order. This review was brought by Mr Ronan Carroll (Assistant Director) to the Oversight Meeting after the issue was highlighted by Mr Haynes (Associate Medical Director, Surgery).

19. With regard to the Return to Work Plan / Monitoring Arrangements dated 9th February 2017, see copy attached, outline your role, as well as the role of any other responsible person, in monitoring Mr O'Brien's compliance with the Return to Work Plan and provide copies of all documentation showing the discharge of those roles with regard to each of the four concerns identified, namely:

I. Un-triaged referrals to Mr Aidan O'Brien;
II. Patient notes tracked out to Mr Aidan O'Brien;
III. Undictated patient outcomes from outpatient clinics by Mr Aidan O'Brien; and

IV. The scheduling of private patients by Mr Aidan O'Brien

19.1 The role of monitoring Mr O'Brien's return to work fell primarily to his line management in Acute Services. My role as part of the Oversight Team was initially to consider updates from Acute Services as to how this was working and then delegate that function to the Case Manager, Dr Khan. These updates were raised at Oversight Meetings by Mr Carroll and Mrs Gishkori. During my time as Medical Director the reports that we were receiving were encouraging in that they suggested good compliance with the monitoring arrangements. I note that this was also Dr Khan's conclusion when he made his final MHPS deliberation. I was no longer involved in the MHPS process after February 2018.

Received from Richard Wright on 20/06/2022. Annotated by the Urology Services Inquiry.

do that. That wasn't an issue or problem for me. So I don't have -- I didn't have an issue with that.

153 Q. You do then subsequently get appointed as the Case Investigator into this formal process. I am, at the same time you're aware he is going to be excluded, you're aware there's going to be an MHPS investigation? 12:00

A. Yes.

154 Q. When and how was it communicated to you you were going to be the case investigator?

A. So we're into the first -- not even, I think not even second week of January 2017, I was asked to be case investigator by Richard Wright, Medical Director. I was given a timeframe under Maintain High Professional Standards to complete an initial investigation. I was advised I would have assistance from HR, from Siobhán Hynds who would help me with the process, and that my role was to investigate and report back to an oversight committee. 12:00 12:01

155 Q. I believe you indicated earlier on that you may have expressed some reluctance in this discussion with Dr. Wright. Could you elaborate on that? 12:01

A. As far as I can recall I felt resistant to this, to doing this, to be a case investigation. As I said earlier, I had been involved in a completely unrelated and different style of an investigation of a colleague. So that was very -- at the forefront of my mind. I found that very challenging and difficult and here I was being put in this difficult position and feeling reluctance to do that for that same reason. And 12:02

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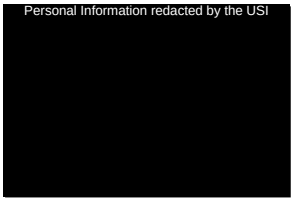

17 January 2017.

Dr. Richard Wright,
Medical Director,
Southern Health & Social Care Trust,
Southern Trust Headquarters,
Craigavon Area Hospital,
68 Lurgan Road,
Portadown,
BT63 5QQ.

Dear Dr. Wright,

I write to you in relation to my immediate exclusion and the formal investigation of which I was advised when I met with you and Ms. Hainey on Friday 30 December 2016, when I was accompanied by my wife, and of which you formally notified me in your letter of 6th January 2016 (sic) and which I received on 11 January 2017.

Your letter formally notified me of my immediate exclusion, pursuant to Maintaining High Professional Standards in the Modern HPSS (MHPS) and the associated Southern Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance (Trust Guidelines), and which was effective from 30th December 2016 when we met with you and Ms. Hainey.

I write to you at this time as I have become increasingly concerned regarding the procedural conduct of the investigation to date.

When we met with you and Ms. Hainey, you advised that a non-executive member of the Southern Health & Social Care Trust Board (the Board) would be appointed and that I would be advised of the identity of this person. I note that the appointment of a non-executive member of the Board is a requirement of MHPS (Section 1: Paragraphs 8 and 28) and of the Trust Guidelines (Paragraph 2.10 and Appendix 2). Both MHPS and the Trust Guidelines stipulate that the role of the non-executive member is to oversee the case to ensure that momentum is maintained, to ensure that the investigation is completed in a fair and transparent way, and to consider any representations from the practitioner about his or her exclusion, or any representations about the investigation.

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

Southern Health & Social Care Trust

Case Conference
26th January 2017

Present:
Vivienne Toal, Director of HROD, (Chair)
Dr Richard Wright, Medical Director
Anne McVey, Assistant Director of Acute Services (on behalf of Esther Gishkori)

Apologies
Esther Gishkori, Director of Acute Services

In attendance:
Dr Ahmed Khan, Case Manager
Simon Gibson, Assistant Director, Medical Director's Office
Colin Weir, Case Investigator
Siobhan Hynds, Head of Employee Relations

Dr A O'Brien

Context
Vivienne Toal outlined the purpose of the meeting, which was to consider the preliminary investigation into issues identified with Mr O'Brien and obtain agreement on next steps following his period of immediate exclusion, which concludes on 27th January.

Preliminary investigation
As Case Investigator, Colin Weir summarised the investigation to date, including updating the Case Manager and Oversight Committee on the meeting held with Mr O'Brien on 24th January, and comments made by Mr O'Brien in relation to issues raised.

Firstly, it was noted that 783 GP referrals had not been triaged by Mr O'Brien in line with the agreed / known process for such referrals. This backlog was currently being triaged by the Urology team, and was anticipated to be completed by the end of January. There would appear to be a number of patients who have had their referral upgraded. Mr Weir reported that at the meeting on 24th January, Mr O'Brien stated that as Urologist of the Week he didn't have the time to undertake triage as the workload was too heavy to undertake this duty in combination with other duties.

Secondly, it was noted that there were 668 patients who have no outcomes formally dictated from Mr O'Brien's outpatient clinics over a period of at least 18 months. A review

Received from SHSCT on 09/11/21. Annotated by the Urology Services Inquiry.

of this backlog is still on-going. Mr Weir reported that Mr O'Brien indicated that he often waited until the full outcome of the patient's whole outpatient journey to communicate to GPs. Mr Weir noted this was not a satisfactory explanation. Members of the Case Conference agreed, that this would not be in line with GMCs guidance on Good Medical Practice, which highlighted the need for timely communication and contemporaneous note keeping.

Thirdly, there were 307 sets of patients notes returned from Mr O'Briens home, and 13 sets of notes tracked out to Mr O'Brien were still missing. Mr Weir reported that the 13 sets of notes have been documented to Mr O'Brien for comment on the whereabouts of the notes. Mr Weir reported that Mr O'Brien was sure that he no longer had these notes; all patients had been discharged from his care, therefore he felt he had no reason to keep these notes. Mr Weir felt that there was a potential of failure to record when notes were being tracked back into health records, although it was noted that an extensive search of the health records library had failed to locate these 13 charts. Members of the Case Conference agreed further searches were required taking into consideration Mr O'Brien's comments.

Historical attempts to address issues of concern.
It was noted that Mr O'Brien had been written to on 23rd March 2016 in relation to these issues, but that no written response had been received. There had been a subsequent meeting with the AMD for Surgery and Head of Service for Urology to address this issue. Mr Weir noted that Mr O'Brien had advised that at this meeting, Mr O'Brien asked Mr Mackle what actions he wanted him to undertake. Mr O'Brien stated Mr Mackle made no comment and rolled his eyes, and no action was proposed.

It was noted that Mr O'Brien had successfully revalidated in May 2014, and that he had also completed satisfactory annual appraisals. Dr Khan reflected a concern that the appraisal process did not address concerns which were clearly known to the organisation. It was agreed that there may be merit in considering his last appraisal.

Discussion
In terms of advocacy, in his role as Clinical Director, Mr Weir reflected that he felt that Mr O'Brien was a good, precise and caring surgeon.

At the meeting on 24th January, Mr O'Brien expressed a strong desire to return to work. Mr O'Brien accepted that he had let a number of his administrative processes drift, but gave an assurance that this would not happen again if he returned to work. Mr O'Brien gave an assurance to the Investigating Team that he would be open to monitoring of his activities, he would not impede or hinder any investigation and he would willingly work within any framework established by the Trust.

Dr Khan asked whether there was any historical health issues in relation to Mr O'Brien, or any significant changes in his job role that made him unable to perform the full duties of Urologist of the Week. There was none identified, but it was felt that it would be useful to consider this.

Decision
As Case Manager, Dr Khan considered whether there was a case to answer following the preliminary investigation. It was felt that based upon the evidence presented, there was a case to answer, as there was significant deviation from GMC Good Medical Practice, the agreed processes within the Trust and the working practices of his peers.

This decision was agreed by the members of the Case Conference, and therefore a formal investigation would now commence, with formal Terms of Reference now required.
Action: Mr Weir

Formal investigation
There was a discussion in relation to whether formal exclusion was appropriate during the formal investigation, in the context of:

- Protecting patients
- Protecting the integrity of the investigation
- Protecting Mr O'Brien

Mr Weir reflected that there had been no concerns identified in relation to the clinical practice of Mr O'Brien.

The members discussed whether Mr O'Brien could be brought back with either restrictive duties or robust monitoring arrangements which could provide satisfactory safeguards. Mr Weir outlined that he was of the view that Mr O'Brien could come back and be closely monitored, with supporting mechanisms, doing the full range of duties. The members considered what would this monitoring would look like, to ensure the protection of the patient.

The case conference members noted the detail of what this monitoring would look like was not available for the meeting, but this would be needed. It was agreed that the operational team would provide this detail to the case investigator, case manager and members of the Oversight Committee.
Action: Esther Gishkori / Ronan Carroll

It was agreed that, should the monitoring processes identify any further concerns, then an Oversight Committee would be convened to consider formal exclusion.

Maintaining High Professional Standards Framework

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Preliminary Report from Case Investigator for consideration by Case Manager / Case Conference

Thursday 26 January 2017

Mr Aidan O'Brien

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

1.0 Introduction and Background

Mr Aidan O'Brien is employed by the Southern Health and Social Care Trust as a Consultant Urologist based in Craigavon Area Hospital.

At a meeting on 30 December 2016, Mr O'Brien was advised of a decision by the Trust to place him on immediate exclusion. Mr O'Brien was advised that concern had been raised with the Trust's Medical Director, Dr Richard Wright, following a Serious Adverse Incident (SAI) Investigation. The concern related to Mr O'Brien's administrative practices which had the potential to have caused harm to patient/s and / or which had actually caused harm.

Concern in respect of Mr O'Brien's administrative practices had been previously addressed with him in an attempt to resolve the issues informally.

The SAI investigation identified a Urology patient under the care of Mr O'Brien who may have a poor clinical outcome because of delay in his triage of GP referrals. The SAI also identified an additional patient who may also have had an unnecessary delay in their treatment for the same reason.

An initial scoping of Mr O'Brien's administrative practices identified:

- that, from June 2015, 318 GP referrals had not been triaged in line with the agreed / known process for such referrals. Further tracking and review was required to ascertain the status of all referrals.
- that there was a backlog of 60+ undictated clinics dating back over 18 months amounting to approximately 600 patients, who may not have had their clinic outcomes dictated. It was unclear what the clinical management plan is for these patients.
- that some of the patients seen by Mr O'Brien may have had their notes taken back to his home, and are not available within the hospital. The clinical management plan for these patients is unclear, and may be delayed.

At the meeting on 30 December 2016, Mr O'Brien was advised that the concerns would be managed in line with the Maintaining High Professional Standards Framework (MHPS).

Dr Ahmed Khan was appointed as Case Manager and Mr C

Colin Weir was appointed as Case Investigator assisted by Mrs Siobhan Hynds, Head of Employee Relations. Mr John Wilkinson was appointed as the identified Board member to oversee the process.

2.0 Initial Investigation

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

During the initial 4 week period following immediate exclusion of Mr O'Brien, investigations continued within the Acute Services Directorate to determine the scale of the concerns regarding Mr O'Brien's administrative practices, to inform the scope of the investigation under MHPS Framework and the Terms of Reference for the investigation.

A meeting was held with Mr O'Brien, who was accompanied by his son, on Tuesday 24 January 2017 at which an update was provided in terms of the preliminary investigation. Mr O'Brien was updated in respect of the initial 3 concerns notified to him on 30 December and was notified of a fourth issue of concern identified during the preliminary investigation.

The update position as at 24 January was:

- that, from June 2015, 783 GP referrals had not been triaged in line with the agreed / known process for such referrals. All referrals require to be tracked and reviewed to ascertain the status of these patients in relation to the condition for which they were referred. This work is being undertaken by 4 Trust Consultants and the review is not yet complete.
- that 668 patients have no outcomes formally dictated from Mr O'Briens outpatient clinics over a period of at least 18 months. Again this review is still on-going.
- That, 307 sets of patient notes were returned by Mr O'Brien from his home, 88 sets of notes located within Mr O'Brien's office, 13 sets of notes, tracked to Mr O'Brien, are still missing. Work is continuing to validate this list of missing notes.

The fourth issue of concern identified during the initial scoping exercise relates to Mr O'Brien's private patients. A review of Mr O'Brien's TURP patients identified 9 patients who had been seen privately as outpatients, then had their procedure within the NHS. The waiting times for these patients are significantly less than for other patients. Further investigations are on-going.

Prior to the meeting with Mr O'Brien, a further update had been requested by the Case Investigator. This information was not available for discussion at the meeting with Mr O'Brien. On review of the update received following this request, early initial review of the un-triaged patients suggest that a number of patients required upgrading to red flag status, a number of others required upgrading from routine to urgent.

3.0 Statement of Case – Mr A O'Brien

Mr O'Brien was provided with an opportunity at the meeting on 24 January to state his case to Case Investigator. Mr O'Brien advised that he will make a written submission as part of the investigation in due course.

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

Mr O'Brien and his son raised concerns about process and time scale. We noted this. However he was made aware that because of the numbers of triages to review the process will take longer

During the course of the meeting Mr O'Brien offered some explanation in respect of the concerns including:

- Significant workload pressures
- Significant additional operating sessions completed by him over the requirement within his job plan.
- Inequity of workloads with some colleagues
- High number of hours worked each week
- Notification to a series of Trust managers regarding work pressures
- Notification to management that he did not have capacity to triage GP referrals.
- Use of SPA time to undertake operations or reviews of patients.

4.0 Proposals for alternatives to exclusion – Mr A O'Brien

Mr O'Brien was provided with an opportunity at the meeting on 24 January to propose alternatives to his exclusion for consideration by the Case Manager.

Mr O'Brien outlined that at present his main priority was to return to work. He stated that if the investigation is going to take longer than 4 weeks to complete he is concerned at the potential for reputational damage.

Mr O'Brien reported that the immediate exclusion and the investigation was a very stressful situation for him which has resulted in 10lbs weight loss. He stated that both mentally and physically it is important to him to be able to get back to work.

Mr O'Brien outlined that there are various aspects of his work that have never been in question and he is of the view that he could continue to operate, he could undertake urologist of the week, undertake on call duties and triage referrals.

Mr O'Brien noted he was accepting of and entirely happy to return to work within a defined framework to circumvent the concerns under investigation. He further outlined that he has no desire to impede or interfere with the investigation. He outlined that in due course he will provide a 'good contextual reason as to why this has happened'.

Mr O'Brien would be accepting of working within normal time constraints for both operating lists and clinics. He agreed that any clinics would have outcomes recorded and dictation done by the end of that clinic. He was entirely open to regular review and monitoring of this.

Mr O'Brien stated, if he had been advised in March that the concerns could lead to this i.e. immediate exclusion and formal investigation, he would have taken time out to clear the backlog and wouldn't be in this situation.

Mr O'Brien reported that he had undertaken work not included in his job plan and for which he was not remunerated. He stated that the period of immediate exclusion was psychologically, mentally and physically draining and went on to advise that he 'feared' for himself if he was not able to return to work.

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

He concluded by stating he was happy to work with a defined framework set by the Trust, to comply with hospital policies/procedures, to work to pre-determined defined timescales and he gave an assurance that no patient files would be removed from the Trust. He reiterated he had no desire to impede or interfere in the investigation in anyway. Mr O'Brien stated that the concerns centred around his administrative practices and he believes the concerns can be managed with a framework in place.

Mr O'Brien further stated that when the issues were raised with him in March 2016, there was no plan as to how he was to address the matters. He stated he began to deal with some of the outstanding cases whenever he had time to do so during his working week.

5.0 Summary

There are 4 main issues of concern to be considered as outlined above. The initial 4 week preliminary investigation has scoped the likely scale of the concerns and the numbers of patients involved.

The investigation is at a very early stage. While initial indications suggest some patients have potentially been adversely affected/harmed as a result of failings in the practice of Mr O'Brien, the Case Investigator is reliant on completion of the review by 4 Consultants to determine the full implications.

Given the numbers involved, it is not possible to give any definite date for the conclusion of the investigation. It is envisaged that the investigation will take as a minimum, 12 weeks to complete.

Received from Tughans OBO Mr Aidan O'Brien on 26/11/21. Annotated by the Urology Services Inquiry.

Appendix 5

Restriction of Practice / Exclusion from Work

Formal Exclusion

Decision of the Trust is to formally investigate the issues of concern and appropriate individuals appointed to the relevant roles.

Case Investigator, if appointed, produces a preliminary report for the case conference to enable the Case Manager to decide on the appropriate next steps.

The report should include sufficient information for the Case Manager to determine:

- If the allegation appears unfounded
- There is a misconduct issue
- There is a concern about the Practitioner's Clinical Performance
- The case requires further detailed investigation

Case Manager, HR Case Manager, Medical Director and HR Director convene a case conference to determine if it is reasonable and proper to formally exclude the Practitioner. (To include the Chief Executive when the Practitioner is at Consultant level). This should usually be where:

- There is a need to protect the safety of patients/staff pending the outcome of a full investigation
- The presence of the Practitioner in the workplace is likely to hinder the investigation.

Consideration should be given to whether the Practitioner could continue in or (where there has been an immediate exclusion) could return to work in a limited or alternative capacity.

If the decision is to exclude the Practitioner:

The Case Manager MUST inform:

- NCAS
- Chief Executive
- Designated Board Member
- Practitioner

The Case Manager along with the HR Case Manager must inform the Practitioner of the exclusion, the reasons for the exclusion and given an opportunity to state their case and propose alternatives to exclusion. A record should be kept of all discussions.

The Case Manager must confirm the exclusion decision in writing immediately. Refer to MPHS Section II point 15 to 21 for details.

All exclusions should be reviewed every 4 weeks by the Case Manager and a report provided to the Chief Executive and Oversight Group. (Refer to MHPS Section II point 28 for review process.

Received from SHSCT on 09/11/21. Annotated by the Urology Services Inquiry.

a. I was contacted by the Medical Director at end of December 2016, who wished to nominate me as Case Manager of an MHPS investigation. In the discussion, he explained some emerging concerns about a Urology Consultant.

b. I met with the Medical Director at the beginning of January 2017 (6/1/2017) to discuss this in more detail. He gave me a summary of this case. He also indicated that a lookback exercise was ongoing.

c. I attended the oversight committee Case Conference on 26th January 2017. A preliminary report of the lookback exercise was provided by the then case investigator (Mr Colin Weir). I must emphasise that I wasn't aware of the extent & severity of the concerns until this report was presented at the case conference.

d. After considering all evidence presented & with the advice from the oversight committee, I made the decision to conduct formal investigations under the MHPS Framework.

e. After consultation and consideration of all the information provided to me, I also made the decision to lift the immediate exclusion of Mr O'Brien. However, there would be a return to work action plan with monitoring arrangements by the Acute Directorate team. An assurance report would also be provided on regular intervals to me as Case Manager.

f. As this was my first experience of being involved in an MHPS investigation, it wasn't very clear to me at the beginning what my role as Case Manager would involve. The Oversight Committee was comprised of The Medical Director, Director of HR, and Director of Acute Services. This committee was already involved and had made some decisions for this case, so this blurred roles and responsibilities for me. I did have the benefit of the MHPS Framework and the Trust Guidelines but my MHPS training was not until March 2017, which was few months into the investigations.

II. If different, also state when you became aware that there would be an investigation into matters concerning the performance of Mr. O'Brien?

9.2 See my answer at 9.1 above.

III. Who communicated these matters to you and in what terms?

9.3 The Medical Director (Dr Richard Wright) communicated to me some information about some of these concerns in December 2016 and then he provided a summary of concerns in January 2017.

Received from Ahmed Khan on 08/07/2022. Annotated by the Urology Services Inquiry.

10.4 I also considered all concerns raised from a recent SAI in December 2016 and the NCAS advice (sought on 28th December 2016 by the Medical Director) which was shared by the Medical Director.

10.5 I reviewed General Medical Council (GMC), Good Medical Practice guidelines

II. Outline any advice received by you in relation to that decision, whether or not you accepted or applied that advice, and identify the person(s) or bodies who provided that advice to you;

10.6 I received advice from the Oversight Committee members in the oversight committee case conference on 26th Jan 2017. In that meeting Mrs Vivienne Toal, Director of HROD, Dr Richard Wright, Medical Director, and Ms Anne McVey, Assistant Director of Acute Services (on behalf of Esther Gishkori as she had an apology) were present. After considering the report from the lookback exercise, all advised in favour of a formal investigation under the MHPS framework.

10.7 I also considered the recent advice from NCAS (sought in December 2016 by the Medical Director) and shared at the case conference. **NCAS advise letter - Dec 2016 attached. This can be located at Relevant to HR/Reference no 1/updated 2016 Exclusion Mr O'Brien - 25 Nov 2021/20161229 - 11.28 e-mail from SG enc NCAS letter.pdf**

III. Specify the information you took into account when reaching that decision, and identify the person(s) who provided that information to you, or the sources of that information;

10.8 I took account of:

a. The preliminary report of the lookback exercise from the Case Investigator for consideration by the Case Manager / Case Conference, presented by Mr Colin Weir (Case investigator);
b. I also considered concerns raised from a recent SAI in December 2016;
c. The recent advice from the Practitioner Performance Advice (formerly NCAS) which had already been sought in December 2016 by the Medical Director and shared at the case conference;
d. The MHPS Framework and Trust Guidelines documents.
e. The General Medical Council (GMC) Good Medical Practice guidelines.

Received from Ahmed Khan on 08/07/2022. Annotated by the Urology Services Inquiry.

in the subsequent response to him in March 2017. An email documenting the change of Case Investigator decision was sent from me to Dr Khan on 21st February 2017.

57. Did you consider that any concerns raised regarding Mr O'Brien may have impacted on patient care and safety? If so:

(i) what risk assessment did you undertake, and

(ii) what steps did you take to mitigate against this? If none, please explain.

If you consider someone else was responsible for carrying out a risk assessment or taking further steps, please explain why and identify that person.

57.1. Yes; the issue was considered.

57.2. I was reassured by Mr Weir's assessment that the issues raised were largely administrative and that no patient safety issues had arisen. The Acute Services Directorate had put a number of measures in place to triage patients appropriately and address the other administrative concerns raised. We believed in 2017 that the support measures put in place around Mr O'Brien were sufficient to ensure safe working practices as the investigation continued. This recovery plan was instituted by the Acute Services Directorate team as they were responsible for delivering the clinical urology service and had the relevant expertise at hand. They monitored these support measures weekly and reported monthly to the Case Manager. Upon Mr O'Brien's immediate return to work, initial updates were provided to the Oversight team. The primary responsibility for establishing and maintaining mitigating and support measures in place lay with the Acute Services team under the leadership of Mrs Gishkori (Acute Services Director) and assisted by Mr Carroll (Surgical Assistant Director) and Mrs Corrigan (Head of Service).

57.3. As a consequence of an investigation carried out by an incident raised by one of the urology team it became clear there were some further patients that may have had a delay in treatment which could potentially have affected their

It was noted that Mr O'Brien had identified workload pressures as one of the reasons he had not completed all administrative duties - there was consideration about whether there was a process for him highlighting unsustainable workload. It was agreed that an urgent review of Mr O'Brien's job plan was required.
Action: Mr Weir

It was agreed by the case conference members that any review would need to ensure that there was comparable workload activity within job plan sessions between Mr O'Brien and his peers.
Action: Esther Gishkori/Ronan Carroll

Following consideration of the discussions summarised above, as Case Manager Dr Khan decided that Mr O'Brien should be allowed to return to work.

This decision was agreed by the Medical Director, Director of HR and deputy for Director of Acute Services.

It was agreed that Dr Khan would inform Mr O'Brien of this decision by telephone, and follow this up with a meeting next week to discuss the conditions of his return to work, which would be:

- Strict compliance with Trust procedures and policies in relation to:
    - Triaging of referrals
    - Contemporaneous note keeping
    - Storage of medical records
    - Private practice
- Agreement to read and comply with GMCs "Good Medical Practice" (April 2013)
- Agreement to an urgent job plan review
- Agreement to comply with any monitoring mechanisms put in place to assess his administrative processes

Action: Dr Khan

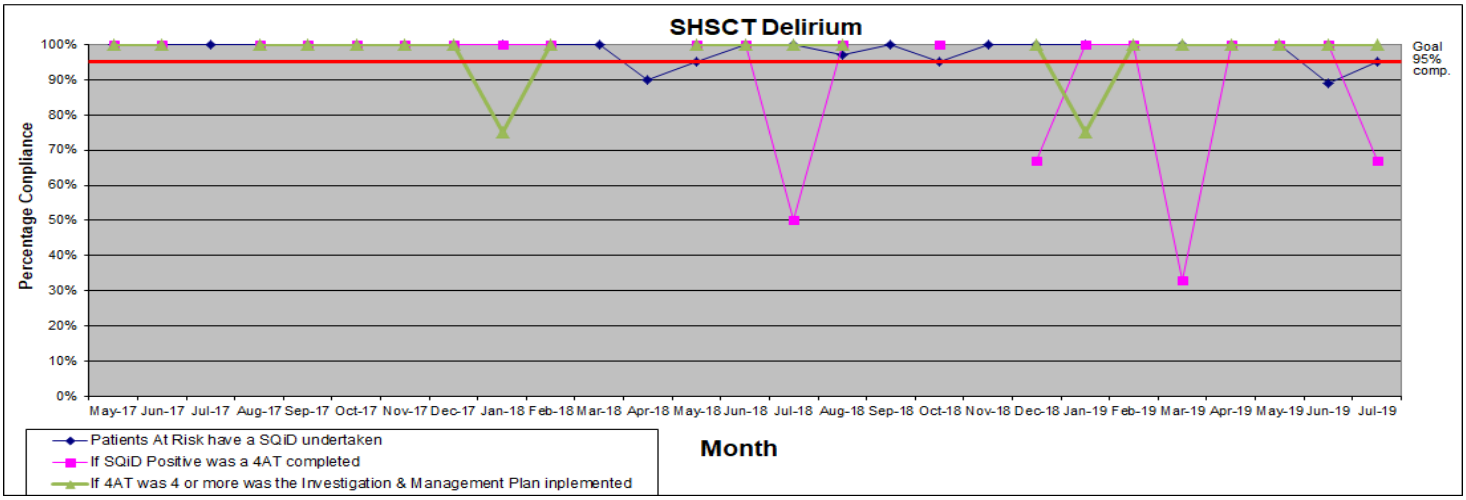
It was noted that Mr O'Brien was still off sick, and that an Occupational Health appointment was scheduled for 9th February, following which an occupational health report would be provided. This may affect the timetable of Dr O'Brien's return to work.

It was agreed to update NCAS in relation to this case.
Action: Dr Wright

Received from SHSCT on 09/11/21. Annotated by the Urology Services Inquiry.

- Three measures are in place to demonstrate progress in the use of the Delirium Tool:
  - **Number of at risk patients who have a SQiD (single question in delirium) carried out**
  - **Number of patients with a 4AT completed (tool to assess for delirium)**
  - **Number of patients with an investigations & management plan completed**

The Run Chart below shows the progress with each of the above elements on the Trauma Ward, CAH



- Non-Compliant elements:
  - 1 of 20 patients audited & who were at risk of developing delirium did not have a SQiD carried out
  - 1 of 3 patients audited, who were SQiD positive, did not have a 4AT competed

- Auditing is now underway on 9 Wards across the Trust. Four of which are in Acute, Trauma, Ward 1 South, Ward 2 South & Ward 4 South, CAH. Other wards e.g. 1 North, CAH & Stroke/Rehab, DHH, Female Medical, DHH will commence auditing in the coming months

Received from SHSCT on 16/05/22. Annotated by the Urology Services Inquiry.

76.2 In addition, I am aware from colleagues in the oncology team that concerns had been raised directly with Mr O'Brien previously with regard to his management of prostate cancer and, in particular, his use of low dose bicalutamide in patients with early prostate cancer but, as has become evident, Mr O'Brien did not change his practice. To the best of my knowledge these concerns did not come to the Southern Trust governance systems / processes.

77. ~~71.~~ **Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?**

77.1 I regret not recognizing in late 2017/early 2018 that, in addition to the factors investigated in the MHPS investigation, there was a likelihood of additional issues that had not been identified but which required investigation. The fact that some aspects of good clinical practice were absent in Mr O'Brien's working patterns I feel, in retrospect, ought to have raised the concern that other deficiencies of good practice may also have been present. If this had been recognized, and a comprehensive review of practice been carried out at the time, I feel it is likely that the clinical practice which was identified in 2020 (and which led to the Lookback exercise) would have been identified earlier.

77.2 I am currently developing monitoring processes for data collection / monitoring for the factors monitored for Mr O'Brien in order to roll out across services to provide reassurances that, for the future, similar issues, particularly with regard to clinic outcomes, clinical correspondence, triage, and results management, do not go unidentified in any other clinicians.

78. ~~72.~~ **Do you think, overall, the governance arrangements were fit for purpose? Did you have concerns about the governance arrangements and did you raise those concerns with anyone? If yes, what were those**

Received from Mr Mark Haynes on 20/09/22. Annotated by the Urology Services Inquiry.

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TERMS OF REFERENCE FOR INVESTIGATION

A formal investigation has been initiated into concerns relating to Mr Aidan O'Brien, Consultant Urologist. The concerns relate to Mr O'Brien's administrative practices, and the potential for patients to have come to harm as a result of those administrative practices. The under noted terms of reference set out the scope of the investigation.

Grade:	Consultant, Urology
Base Hospital:	Southern Health & Social Care Trust Craigavon Area Hospital
The matters to be investigated:	***The below outlines the issues of concern to be investigated, this does not preclude investigation of any further issue of concern which may arise during the course of the investigation.*** ***Matters to be investigated:*** **1. (a) To determine if there have been any patient referrals to Mr A O'Brien which were un-triaged in 2015 or 2016 as was required in line with established practice / process.** **(b) To determine if any un-triaged patient referrals in 2015 or 2016 had the potential for patients to have been harmed or resulted in unnecessary delay in treatment as a result.** **(c) To determine if any un-triaged referrals or triaging delays are outside acceptable practice in a similar clinical setting by similar consultants irrespective of harm or delays in treatment.** **(d) To determine if any un-triaged patient referrals or delayed triages in 2015 or 2016 resulted in patients being harmed as a result.** **2. (a) To determine if all patient notes for Mr O'Brien's patients are tracked and stored within the Trust.** **(b) To determine if any patient notes have been stored at home by Mr O'Brien for an unacceptable period of time and whether this has affected the clinical management plans for these patients either within Urology or within other clinical specialties.** **(c) To determine if any patient notes tracked to Mr O'Brien are missing.** **3. (a) To determine if there are any undictated patient outcomes from patient contacts at outpatient clinics by Mr O'Brien in 2015 or 2016.** **(b) To determine if there has been unreasonable delay or a delay outside of acceptable practice by Mr O'Brien in dictating outpatient**

Received from SHSCT on 10/12/2021. Annotated by the Urology Services Inquiry.

1.8 I was informed by Dr Wright that Mr Colin Weir, Consultant Surgeon, was initially appointed as a Case Investigator assisted by Mrs Siobhan Hynds. I was told Dr Wright sought advice from the National Clinical Assessment Service in December 2016, noting there had been a failure to resolve issues informally. Following advice from the National Clinical Assessment Service, Mr O'Brien was immediately excluded in line with Maintaining High Professional Standards Framework to allow for preliminary inquiries/investigation to be undertaken. Dr Khan, Associate Medical Director in Maternity and Children's Services was appointed as the Case Manager and Mr Weir as the Case Investigator.

1.9 I was told Mr O'Brien was asked to return all case-notes and all undictated outcomes from clinics. Mr O'Brien did so, though there remained some missing sets of case records which the Trust continued to pursue with him.

1.10 I was advised to speak to Mrs Hynds who had been involved and was aware of details of the process to date. I was advised at the end of the four-week immediate exclusion period, and the completion of the preliminary investigation by Mr Weir, it was felt there was a case to answer in respect of the concerns identified. The matter of the immediate exclusion was also considered, and it was felt this could be lifted provided there was a clear management plan in place to supervise and monitor particular aspects of Mr O'Brien's work. (This is all information I was told by either Dr Khan or Mrs Hynds, and then later confirmed from reading the file information that was provided.)

1.11 I was appointed as Case Investigator in place of Mr Weir in approximately February 2017. I was advised Mr Weir had been a manager within the specialty and therefore might have been required to be interviewed, and therefore it was felt appropriate he should step aside.

1.12 The Terms of Reference (ToR) had already been formulated and were shared with me. These are included in the Trust's discovery and in my Investigation Report. Mrs Hynds asked the Case Manager, Dr Khan, to share these ToR with Mr O'Brien.

Received from Neta Chada on 28/06/2022. Annotated by the Urology Services Inquiry.

ii) Irrelevant information redacted by the USI

The Chair left the meeting for the next item.

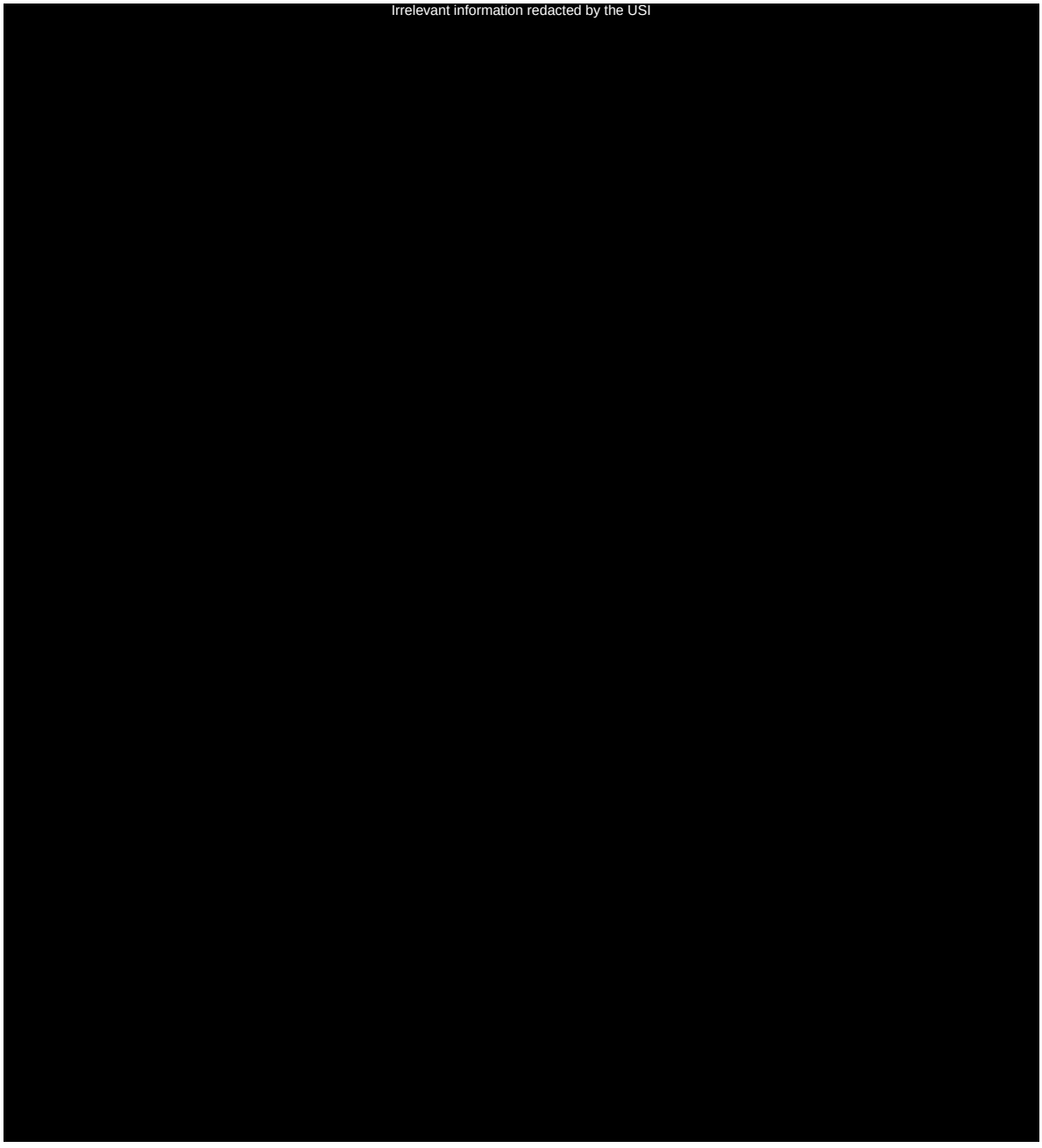
6. MAINTAINING HIGH PROFESSIONAL STANDARDS (MHPS) EXCLUSIONS

Mrs Toal advised that under the MHPS framework, there is a requirement to report to Trust Board any medical staff who have been excluded from practice. She reported that one Consultant Urologist was immediately excluded from practice from 30th December 2016 for

Received from SHSCT on 09/11/21. Annotated by the Urology Services Inquiry.

a four-week period. Mrs Toal reported that the immediate exclusion has now been lifted and the Consultant is now able to return to work with a number of controls in place.

Dr Wright explained the investigation process. He stated that Dr Khan has been appointed as the Case Manager and Mr C Weir, as Case Investigator. Mr J Wilkinson is the nominated Non Executive Director. Dr Wright confirmed that an Early Alert had been forwarded to the Department and the GMC and NCAS have also been advised.

7. 

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Concerns Regarding the Investigation Process

7th February 2017

1. A letter dated 23rd March 2016 was provided to Mr O'Brien at a meeting on or around that date by Mr Mackle and Ms Corrigan. The letter raises a number of issues which are now the subject of a formal investigation. There are a number of concerns arising from this letter.
    - It does not constitute a formal or informal process under MHPS or any other Trust Guidelines. It included no local action plan to resolve the problems or any suggestions regarding a plan.
    - It was provided by Mr Mackle, an individual in respect of whom Mr O'Brien has extant though stayed formal grievance. Mr O'Brien had previously been provided an assurance by both Dr. Gillian Rankin and Mr Mackle that Mr Mackle would have no further meetings with him.
    - At the meeting Mr O'Brien asked what he should do to resolve the matter. The only response received was a shrug and silence from Mr Mackle.

The letter of 23rd March 2016, gives rise to a number of questions:

- What was the nature of the complaint that led to this letter being issued?
- What investigation occurred prior to the letter being completed?
- Who completed this investigation?
- How have the suggested numbers of untriaged patients and the review backlogs been arrived at?
- Was there a decision taken by a Clinical Manager that the concerns should be approached by the issue of the letter of 23rd March 2016 or by any other individual? In any case, who took this decision?
- Was this decision taken with reference to MHPS?
- Was this decision taken in consultation with the Medical Director, the Director of Human Resources or any other individual?

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iii. On 15th September 2016 I had an Email communication with Mrs Gishkori (Acute Services Director).

iv. In January/February 2017 there were informal conversations with Mrs Vivienne Toal (HR Director) regarding the appointment of a Case Investigator.

v. Mr O'Brien wrote to me in February 2017 regarding some issues he had with the MHPS process to which I then replied.

vi. I emailed Dr Khan, the Case Manager, on 21st February 2017 referring to a discussion I had with trust legal advisors after Mr O'Brien had expressed concerns to Mr Wilkinson about the role of Mr Weir as Case Investigator.

vii. I met with Mr Devlin (the new Chief Executive from 2018) just after his appointment as Chief Executive to brief him on doctors of concern, at which meeting I informed him that Mr O'Brien was the subject of an ongoing MHPS process.

viii. I had a brief conversation with Dr Chada (Case Investigator) to ask how the investigation was progressing in the spring of 2017, to which she responded that progress was slower than she had hoped as there were difficulties in agreeing interview dates.

ix. I believe I also asked Dr Khan (Case Manager) how the investigation was progressing in spring 2017 when I met him for one of our regular AMD 1:1 meetings. This would not have been the focus of our discussions

x. I met with Mrs O'Brien at her request just after I retired at Trust Headquarters in early September 2018.

56. What actions did you or others take or direct to be taken as a result of these concerns? If actions were taken, please provide the rationale for them. You should include details of any discussions with named others regarding concerns and proposed actions. Please provide dates and details of any discussions, including details of any action plans, meeting notes, records, minutes, emails, documents, etc., as appropriate.

Hynds, Siobhan

From: Hynds, Siobhan [redacted]
Sent: 21 February 2017 13:47
To: Khan, Ahmed; Wright, Richard
Subject: RE: Confidential

Yes - I'll get something arranged asap.

Siobhan

-----Original Message-----
From: Khan, Ahmed
Sent: 21 February 2017 12:52
To: Wright, Richard
Cc: Hynds, Siobhan
Subject: RE: Confidential

Richard, Thanks. I am content with this arrangement. From our last meeting with Mr O'Brien, An urgent job planning meeting is required within first week or so of his return . I am sure Dr Weir would be able to facilitate this.

Siobhan, I am sure you will update Neeta for this case and her role as investigator. Can a short meeting be arranged in next couple of weeks for 3 of us.
Regards,
Ahmed

-----Original Message-----
From: Wright, Richard
Sent: 21 February 2017 11:40
To: Khan, Ahmed
Cc: Hynds, Siobhan
Subject: Confidential

Hi Ahmed
Thanks for your help so far with the AOB investigation. On Friday last Vivienne and I [redacted] after AOB approached John Wilkinson (NED) In short we are content that we continue with formal MHPS process and have lifted the immediate exclusion.
However [redacted] given Colin Weir's role as his CD at the time this broke there is a potential conflict of interest even though from our perspective he was doing a great job. [redacted] we need to reappoint a different case investigator who is not involved with AOB.
To that end I have asked Neta Chada to take over as case investigator and she has agreed. If you are content with this can you arrange to meet her to discuss. Siobhan is drafting a letter to AOB on your behalf. I would be happy to let Colin Weir know, if your are content with this approach.
Apologies for the inconvenience.
regards
Richard

Sent from my iPad

Received from SHSCT on 10/12/2021. Annotated by the Urology Services Inquiry.

IX. Any other relevant person under the MHPS framework and the Trust Guidelines, including any external person(s) or bodies.

7.1 i) A Clinical Manager could relate to the Clinical Director or Associate Medical Director. I would have appointed several of them at different times as Case Manager or Case Investigator. I would have been involved in establishing training for them through our leadership development course at the Southern Health and Social Care Trust as outlined in paragraph 4. Occasionally, the CD or AMD may themselves be the subject of an MHPS investigation. In this situation I would usually ensure that the Case Manager was at least of similar grade or indeed greater seniority than the doctor under investigation.

7.2 ii) In many situations the Medical Director would actually take on the role of Case Manager However, I preferred to delegate the role to one of the Associate Medical Director team. It would not have been practical for me to case manage all the MHPS investigations. I also preferred to separate the Medical Director role from Case Manager as the Medical Director may be needed to function independently of the investigating team to implement some of the recommendations. One other advantage was that I could ensure the Case Manager had no line management responsibility for the individual being investigated. Once the Case Manager was established, I would not get involved in the process until it was completed unless the Case Manager requested assistance.

7.3 iii) As part of the Oversight team, I would recommend and appoint a Case Investigator. I would meet with them to explain the task in hand but then I would expect the Case Manager to interact directly with them. In this specific situation, the initial Case Investigator (Mr Weir) was appointed in this specific case as he was a Clinical Director with experience in managing difficult issues within the Surgical team and was already partly briefed on the relevant issues as he had prepared the preliminary report into the issues arising. We believed this would help to produce a timely report. After representations from Mr O'Brien to Mr Wilkinson (the designated NED), I agreed with Mrs Toal (Human Resources

	situation outside of the scheduled ELA/RO Meetings. See also MHPS and DHSSPS revised "Guidance on the Role of Responsible Officers For Doctors and Employers".		
2. Timing of Referrals:	**2. Timing of Referrals:** It should not be assumed that referrals should only be made to GMC after the conclusion of local investigations. There are many situations where referral should be made at an earlier stage. Where a matter is referred to GMC, the local investigation should of course continue to its conclusion. An example of one situation where a referral should be made to the GMC before the completion of a local investigation is where the doctor could be working elsewhere without your knowledge; an early referral to the GMC will allow for consideration of interim orders to restrict/suspend the doctor's practice, wherever the doctor is working, thus protecting patient safety. Again, the GMC Employer Liaison Adviser is available to discuss any individual situation. See also MHPS and DHSSPS revised "Guidance on the Role of Responsible Officers For Doctors and Employers"		
Dr Urology Consultant	**RW advised:** SAI almost complete and MHPS investigation in progress involving concerns about a urology consultant competence re administration of his urology clinic in the SHSCT- including timeliness of recording of patient contact, referrals, follow up testing required. No actual patient harm, but potential patient harm - the event that triggered the SAI was a late diagnosis; it was initially decided that the doctor would be excluded from work (an alert letter was sent from the Dept. of Health), while the scope of the concerns was explored however exclusion was lifted and he is permitted to work with supervision of his admin responsibilities. However- during the period of the exclusion he was off on sick leave, and remains on sick leave- he had surgery. He is to attend	**ACTION: RW to** send JD a copy of the SAI Report, re Dr Urology Consultant, as soon as he receives it. **ACTION: RW to** double-check (given ROs'	Category Monitor

Received from SHSCT on 02/03/2022. Annotated by the Urology Services Inquiry.