Urology Services Inquiry

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

44.1 I would like to add information about a telephone call that I inadvertently witnessed as it I think it may be evidence of some level of pressure on one of the Acute Services Directors who did not fully investigate Mr O'Brien's practice.

44.2 I cannot remember the date of the meeting and I did not make a note of the incident at the time. However, I know that it must have been after the concern in relation to Mr O'Brien's triage practice was identified, as I understood the context of the call without it having to be explained.

44.3 I was in a 1:1 meeting with Mrs Esther Gishkori, Director of Acute Services, in her office on the CAH Administration floor, updating her on my pharmacy responsibilities. The telephone rang and Mrs Gishkori answered it whilst I was in the room. I realised she was speaking to the Chair of the Trust (Mrs Roberta Brownlee) and, while I indicated to Mrs Gishkori that I would leave the room to give her privacy, she told me to stay.

44.4 I could not hear what Mrs Brownlee was saying however I recall that Mrs Gishkori did not say very much in response to Mrs Brownlee during the call and that she became very flustered.

44.5 When the call ended Mrs Gishkori told me that the Chair had asked her to *"leave Mr O'Brien alone"* as he was an excellent doctor and a good friend of hers who had saved the life of one of her friends.

44.6 I remember saying to Mrs Gishkori that I thought that the Chair's behaviour was unacceptable and that she should document the call and speak to the Chief Executive about it, as her line manager.

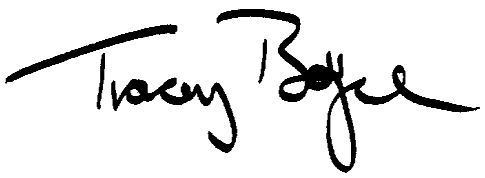
44.7 I do not know if Mrs Gishkori escalated the telephone call and it was never mentioned to me again.

NOTE:

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

Statement of Truth

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

Signed: 

Date: 18th November 2022

Directors and Associate Medical Directors. They were not unique to me. During the Review of (Adult) Urology services I can confirm that the weekly Monday evening meetings could become quite fractious as the Department of Health were trying to get the Trust to agree to clinic activity. Mr O'Brien would not agree to the BAUS guidelines of 20 minutes for a new patient and 10 minutes for a review patient (this had been accepted in the other two Urology 'Teams' in Northern Ireland) and, whilst agreement was eventually reached, Mr O'Brien was in the minority as he wouldn't sign up to this activity and would quote this back to me over the years.

30.10 Mr O'Brien was very aggrieved with the Review of Urology Services (2009), particularly the removal of radical pelvic surgery from Craigavon Hospital and it was his view, and he said it on a few occasions, that patients had died as a result of this decision. Mr O'Brien would have openly said that Mark Fordham (external author of the paper) should never have been allowed to be involved in suggesting this recommendation.

30.11 Mr O'Brien didn't hide the fact that he didn't work well with Dr Rankin and Mr Mackle. Both of these managers tried to manage him through the IV fluids and antibiotic review, through radical pelvic surgery moving to Belfast, and through his continuous non-compliance to triaging the new outpatients. Dr Rankin and Mr Mackle would have persevered in holding Mr O'Brien to account which, in my opinion, Mr O'Brien didn't like as he was used to 'doing it his own way'.

30.12 Mr O'Brien would often mention his legal connections through his brother and his son both being barristers and, in my opinion, made some of the medical and professional managers nervous and I would suggest was a reason for not challenging some of his practices.

30.13 I have an awareness of at least two occasions where managers had been asked to step back from managing Mr O'Brien. In approximately 2011/2012 Mr Mackle had been advised that he was being accused of bullying

and harassment towards Mr O'Brien and that he needed to step back from managing him. I was not present when Mr Mackle was told this but he came straight to me after this happened, told me about it, and was visibly annoyed and shaken and said to me that he would no longer be able to manage Mr O'Brien. I also understand that, in mid-2016, Mrs Gishkori received a phone call from the then Chair of the Trust, Mrs Brownlee, and was requested to stop an investigation into Mr O'Brien's practice. Once again, I did not witness this but I was told later by Mr Carroll that it happened as my understanding is that Mrs Gishkori had told some of her team.

Governance – generally

31. What was your role regarding the consultants and other clinicians in the unit, including in matters of clinical governance?

31.1 My role in governance for all my areas was to promote and ensure that there was high quality and effective care offered to all patients and to ensure that services were maintained at safe and effective levels. I can confirm that I didn't have a direct management role regarding the consultants and other clinicians in the Thorndale Unit.

32. Who oversaw the clinical governance arrangements of the unit and how was this done? As relevant to your role, how did you assure yourself that this was being done appropriately?

32.1 The Director of Acute Services had overall responsibility for the governance arrangements in the Urology Service. During my tenure the Directors were:

a. Dr Gillian Rankin;
b. Mrs Debbie Burns - supported by Dr Tracey Boyce (Director of Pharmacy);
c. Mrs Esther Gishkori – supported by Dr Tracey Boyce (Director of Pharmacy);

Please provide all relevant documentation.

Mr O'Brien never made a complaint to me about Mr Mackle, bullying or otherwise.

48. **Martina Corrigan** has provided information to the Inquiry as follows:

(i) "*I have an awareness of at least two occasions where managers had been asked to step back from managing Mr. O'Brien. In approximately 2011/2012 Mr. Mackle had been advised that he was being accused of bullying and harassment towards Mr. O'Brien and that he needed to step back from managing him. I was not present when Mr. Mackle was told this, but he came straight to me after this happened, told me about it, and was visibly annoyed and shaken and said to me that he would no longer be able to manage Mr. O'Brien. I also understand that, in mid-2016, Mrs Gishkori received a phone call from the then Chair of the Trust, Mrs Brownlee, and was requested to stop an investigation into Mr. O'Brien's practice. Once again, I did not witness this, but I was told later by Mr. Carroll that it happened as my understanding is that Mrs Gishkori had told some of her team*." **WIT 26224 - 26225**.

This account from Martina Corrigan is third hand. Martina states that she heard from some unnamed member of Esther Gishkori's team that I had asked Esther to halt an investigation into Mr O'Brien? I would never interfere in due process in this way patient safety was always my top priority, and I have absolutely no doubt that Esther will confirm that this never happened. I never made any phone call to Esther Gishori about Mr O'Brien

(ii) At 24/22 at para 67.5 – "*It is my opinion, on reflection, that outside influence from the Trust Chair (Mrs Brownlee) in dealing with Mr.*

Stinson, Emma M

From: Carroll, Ronan <[redacted]>
Sent: 22 September 2016 15:41
To: McAllister, Charlie; Gishkori, Esther; Weir, Colin
Subject: RE: meeting re Mr O'Brien.

Importance: High

Charlie/Colin
So can I ask and offer some suggestions/solutions as to how we may monitor progress against the action listed below. The clock is ticking now toward December
Come back to me if you wish me to action anything/all

1. That I (initially) have a series of face to face meetings with Mr O'Brien and aim to have resolution or plan for resolution in next 3 months. That is by mid December. I propose the first meeting would involve you me and Mr O'Brien – At the first meeting obviously after the context of the meeting being explained the proposed plan/actions need to be shared with AOB and agreed
2. To implement a clear plan to clear triage backlog. – is this the outpatient referral letters, including RF's? How are you planning to monitor that this is cleared? I would propose with regard to the RF's that I would ask the cancer team to monitor the triage turnaround, with regard to outpatients I would ask Anita to put a process in place to monitor
3. Make arrangements to validate the review backlog and adapt clinic new to review ratios to reduce this – RBL validation – are we offering additional Pas for this to be done? If not, then something in his job plan will have to stop for this clinical validation to happen. Then when this task has been completed the remaining on the RBL can only be dealt by as your suggestion the template being adjusted, this has a lead in time of 6 weeks due to partial booking process. When this is implemented we will monitor the progress of AOBs RBL (I can have this run at anytime)
4. All correspondence to GPs and copies for patient centre /ECR to be done at time of consultation – I will speak to Anita to ensure AOBs secretary receives digital dictation following any consultation
5. All patient notes to be return from home without exception NA
6. These meetings will report back regularly to Dr McCallister as AMD and he will be involved in some further meeting to assist me and provide support when needed absolutely
7. Throughout the process we want to encourage full engagement and have Mr O'Brien understand that if we achieve these aims through these processes that will satisfy the Trust and no further actions would be taken
8. That monitoring would continue to ensure there is no drift with an understanding that if this happened further investigations would take place.

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

From: McAllister, Charlie
Sent: 21 September 2016 11:55
To: Gishkori, Esther; Weir, Colin; Carroll, Ronan
Subject: RE: meeting re Mr O'Brien.

Hi Colin

Thank you very much for this. Apart from the fact that you spelt my name wrong (!) this is absolutely excellent and I agree completely. It would be important to do this in a positive/constructive/supportive role and that Mr O'Brien would be aware of this. I think that this approach will give the best chance to achieve this. And for improving the current situation.

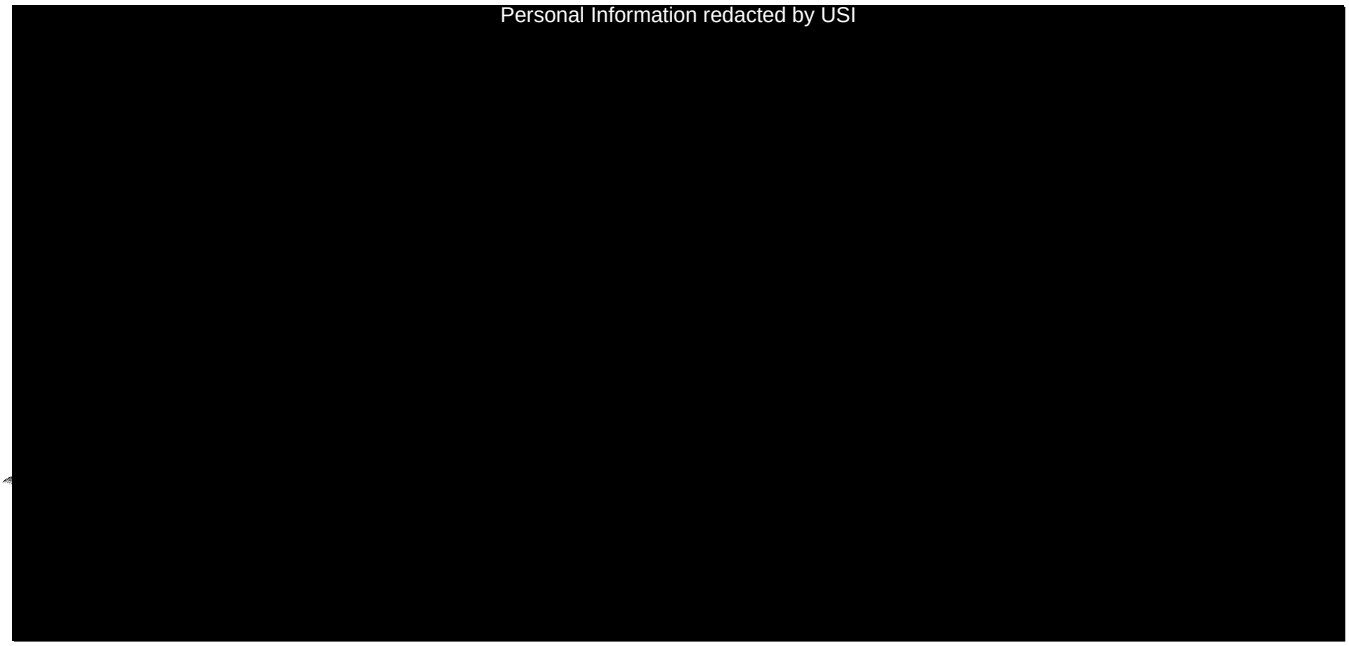
Southern Health & Social Care Trust

Oversight Committee
12th October 2016

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

In attendance:
Simon Gibson, Assistant Director, Medical Director's Office
Malcolm Clegg, Medical Staffing Manager

Discussion:



Mr A O'Brien
Mrs Gishkori reported that Mr O'Brien was going for planned surgery in November and was likely to be off for a considerable period. It was noted that Mr O'Brien had not been told of the concerns following the previous Oversight Committee. It was also noted that a plan was in place to deal with the range of backlogs within Mr O'Briens practice during his absence.

Mrs Gishkori gave an assurance that, when Mr O'Brien returned from his period of sick leave, that the administrative practices identified by the Oversight Committee would be formally discussed with him, to ensure there was an appropriate change in behaviour. It was agreed that this would be kept under review by the Oversight Committee.

Gibson, Simon

From: Gibson, Simon
Sent: 11 November 2016 16:19
To: Lawson, Pamela; Corrigan, Martina
Subject: RE: MR O'BRIEN AND CHARTS AT HOME

Dear Martina

In the context of discussions held last month, do you know the volume of charts Dr O'Brien has at home?

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust
Personal Information redacted by USI
Mobile: Personal Information redacted by USI
DHH: Personal Information redacted by USI Ext Personal Information redacted by USI

From: Lawson, Pamela
Sent: 10 November 2016 14:41
To: Corrigan, Martina
Cc: Gibson, Simon
Subject: FW: MR O'BRIEN AND CHARTS AT HOME

Martina – is there any way we can get these charts.

I am looking one at the moment for Personal Information redacted by USI if you could possibly action??

Thanks very much
Pamela

From: Lawson, Pamela
Sent: 17 October 2016 11:40
To: Nelson, Amie
Cc: Forde, Helen
Subject: FW: MR O'BRIEN AND CHARTS AT HOME

Amie – in Martina's absence.

Pamela

From: Lawson, Pamela
Sent: 17 October 2016 11:39
To: Forde, Helen
Cc: Corrigan, Martina
Subject: MR O'BRIEN AND CHARTS AT HOME

Southern Health and Social Care Trust

23 March 2016

Mr Aidan O'Brien,
Consultant Urologist
Craigavon Area Hospital

Dear Aidan,

We are fully aware and appreciate all the hard work, dedication and time spent during the course of your week as a Consultant Urologist. However, there are a number of areas of your clinical practice causing governance and patient safety concerns that we feel we need to address with you.

1. Untriaged outpatient referral letters

There are currently 253 untriaged letters dating back to December 2014. Lack of triage means we do not know whether the patients are red-flag, urgent or routine. Failure to return the referrals to the Booking Centre means that the patients are only allocated on a chronological basis with no regard to urgency.

2. Current Review Backlog up to 29 February 2016

Total in Review backlog = 679

2013	41
2014	293
2015	276
2016	69

We need assurances that there are no patients contained within this backlog that are Cancer Surveillance patients. We are aware that you have a separate oncology waiting list of 286 patients; the longest of whom was to have been seen in September 2013. Without a validation of the backlog we have no assurance that there are not clinically urgent patients on the list. Therefore we need a plan on how these patients will be validated and proposals to address this backlog.

3. Patient Centre letters and recorded outcomes from Clinics

Consultant colleagues from not only Urology but also other specialties are frustrated that there is often no record of your consultations/discharges on Patient Centre or in the patients' notes. Validation of waiting lists has also highlighted this issue. If your

Surgical And Elective Division, Acute Directorate, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ Telephone: Irrelevant information redacted by USI

patient is reviewed at another Urology Clinic a new appointment slot is required due to the lack of documentation.
This lack of documentation combined with no record of clinic outcomes means further investigations/follow-up may not be organised by admin staff.

4. **Patient Notes at home**

This has been an ongoing issue for years and needs addressed urgently. We request that all SHSCT charts that are in your home or in your car be brought to the hospital without further delay.

You will appreciate that we must address these governance issues and therefore would request that you respond with a commitment and immediate plan to address the above as soon as possible.

Yours sincerely,

Eamon Mackle
Associate Medical Director

Heather Trouton
Assistant Director

Surgical And Elective Division, Acute Directorate, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ Telephone: Irrelevant information redacted by USI

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: O'Brien, Aidan
Sent: 14 November 2016 16:09
To: Corrigan, Martina
Subject: RE: MR O'BRIEN AND CHARTS AT HOME

Martina,

As I will be having my surgery on Thursday morning, I expect to be home again over the weekend.

I expect that I will be well enough to dictate correspondence concerning patients and have the charts delivered to Noleen's office for typing.

I would greatly appreciate if I could be afforded this opportunity to have all charts returned in this manner.

Thank you,

Aidan.

From: Corrigan, Martina
Sent: 14 November 2016 07:15
To: O'Brien, Aidan
Subject: FW: MR O'BRIEN AND CHARTS AT HOME

Further emails Aidan.

Thanks

Subject: RE: MR O'BRIEN AND CHARTS AT HOME
From: O'Brien, Aidan [redacted]
To: Corrigan, Martina
Sent: 14/11/2016 21:32:12

Martina,

I have already asked Noleen to return [redacted] chart to Pamela Lawson, who has requested it.

Thank you,

Aidan.

From: Corrigan, Martina
Sent: 14 November 2016 17:49
To: O'Brien, Aidan
Subject: RE: MR O'BRIEN AND CHARTS AT HOME

Aidan

I am more than happy with this plan, please let me know if there is anything I can do to assist.

By any chance could [redacted] be left in as I have had governance looking for this chart as well.

Wishing you all the best for Thursday, please take care

Talk soon

Kind regards

Gibson, Simon

From: Wright, Richard [redacted]
Sent: 06 December 2016 10:52
To: Gishkori, Esther
Subject: RE: Confidential

Thanks Esther. That sounds very reasonable. Any ideas when that is likely to be? Richard

-----Original Message-----
From: Gishkori, Esther
Sent: 06 December 2016 09:31
To: Wright, Richard
Cc: Toal, Vivienne
Subject: RE: Confidential

Dear Richard,
I can confirm that Mr O'Brien has had surgery and that sick lines are being submitted appropriately. I do not think that an occupational health referral is indicated at this point although it may well be in the coming weeks as Mr O'Brien is likely to return before he is well. We shall see in due course.

Patient notes are being returned as requested from Mr O'Brien however, Trudy Reid (governance facilitator) is not sure if all notes taken off the premises have been returned. The governance team are in the process of checking this out. It is difficult to be completely sure until notes cannot be found but we are doing our best.

The SAI review continues and will no doubt produce its own recommendations.

I have been having conversations in relation to Mr O'Brien's "return to work" interview. We thought that this would be a good time to set out the ground rules from the start.
Since Colin and Charlie are both off sick, Mark wondered if you and I could do this. Since there are both professional and operational issues here, I feel that this is entirely reasonable.

Will chat to you about it as we will have until the new year to think about it.

Best,
Esther.

Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust
Office [redacted] Mobile [redacted]
[redacted]

-----Original Message-----
From: Wright, Richard
Sent: 30 November 2016 09:36
To: Gishkori, Esther
Cc: Toal, Vivienne
Subject: Confidential

Hi Esther.

Urology Services Inquiry

14. Outline when and in what circumstances you became aware of the following Serious Adverse Incident investigations and that they raised concerns about Mr O'Brien, and outline what action you took upon becoming aware of those concerns:

14.1. Patient [Patient 10] (RCA [Personal Information redacted by USI]),

14.1.1. On the 16th December 2016 I received an email from Dr Tracey Boyce (Director of Pharmacy with responsibility for Acute Governance) which was addressed to Mrs Esther Gishkori (Director of Acute Services) and myself. The email had attached to it a letter of 15th December 2016 from Mr Glackin (acting as the chair of an SAI) expressing 3 concerns viz.. the default triage system, the patients' notes leaving the Trust and patients' letters not being dictated in a timely manner.

14.1.2. I attended Oversight Committee meetings on the 22nd December 2016 (deputising for Mrs Gishkori, Director of Acute Services) and on the 10th January 2017 where these issues were discussed and actions agreed (see further my answers to Questions 45, 55, 56 and 57 of Section 21 Notice No.5 of 2022 in this regard).

14.2. The care of five patients ([Personal Information redacted by USI]); and

14.2.1. As highlighted in Dr Neta Chada's Investigation Report and Dr Khan's Determination, as a result of the triaging of the 783 non-Red Flag referrals in January 2017, 24 patients had their referrals upgraded to Red Flag status (although I note that Dr Johnston's Root Cause Analysis of 2020, at page 11, suggested that the figure was 30, and not 24, patients – as referenced in my first witness statement at para 360). Unfortunately, 5 out of 24 / 30 patients within this group were diagnosed with cancer. My involvement with these 5 patients, who were subject to the SAI ([Personal Information redacted by the USI], was to be part of the screening process to determine whether or not an SAI was required.

Records shows that [Patient 13] ([Personal Information redacted by the USI]), [Patient 11] [Patient 14] and [Patient 12] ([Personal Information redacted by the USI]) were screened by Mr Weir (CD) and myself, supported by governance facilitators.

20170405 Screening Checklist template [Patient 13] bates reference TRU-02868-TRU-02871

20170725 Screening Checklist template [Patient 11] [Personal Information redacted by the USI] bates reference TRU-02872-TRU-02875

20170725 Screening Checklist template [Patient 14] [Personal Information redacted by the USI] or [Personal Information redacted by the USI] bates reference TRU-02876-TRU-02879

20170725 Screening Checklist template [Patient 12] [Personal Information redacted by the USI] bates reference TRU-02880-TRU-02883

14.3. Patient [Patient 16] (RCA [Personal Information redacted by USI]).

14.3.1. I received an email, dated 23rd December 2016, from Dr Tracey Boyce asking for my opinion on whether this incident should be considered under the SAI process. Records shows that [Patient 16] was screened by Mr Weir (CD) and me.

20170405 Q14iii [Patient 16] Screening Checklist located in S21 44 of 2022, Attachments.

Southern Health and Social Care Trust

15 December 2016

Dear Tracey

As you are aware the SAI review and report in relation to Patient 10 reference number Personal Information redacted by the USI is complete.

The remit of Patient 10's Serious Adverse Incident was to fully investigate the circumstances which contributed to her clinical incident. The Review Team was comprised Mr Anthony Glackin Consultant Urologist, Dr Aaron Milligan Consultant Radiologist, Mrs Katherine Robinson Booking and Contact Centre Manager, and Mrs Christine Rankin Booking Manager. To provide context, part of the work included a look-back exercise for 7 Urology patients who managed in the same manner as Patient 10 in October 2014. This was to satisfy the panel that there was a management plan in place and no harm had come to the other 7 patient (letters) which were not triaged on the week ending 30 October 2014. The manual look-back was done using the 6 available patient charts on 14 November 2016. These 6 patients all have been discharged or management plans in place. The 7th (patient initials Personal Information redacted by USI) chart was not able to be found on Trust property at this time. Personal Information redacted by USI's chart arrived to the Governance office on week commencing 28 November 2016. The look-back exercise was completed on13 December 2016. There is clinical detail within the dictated letter in relation to the Personal Information redacted by USI's consultation which requires clinical validation. This has been given to Mr Anthony Glackin to review on 15 December 2016.

Upon conclusion, the Review Team agree there are a number of relevant and related issues/themes causing concern for the panel which have been exposed during the SAI investigation. The Panel would like to clarify that all relevant enquiries made while undertaking this report have been solely limited to the information which were independently provided by members of the Review panel in conjunction with Mrs Andrea Cunningham, Service Administrator. There have not been any approaches made directly to the Urology Clerical team, the Urology Head of Service or the Assistant Director of Surgery and Elective Care for any information or evidence of communication.

5. There are 2 different cancer pathways, 31 day pathway and 62 day pathway. Staff would have struggled to get the referral back within the timescales needed from Mr O'Brien. There was not the same problem with the other Urologists.

6. I am aware the problem was discussed with Mr O'Brien and I would have been aware from senior management meetings that both Gillian Rankin and Debbie Burns discussed the matter with Mr O'Brien. At one time Mr O'Brien told me he didn't agree with the cancer standards and would continue to practice as he had always practised. This would be going back to 2007. I was never in a meeting when discussions with Mr O'Brien took place but I was aware the discussions were had.

7. I took up post in April 2016 which brought with it responsibility for Urology. I was unaware of the issue of the routine un-triaged referrals until I received a letter from Mr Glackin. (I knew previously about the red flag issues when I worked in cancer services.) Mr Haynes had raised an IR1 in respect of a particular patient [redacted] (Patient 10) who he had seen at his outpatient clinic. The patient had been seen as a routine patient but has been referred a considerable time before to the service. On review of the patient and the referral to the service, he felt the patient should have been upgraded to red flag based on the symptoms.

8. The issue resulted in a Serious Adverse Incident (SAI) investigation Chaired by Mr Glackin. There were several issues with the care of the patient. There were issues regarding diagnostic images not having been correctly reported on etc. From a urology perspective Mr Glackin discovered that Mr O'Brien was the urologist of the week. It was felt that the symptoms recorded by the GP on the referral letter should have resulted in the referral being regraded to red flag. This referral had not been triaged. This led to a "look back exercise" to see if there were other untriaged referrals that same week, there were a number and in turn this led to a review of all referrals.

9. It came to my attention through this that because referrals from the booking centre were not coming back from Mr O'Brien's office, it had been agreed that if referrals didn't come back, the secretary would put them onto the system according to the GP triage so they would not be lost in the system. Mr Glackin wrote to myself and Esther Gishkori expressing concern about what he had found and that process has taken us to the point of this investigation, I believe that may have been November 2016.

10. At some point after my appointment I was made aware of the letter to Mr O'Brien in March 2016 from Eamon Mackle and Heather Trouton outlining concerns which were to be addressed by Mr O'Brien. I didn't see the matter as being anything new, just another attempt at trying to manage Mr O'Brien. The issues in March 2016 related to his review backlog and notes being kept at home. The SAI issue was not known at that time.

11. I met with Martina Corrigan, Head of Service to look at the letter from Mr Glackin. I needed to look into his concerns and so we broke the letter down into the separate issue i.e. triage, un-returned patient notes, clinic outcomes etc. Separately I received an e-mail from Mr Haynes. Mr

Southern Health and Social Care Trust

23 March 2016

Mr Aidan O'Brien,
Consultant Urologist
Craigavon Area Hospital

Dear Aidan,

We are fully aware and appreciate all the hard work, dedication and time spent during the course of your week as a Consultant Urologist. However, there are a number of areas of your clinical practice causing governance and patient safety concerns that we feel we need to address with you.

1. Untriaged outpatient referral letters

There are currently 253 untriaged letters dating back to December 2014. Lack of triage means we do not know whether the patients are red-flag, urgent or routine. Failure to return the referrals to the Booking Centre means that the patients are only allocated on a chronological basis with no regard to urgency.

2. Current Review Backlog up to 29 February 2016

Total in Review backlog = 679

2013	41
2014	293
2015	276
2016	69

We need assurances that there are no patients contained within this backlog that are Cancer Surveillance patients. We are aware that you have a separate oncology waiting list of 286 patients; the longest of whom was to have been seen in September 2013. Without a validation of the backlog we have no assurance that there are not clinically urgent patients on the list. Therefore we need a plan on how these patients will be validated and proposals to address this backlog.

3. Patient Centre letters and recorded outcomes from Clinics

Consultant colleagues from not only Urology but also other specialties are frustrated that there is often no record of your consultations/discharges on Patient Centre or in the patients' notes. Validation of waiting lists has also highlighted this issue. If your

Surgical And Elective Division, Acute Directorate, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ Telephone: 028 3861 2025

Issues and Themes of concern include:

- In May 2014, there was an informal process was implemented to monitor/manage Urology letters which had not been returned with management advice (not triaged). It appears that this process was created in an effort to limit risk of harm to the patient. The presence of this process implies that it was accepted that triage non-compliance was to be expected by a minority of consultants within the Urology specialty. On 6 November 2015, an email from the AD of Functional Service formally implementing this process. The Review Panel are anxious that the current process does not have a clear escalation plan which evidences inclusion of the Consultant involved. In addition, this process has not been effective in addressing triage non-compliance. From 28 July 2015 until 5 October 2016, there are 318 patient letters which were not triaged. Currently the Trust cannot provide assurance that the Urology non-triaged patient cohort are not being exposed to harm while waiting 74 weeks for a Routine appointment or 37 weeks for an urgent appointment.

- During the manual look-back exercise on 14 November 2016, Personal Information redacted by USI's patient chart could not be found on Trust premises. Personal Information redacted's chart did appear in the Acute Governance office the week commencing 28 November 2016. After informal queries, it is understood that patient notes are not transported via Trust vehicles to or from Dr 6's outlying clinics (inc SWAH). This could compound efforts to establish any chart location or outstanding dictation. The Review panel acknowledge that processes should not be drafted to address one issue with one specialist team. On balance, the Review team agree there is sufficient cause for concern that Trust documentation may be leaving Trust facilities and the process of record transportation for this Specialty does need urgently addressed.

- There is clear evidence that this patient Personal Information redacted by USI's letter was not triaged by week ending 30 October 2014. Personal Information redacted by USI was seen in SWAH by Dr 6 in January 2015. The outpatient letter was dictated 11 November 2016 and typed 15 November 2016. The Review panel have grave concerns that there are other Urology patient letters not being dictated in a timely manner. Upon further investigation, the Panel have found that the Trust does monitor the number charts needing audio-typing of dictation but there does not appear to be a robust process to monitor if post-consultation patient dictation has been completed. This has the potential to be compounded if patient charts are leaving the Trust facilities. The SAI Panel are anxious that assurance is sought that there is reasonable compliance in relation to the timely dictation letters by Dr 6.

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 17:10
To: Carroll, Ronan
Subject: FW: Urology - missing triage
Attachments: Urology - AOB missing triage.xlsx

From: Corrigan, Martina [redacted]
Sent: 22 December 2016 14:19
To: Carroll, Ronan [redacted]
Subject: FW: Urology - missing triage

Martina

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

From: Robinson, Katherine
Sent: 22 December 2016 11:55
To: Corrigan, Martina
Subject: FW: Urology - missing triage

Mrs Katherine Robinson
Booking & Contact Centre Manager
Southern Trust Referral & Booking Centre
Ramone Building
Craigavon Area Hospital

t: [redacted]
e: [redacted]

From: Rankin, Christine
Sent: 15 December 2016 15:37
To: Connolly, Connie
Cc: Robinson, Katherine
Subject: Urology - missing triage

Connie

As discussed please find attached spreadsheet containing 318 records which never came back from triage.

Copies of the letters for those highlighted in yellow have since been looked at by Mr Brown and he has agreed the conditions are something he can see as opposed to whether or not the referral should be urgent or routine. We are currently booking these to Mr Brown's clinics.

There are a few that say "letter in folder" but this comment relates to a copy of the referral and not the triaged one returned.

Hope this is of assistance to you.

C

Christine Rankin
ACTING BOOKING MANAGER
SOUTHERN TRUST BOOKING CENTRE
Southern Health & Social Care Trust
Ramone Building
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

t: Personal Information redacted by USI
e: Personal Information redacted by USI

t: Personal Information redacted by USI
e: Personal Information redacted by USI

From: Cunningham, Andrea
Sent: 19 December 2016 13:09
To: Robinson, Katherine
Subject: FW: Backlog report - no clinic outcomes
Importance: High

Update as discussed.

Regards
Andrea

Andrea Cunningham
Service Administrator
Ground Floor
Ramone Building
CAH

E: Personal Information redacted by USI
T: Personal Information redacted by USI

From: Elliott, Noleen
Sent: 15 December 2016 14:04
To: Cunningham, Andrea
Subject: Backlog report - no clinic outcomes

Andrea,

Please find attached list of clinics with no outcomes completed as per 15th December 2016.

Noleen

Mrs Noleen Elliott
Mr O'Brien's Secretary
Level 2
CRAIGAVON AREA HOSPITAL
Tel No: Personal Information redacted by USI

From:	Carroll, Ronan
To:	Wright, Richard; Kerr, Vivienne; Gishkori, Esther; Gibson, Simon; Boyce, Tracey
Subject:	FW: Backlog report - no clinic outcomes
Date:	23 December 2016 10:24:54
Attachments:	Backlog Report - no clinic outcomes as per 15.12.16.xlsx
Importance:	High

Please see updated position re AoB backlog of undictated clinics

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

From: Carroll, Anita
Sent: 22 December 2016 13:59
To: Carroll, Ronan
Subject: FW: Backlog report - no clinic outcomes
Importance: High

Maybe we can get a chat about this

From: Robinson, Katherine
Sent: 20 December 2016 17:07
To: Carroll, Anita
Subject: FW: Backlog report - no clinic outcomes
Importance: High

See attached list. This is a list of clinics that Mr O,Brien has not dictated on and hence no outcome for some of these patients. There is a risk that something could be missed so I am escalating to you, although I know that a lot of the time Mr O'Brien knows himself what is to happen with patients. Unfortunately this was not highlighted on the backlog report. The secretary assumed we knew because there have always been issues with this particular consultant's admin work from our perspective.

As learning from this discovery I have asked all secretaries to provide this information on the backlog report so that we fully understand the whole picture of what is outstanding in each specialty. The secretary also advises that at present Mr O'Brien is working on some of his backlogged admin work as he is off sick recovering.

Regards

K

Mrs Katherine Robinson
Booking & Contact Centre Manager
Southern Trust Referral & Booking Centre
Ramone Building
Craigavon Area Hospital

DATE	CLINIC	CLINIC CODE
24/11/2014	SWAH	EUROAOB
22/12/2014	SWAH	EUROAOB
12/01/2015	SWAH	EUROAOB
23/02/2015	SWAH	EUROAOB
09/03/2015	SWAH	EUROAOB
13/04/2015	SWAH	EUROAOB
11/05/2015	SWAH	EUROAOB
22/06/2015	SWAH	EUROAOB
06/07/2015	SWAH	EUROAOB
28/09/2015	SWAH	EUROAOB
19/10/2015	SWAH	EUROAOB
02/11/2015	ARMAGH CLINIC	AAOBU1
06/11/2015	URODYNAMICS CLINIC	CAOBUDS
24/11/2015	NEW CLINIC	CAOBTDU
30/11/2015	SWAH	EUROAOB
04/12/2015	URODYNAMICS CLINIC	CAOBUDS
07/12/2015	ARMAGH CLINIC	AAOBU1
22/12/2015	NEW CLINIC	CAOBTDU
08/01/2016	UROONCOLOGY CLINIC	CAOBUO
11/01/2016	SWAH	EUROAOB
15/01/2016	UROONCOLOGY CLINIC	CAOBUO
08/02/2016	SWAH	EUROAOB
07/03/2016	SWAH	EUROAOB
21/03/2016	ARMAGH CLINIC	AAOBU1
01/04/2016	UROONCOLOGY CLINIC	CAOBUO
04/04/2016	REVIEW CLINIC - CAH	CAOBTDUR
08/04/2016	UROONCOLOGY CLINIC	CAOBUO
15/04/2016	UROONCOLOGY CLINIC	CAOBUO
18/04/2016	ARMAGH CLINIC	AAOBU1
19/04/2016	NEW CLINIC	CAOBTDU
22/04/2016	UROONCOLOGY CLINIC	CAOBUO
22/04/2016	URODYNAMICS CLINIC	CAOBUDS
29/04/2016	UROONCOLOGY CLINIC	CAOBUO
29/04/2016	URODYNAMICS CLINIC	CAOBUDS
03/05/2016	REVIEW CLINIC - CAH	CAOBTDUR
06/05/2016	URODYNAMICS CLINIC	CAOBUDS
23/05/2016	REVIEW CLINIC - CAH	CAOBTDUR
27/05/2016	UROONCOLOGY CLINIC	CAOBUO
27/05/2016	URODYNAMICS CLINIC	CAOBUDS
03/06/2016	URODYNAMICS CLINIC	CAOBUDS
10/06/2016	UROONCOLOGY CLINIC	CAOBUO
13/06/2016	ARMAGH CLINIC	AAOBU1
20/06/2016	SWAH	EUROAOB
04/07/2016	REVIEW CLINIC - CAH	CAOBTDUR
22/07/2016	UROONCOLOGY CLINIC	CAOBUO
26/07/2016	NEW CLINIC	CAOBTDU
09/08/2016	NEW CLINIC	CAOBTDU
12/08/2016	UROONCOLOGY CLINIC	CAOBUO
19/08/2016	UROONCOLOGY CLINIC	CAOBUO

	CAH	340	THORACIC MEDICINE IHAR (C)	JOHN A DR	CARTCAJ	22/06/2015	29/11/2015	R	CARTCAJ	Personal Information redacted by USI
	CAH	101	UROLOGY(C)	GLACKIN A.J MR	CAJGREG	11/11/2015	25/11/2015	RF	CAJGREG	
	CAH	101	UROLOGY(C)	GLACKIN A.J MR	CAJGREG	12/11/2015	25/11/2015	RF	CAJGREG	
	CAH	101	UROLOGY(C)	HAYNES M D MR	CMDHUDS	19/10/2015	04/11/2015	NR	CMDHUDS	
	CAH	101	UROLOGY(C)	HAYNES M D MR	CMDHHOT	26/11/2015	27/11/2015	NU	CMDHHOT	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	14/01/2004	02/11/2015	R	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	02/12/2011	02/11/2015	R	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	09/10/2012	02/11/2015	R	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	11/08/2014	02/11/2015	PR	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	07/11/2014	02/11/2015	R	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	23/06/2015	02/11/2015	PR	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	27/08/2015	02/11/2015	PR	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	23/09/2015	02/11/2015	PR	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	AAOBU1	24/09/2015	02/11/2015	PR	AAOBU1	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	CAOBUDS	04/06/2015	06/11/2015	NU	CAOBUDS	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	CAOBUDS	09/10/2015	06/11/2015	NU	CAOBUDS	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	CAOBUDS	16/10/2015	06/11/2015	NU	CAOBUDS	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	CAOBHOT	17/11/2015	17/11/2015	NU	CAOBHOT	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	CAOBUDS	18/11/2014	27/11/2015	NU	CAOBUDS	
	CAH	101	UROLOGY(C)	O'BRIEN A MR	CAOBUDS	15/12/2014	27/11/2015	NU	CAOBUDS	

Toal, Vivienne

From: Gibson, Simon <Personal Information redacted by USI>
Sent: 21 December 2016 12:11
To: Toal, Vivienne
Subject: FW: AOB

See below for context

Kind regards

Simon

Simon Gibson
Assistant Director - Medical Directors Office Southern Health & Social Care Trust
Personal Information redacted by USI
Mobile: Personal Information redacted by USI
DHH: Personal Information redacted by USI Ext Personal Information redacted by

-----Original Message-----
From: Gibson, Simon
Sent: 21 December 2016 11:45
To: Wright, Richard
Subject: RE: AOB

Dear Richard

Yes. I will come in to DHH and web-cam in; I think we should involve Viv, she is in CAH and free all day.

2.30pm?

Kind regards

Simon

Simon Gibson
Assistant Director - Medical Directors Office Southern Health & Social Care Trust
Personal Information redacted by USI
Mobile: Personal Information redacted by USI
DHH: Personal Information redacted by USI Ext Personal Information redacted by

-----Original Message-----
From: Wright, Richard
Sent: 21 December 2016 11:26
To: Gibson, Simon
Subject: AOB

Hi Simon. Esther rang me re worrying developments re AOB and lost notes. Ronan is to report tomorrow with preliminary findings. I will come in tomorrow. If you are about could we set up a meeting with Ronan and if possible

Mark Haynes to consider findings (Esther is off) and next steps. I don't think we can wait for the formal completion of SAI . Regards Richard

Sent from my iPad

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

From: Boyce, Tracey
Sent: 23 December 2016 12:30
To: Carroll, Ronan
Subject: FW: Complaint - ?SAI
Attachments: file.pdf; Patient 16 1.doc; Personal Information redacted by USI pdf

Importance: High

Hi Ronan
See below - David Escalated this complaint to Trudy yesterday for an opinion as to whether it might need to be considered under the SAI process. (David doesn't know anything about our other AOB concerns).

What do you think?

Would the delay in the stent issue be down to the urologist or is that a process under radiology's control?

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy
Personal Information redacted by USI

-----Original Message-----
From: Reid, Trudy
Sent: 22 December 2016 16:05
To: Boyce, Tracey
Subject: FW: Complaint - ?SAI

Tracey please see attached and below -, David has asked is this a potential SAI?

Episode Enquiry

Select Episode 22/12/16 13:56 CA
Name
Patient 16 *MRSA* 03/07/12 Casenote Personal Information redacted by USI

Stinson, Emma M

From: Carroll, Ronan
Sent: 14 December 2021 17:05
To: Stinson, Emma M
Subject: FW: CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ
Attachments: Action note - 22nd December - AOB.docx

Importance: High
Sensitivity: Confidential

Section 21

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by USI

From: Carroll, Ronan Personal Information redacted by USI
Sent: 23 December 2016 13:19
To: Corrigan, Martina; Clayton, Wendy
Subject: FW: CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ
Importance: High
Sensitivity: Confidential

Sent in the strictest confidence

Martina/Wendy
So we need an AP to address the following

1- Volumes of notes tracked to AOB
2- What has been the outcome for the 318 patients
3- Determination of the volumes of pts where we have no dictation & a plan to correct same
4- Number of complaints with regard to AOB & how this compare to his peers

Ronan

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

From: Gibson, Simon
Sent: 23 December 2016 11:27
To: Gishkori, Esther; Toal, Vivienne; Wright, Richard
Cc: Carroll, Ronan; Boyce, Tracey; Clegg, Malcolm; Stinson, Emma M; Mallagh-Cassells, Heather; White, Laura; Montgomery. Ruth
Subject: CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ

Dear Richard, Esther and Viv

I am writing to confirm a follow-up meeting in relation to Dr A O'Brien on

Tuesday 10th January at 1pm – 2pm, Dr Wrights office, Trust HQ

From: Carroll, Ronan
Sent: 28 December 2016 11:15
To: Boyce, Tracey; Wright, Richard; Gibson, Simon
Subject: FW: Management of PP's / non chronological listing
Attachments: Personal Information redacted by USI .pdf

Importance: High

Please see email received from Mr Haynes which is self-explanatory. Mr Haynes came across this letter as a result of reviewing this pt with AOB being off sick & pulled this letter off NIECR
AOB Waiting time for routine – 149wks & urgent 139wks for TURPs
I have asked Wendy to run a report on all AOB TURP's completed (which is what this man had) to see are there others who have been listed the same way.
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by USI

From: Haynes, Mark
Sent: 23 December 2016 10:39
To: Carroll, Ronan
Subject: Management of PP's / non chronological listing

Morning Ronan

I mentioned in discussion the management of PP's by Mr O'Brien. I suspect that he is not the only individual who brings patients into the NHS and onto NHS theatre lists. However, given recent events I feel this practice should also be looked into.

Attached is a PP letter from Mr O'Brien. This patient was seen by Mr O'Brien on 5th September privately (given the headed paper the letter is on) and placed on his NHS theatre list on weds 21st September, waiting a total of 16 days. His actual NHS waiting list has many other patients awaiting a routine TURP (which this man had) waiting significant lengths of time. I believe, if his theatre lists were scrutinised over the past year a significant number of similar patient admissions would be identified. This practice has a negative impact on our overall waiting times and is in my view totally unacceptable.

Do you think this should be fed into the overall investigation?

Mark

Hainey, Lynne

From: Gishkori, Esther [redacted]
Sent: 03 January 2017 15:17
To: Carroll, Ronan; Gibson, Simon; Corrigan, Martina
Cc: Hainey, Lynne; Wright, Richard; Boyce, Tracey; Weir, Colin
Subject: RE: Confidential - AOB

Ronan,
I'm sure Simon will be able to answer the queries below but I just wanted to comment on point 4. Mr O'Brien is at liberty to do what he wants off ST premises but he cannot use the services of the Trust in the carrying out of his own private work. Not unless
the secretarial staff do the work outside core hours and don't use any facilities of the Trust.
Thanks
Esther.

Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust
Office [redacted] **Mobile** [redacted]
[redacted]

From: Carroll, Ronan
Sent: 03 January 2017 14:49
To: Gibson, Simon; Corrigan, Martina
Cc: Gishkori, Esther; Hainey, Lynne; Wright, Richard; Boyce, Tracey; Weir, Colin
Subject: RE: Confidential - AOB
Importance: High

Richard/Simon/Esther
Colin & Martina & I met with the urology consultants this am, at which we shared with them all the events that had been taking place and the decisions that had been taken.
From this meeting we need to answer a few questions

1- What are the ToR for the investigation/review
2- How long would you expect the review to last?
3- What was Mr O Brien advised re the undictated outpatient clinics i.e. can he dictate or has he to cease having anything to do with the outstanding backlog
4- What is the Trust's position on Mr O Brien undertaking private work and in particular using Trust secretarial staff to type private patient work whilst off?
5- What is the Trust position in regard to notes being transported in staff's private car to and from SWAH? Clinics run twice mthly (2nd & 4th wks)

Mr O Brien contacted Martina and advised that the notes which were not on Trust's premises have been left in his office. Martina has checked and this is confirmed, these notes will be transferred to the med exe office asap to be tracked to Martina on PAS and then a refreshed report will be ran to see if there are any more outstanding.

The Team are going to think/discuss and come back to Colin & I on thurs with how they proposed to complete the actions required associated with review.

Ronan

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

From: Gibson, Simon [redacted]
Sent: 03 January 2017 09:36
To: Hainey, Lynne; Wright, Richard
Cc: Toal, Vivienne; Boyce, Tracey
Subject: RE: CONFIDENTIAL - LETTER TO MR O'B

Dear Lynne

Spoke to Tracey on this issue.

Apparently the team undertaking the SAI were advised that there was no need to speak to Mr O'Brien about this SAI as this communication would be undertaken by those commencing the investigation which had been agreed following the meeting of the Oversight Committee.

As we are aware, Esther then decided not to proceed with the formal investigation, but an informal approach from within Acute Services. As this informal approach never started, this may then be why Mr O'Brien was never told of the SAI.

Another lesson in why due process should be followed.

Tracey – feel free to correct me if I have picked any of this up incorrectly.

Kind regards

Simon

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

From: Hainey, Lynne
Sent: 30 December 2016 14:15
To: Wright, Richard
Cc: Toal, Vivienne; Gibson, Simon
Subject: CONFIDENTIAL - LETTER TO MR O'B

Hi Dr Wright
Please find attached draft letter for issue to Mr O'Brien following today's meeting. You will see in red the query in relation to why he has not had involvement in the SAI. I know Simon was going to check. If it is related to the fact that he was on sick leave, can you please include this.

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

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

Letters waiting to be triaged from Mr O'Brien's office – 9 January 2017

Month of Letters	Amount	Comments
June 2015	70	All sorted except for one, this was without letters being triaged Note 3 patients deceased before having been sent for.
August 2015	20	The urgents in this have had appt but the routine have not had appointments yet but are due to be selected for end of January/February 2017
September 2015	32	
October 2015	77	
November 2015	66	
February 2015	65	
March 2016	59	
May 2016	111	
June 2016	75	
July 2016	31	
August 2016	45	
September 2016	70	
October 2016	62	
Total	**783**	

Update 10 January 2017

Mr O' Brien returned all the notes that he had in his on Monday 2 January 2017 to his own office on 2nd floor main block CAH. These have all been casenote tracked by Martina Corrigan to her own tracking code with the comment in AMD office, Admin Floor. There were a total of 307 charts returned from his home this included 94 Southern Trust notes that Mr O'Brien had seen privately put had written his private notes in these charts. Martina then checked his office and has casenote tracked all the charts from here again to her own tracking code with comment in Mr O'Brien's office, CAH and the number on the Pigeon Hole, there were 88 notes in his office. Martina then ran another report from PAS and found that there are still 27 tracked as follows and attached to Mr O'Brien

CU2 – AOB (clinic code) = 8 dating back for quite a period of time
CAOBO – Mr O'Brien's office = 17
CAOBA – Audio Typist Mr O'Brien x 2 charts dating to 2014

Action: is to check with Health Records and Secretary that these have not been returned to them at a time and not updated on PAS – this should be completed by end of this week and Martina will advise.

Issue three

Ronan Carroll reported that there was a backlog of over 60 undictated clinics going back over 18 months. Approximately 600 patients may not have had their clinic outcomes dictated, so the Trust is unclear what the clinical management plan is for these patients. This also brings with it an issue of contemporaneous dictation, in relation to any clinics which have not been dictated.

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

Update 10 January 2017

Martina ran a report of all the undictated clinics from Business Objects and found that this related to 668 patients and dating back to November 2014. Martina spoke to Mr O'Brien and he advised her that he had an outcome on every patient from these clinics, albeit they were not dictated on nor where they all recorded on PAS. He has advised her that some of the patients have been seen again or have had their surgery since they had attended the clinic. Mr O'Brien met with Martina on Monday 9 January 2017 and hand-delivered the outcome sheets for which there are 272 handwritten outcomes for SWAH patients and 299 for other clinics, which leaves a shortfall of 97 patients.

Plan

1. is to check with the lists of undictated clinics and identify these 97 patients and then the consultants will do a casenote review to see if they can from these notes determine what the outcome should have been.

2. to do an admin exercise of all the outcomes and then cross reference with the clinics what is missing. This admin exercise will show what is outstanding on reviews, diagnostics and being added to waiting lists.

The consultants are willing to work with Martina outside of Core time or to displace SPA to go through patient's notes etc. The Consultants have advised that they would prefer to go with Mr O'Brien's outcome as it would be very difficult for them as they have never seen the patient to make a determination without having seen the patient but are happy if anything comes from the admin exercise to see the patients if required.

It was agreed to consider any previous IR1's and complaints to identify whether there were any historical concerns raised.
Action: Tracey Boyce

Consideration of the Oversight Committee
In light of the above, combined with the issues previously identified to the Oversight Committee in September, it was agreed by the Oversight Committee that Dr O'Briens administrative practices have led to the strong possibility that patients may have come to harm. Should Dr O'Brien return to work, the potential that his continuing administrative practices could continue to harm patients would still exist. Therefore, it was agreed to exclude Dr O'Brien for the duration of a formal investigation under the MHPS guidelines using an NCAS approach.

It was agreed for Dr Wright to make contact with NCAS to seek confirmation of this approach and aim to meet Dr O'Brien on Friday 30th December to inform him of this decision, and follow this decision up in writing.
Action: Dr Wright/Simon Gibson

The following was agreed:
Case Investigator – Colin Weir
Case Manager – Ahmed Khan

Stinson, Emma M

From: Carroll, Ronan
Sent: 15 December 2021 22:27
To: Stinson, Emma M
Subject: FW: undictated clinics

Importance: High

Section 21

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI

From: Carroll, Ronan Personal Information redacted by USI
Sent: 08 June 2017 08:57
To: Corrigan, Martina; Hynds, Siobhan
Cc: Weir, Colin; Gishkori, Esther
Subject: RE: undictated clinics
Importance: High

Martina
Many tks for undertaking this large piece of work. I accept that AOB had a long review backlog and routine waiting times are long but the crucial thing is that the Trust was TOTALLY unaware of these pts in that there were on no PTL's.
The 3 pts who three are concerns with as usual you will let us all know the outcomes.
Ronan

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

From: Corrigan, Martina
Sent: 07 June 2017 18:25
To: Hynds, Siobhan
Cc: Carroll, Ronan
Subject: undictated clinics

Hi Siobhan

To update on the findings from the undictated clinics:

There are 110 patients who are being added to a Review OP waiting lists – a number of these should have had an appointment as per Mr O'Brien's handwritten clinical notes before now, however I would add that Mr O'Brien has a Review Backlog issue already so these patients even if they had of been added timely may still not have been seen.

There are 35 patients who need to be added to a theatre waiting lists, all of these patients he has classed as category 4 which is routine and again due to the backlog.

I have attached Mr O'Brien's sheets that he had given me in January after he had returned the charts.

I have now gone through all of the charts that were in the AMD office and will be back in Health Records tomorrow.

Katherine Robinson's team are currently recording the outcomes from these and these will all be backdated to when the clinics happened.

There were 3 patients whom the consultants have concerns on and I had arranged urgent appointments for them. One has since been sorted and no further concerns. The other two have cancelled their appointments themselves and have been rearranged for beginning of July so I will keep an eye on these and make sure there is no more concerns.

Other comments made by the consultant were:

1. Patient seen by 6 times at clinic and notes written in the patients chart but no dictated letter
2. Patient seen initially as a private patient and there is a letter in chart for private visit but none for NHS visit
3. Patient seen x 14 times at clinics (so well looked after) but no letters so how does the GP know what is going on?
4. Patient seen at clinic on 19/9/16 letter dictated retrospectively on 28/02/17.
5. According to PAS the patient attended the clinic but according to handwritten notes they DNA and Mr O'Brien had asked that they be sent for again
6. Patient seen on 11/04/16 but letter was dictated on 22/02/17.

If there is anything further in respect to this please do not hesitate to contact me

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital

INTERNAL: EX Personal Information redacted by USI ***if dialling from Avaya phone. If dialling from old phone please dial*** Personal Information redacted by USI
EXTERNAL : Personal Information redacted by USI
Mobile: Personal Information redacted by USI

353. I attended a meeting organised by Simon Gibson at which Dr Khan, Mr Haynes, Mrs Corrigan were present (21 January 2020). This meeting was in regard Mr O'Brien's compliance with the action plan which had been identified in September 2019 by Mrs Corrigan as being non-complaint with the action plan. In particular the meeting focused on a critique of the typing backlog template.

354. Please see response and email evidence in Question 47ii

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

355. Considering the concerns detailed in the letter of the 23rd March 2016 on reflection myself (AD) and Mr Weir (CD) should have followed up directly with Mr O'Brien earlier to press for his action plan, as described in response Question 68, as the four elements may have impacted on patient care and safety.

356. On obtaining, the emails from Dr Boyce and Mr Haynes (please refer to response to Question 45) I recognised that this was a potential patient safety concern. My concerns were confirmed following the searches into the 4 elements and I had an appreciation of the magnitude of the various aspect of Mr O'Brien's administrative practices.

(i) what risk assessment did you undertake, and

357. When the extent of the administrative backlogs were identified and this enabled Mrs Corrigan, Oversight committee and myself to ascertain the extent and potential impact of the problem, I worked with the urology HoS to compile a report detailing the volumes of patients and/or notes for each of the four elements.

358. In terms of continuing risk from November 2016 to February 2017, Mr O'Brien was on sick leave and then exclusion leave. On his return to work in February 2017 all urology clinical activity had been allocated to other urology consultants until the end of March 2017. On return to work Mr O Brien's administrative work was being monitored by Mrs Corrigan.

359. The 783 untriaged referrals had by the end of January 2017 been triaged. The notes from home had been returned to the Trust and the notes in the office had been returned to medical records the 1st week in January 2017. The Undictated clinics were completed on return to work in February as Mrs Corrigan had not scheduled Mr O'Brien into any clinics until the end of July 2017.

Stinson, Emma M

From: Clayton, Wendy <[redacted]
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 [redacted] 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
[redacted]		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: [redacted]
Mob: [redacted]

-----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
[redacted]

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

It was agreed that Dr Khan would write to Mr O'Brien, informing him who the NED was and, if necessary, asking him whether the 27 sets of notes were still at his house.
Action: Siobhan Hynds to draft letter

Issue three – undictated outcomes
It was reported that 668 patients have no outcomes formally dictated from Mr O'Briens outpatient clinics.
272 From the SWAH clinic
289 From other clinics.
The remaining 107 patients were still being investigated
Action: Ronan Carroll

Issue four – private patients
A review of 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 appear to be significantly less than for other patients. It would appear that there is an issue of Mr O'Brien scheduling his own patients in non-chronological manner.

It was recognised that the Ronan Carroll would continue to lead the operational team in working through the issues identified to reach clear outcomes for all patients. It was agreed by the Oversight Committee that this work would be recognised at WLI rates, with consultants undertaking additional 4 hour sessions to progress the issues identified.
Action: Ronan Carroll

Updated missing notes tracked to Mr O'Brien as of 16 January 2017

Hospital Number	Date and location loaned out	Comments
Personal Information redacted by USI	2003 – Mr O'Brien's secretary	Private Patient Cabinet
	2003 – Mr O'Brien's secretary	Private patient
	2005 – Mr O'Brien's Office – CAH	Patient to see AOB in office
	2009 – Mr O'Brien's office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary
	2009 – Mr O'Brien's office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary
	2010 – Mr O'Brien's Office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary
	2010 – Mr O'Brien's Office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary
	2010 – Mr A O'Brien Secretary	No Urology episodes – tracked out by Mr O'Brien's secretary
	2011 – Mr O'Brien's Office - CAH	No Urology episodes – tracked out by Mr O'Brien's secretary
	2011 - Mr O'Brien's Office - CAH	No Urology episodes – tracked out by Mr O'Brien's secretary
	2011 – Mr O'Brien's Office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary
	2014 –Mr O'Brien – Enniskillen Clinic	SWAH Clinic on 9 June 2014
	2015 – Mr O'Brien's Office - CAH	AOB PP in Filing Cabinet

Stinson, Emma M

From: Carroll, Ronan
Sent: 15 December 2021 21:37
To: Stinson, Emma M
Subject: FW: Information Request

Section 21

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI

From: Carroll, Ronan Personal Information redacted by USI
Sent: 29 January 2017 10:32
To: Clayton, Wendy; Corrigan, Martina
Subject: RE: Information Request

You now need to work through these pts to identify any who were operated on against chronological management

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

From: Clayton, Wendy
Sent: 16 January 2017 16:27
To: Carroll, Ronan; Corrigan, Martina
Subject: FW: Information Request

Hi

Urology AOB surgery attached for 2016:

- Elective = 201
- Non-elective = 150
- Daycase = 496
  TOTAL = 847 pts

Which do you need me to start from?

Regards

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

From: McConaghy, Gillian
Sent: 16 January 2017 16:04
To: Clayton, Wendy
Subject: RE: Information Request

Tks – and u will kill me (possibly) what procedure did they have? And then compare to the other pts classified as urgent awaiting the same procedure to see is the a difference – this would be important
Ronan

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

From: Clayton, Wendy
Sent: 08 March 2017 10:24
To: Carroll, Ronan; Corrigan, Martina
Subject: AOB surgical pts 2016

Ronan / Martina

I have gone through pts that had surgery under AOB in 2016. There were 11 pts with a Personal Information redacted by USI letter and who did not wait long for their surgery - pts below. There were 830 pts in total who had surgery in 2016

I have a hard copy of the Hermitage letter.

Casenote	Priority Classification	Method of Admission	Method of Admission Category	Health & Care Number	Hospital Description	Co
Personal Information redacted by USI	URGENT	Waiting List	Elective Admission	Personal Information redacted by USI	Craigavon Area Hospital	O'
	URGENT	Waiting List	Elective Admission		Craigavon Area Hospital	O'
	URGENT	Waiting List	Elective Admission		Craigavon Area Hospital	O'
	URGENT	Waiting List	Elective Admission		Craigavon Area Hospital	O'
	URGENT	Waiting List	Elective Admission		Craigavon Area Hospital	O'
	URGENT	Waiting List	Elective Admission		Craigavon Area Hospital	O'

Stinson, Emma M

From: Carroll, Ronan
Sent: 15 December 2021 22:00
To: Stinson, Emma M
Subject: FW: AOB surgical pts 2016
Attachments: AOB all surgery 2016.xlsx

Section 21

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI

From: Clayton, Wendy Personal Information redacted by USI
Sent: 08 March 2017 16:52
To: Carroll, Ronan; Corrigan, Martina
Subject: RE: AOB surgical pts 2016

Ronan/Martina

Please find attached procedure.

I filtered the total urology urgent waiting list for some of the attached procedures – there are patients waiting a wide variety of times back as long as 2014, 2015 and 2016 for an urgent procedure

Wendy

Wendy Clayton
Operational Support Lead
ATICS/SEC
Ext: Personal information redacted by USI
External number: Personal Information redacted by USI
Mob: Personal Information redacted by USI

EXT Personal Information redacted by USI ***if dialling from Avaya phone.***
If dialling from old phone please dial Personal Information redacted by USI

External No. Personal Information redacted by USI

From: Carroll, Ronan
Sent: 08 March 2017 12:28
To: Clayton, Wendy; Corrigan, Martina
Subject: RE: AOB surgical pts 2016
Importance: High

Wendy

Corrigan, Martina

From: Corrigan, Martina [redacted]
Sent: 14 September 2017 09:02
To: Hynds, Siobhan
Cc: Chada, Neta
Subject: RE: MHPS Investigation - Request for Information
Attachments: Update AOB all surgery 2016 5 May 2017.xlsx; clinically should they have been sooner.docx; Scan from YSoft SafeQ (5.27 MB); Scan from YSoft SafeQ (5.54 MB)

Importance: High

Siobhan,

The process undertaken was that Ronan had requested Wendy Clayton, Operational Lead to request a report to be run on all Mr O'Brien's surgery during 2016. See attached.

Any patients that had a short wait time between being added to the waiting list and been operated on had their record checked on NIECR to see if they had a private patient letter, i.e. [redacted]. Out of this list there were 11 patients, for which all the letters were printed off.

I then asked Mr Young if he could look at these letters and gauge from his clinical opinion should they have been as soon as they had been or should they have been added to the NHS waiting list to wait and be picked chronologically.

Mr Young agreed and he took away the letters and using NIECR (i.e. checking lab results, imaging and any other diagnostics available), made his decision on whether in his opinion they were sooner than they should have been. (letters attached with Mr Young's comments which he went through with me and advised which he felt was reasonable or not)

Regards

Martina

From: Hynds, Siobhan
Sent: 13 September 2017 09:30
To: Corrigan, Martina
Cc: Chada, Neta
Subject: MHPS Investigation - Request for Information
Importance: High

Martina

Could you please clarify for Dr Chada the process undertaken to assess the clinical priority of the TURP private patients. Who assessed the clinical priority and what was this based upon.

Can you also please provide me with a copy of the information pertaining to each private patient assessed.

Could I please have this information as a matter of urgency. If you have any queries please come back to me.

Many thanks

Siobhan

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

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.

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

Hynds, Siobhan

From: Carroll, Ronan [redacted]
Sent: 03 March 2017 10:23
To: Hynds, Siobhan; Corrigan, Martina
Cc: Chada, Neta
Subject: RE: Investigation

Importance: High

Siobhan
Update

1- Untriaged referrals updated yesterday – this pt in red text will require an SAI. At time of typing I don't know if pt has been informed re this confirmed diagnosis and the prognosis. I do not know if AOB has also been informed as he did not attend the MDT yesterday, where this pt was discussed

62 Day Pathway

- 19 patients in total
- **1 patient (50 year old) with confirmed High Grade Urothelial cancer, G3 pT4a. cancer (path confirmed today)** This patient has had TURBT so pathway has been closed at D209, he is listed for MDM discussion today re further management
- 12 are now closed,
- 3 awaiting diagnostics/results
- 3 awaiting TRUSB appointment.

31 Day Pathway (not tracked)

- 5 patients in total
- 4 closed – no cancer
- 1 patient declined offers as was feeling well and has been discharged.

2 - outcome of undictated outpt clinics – essentially has not started – consultants aware this needs to start and be completed
3 - trawl of PP's within 2016 operating – there are approx. 900 pts to go through on NIECR. About 450 pts have been checked and 6 out of the 450 have been seen by AOB at some point which is 1.3%

Monitoring of AOB work e.g. OPD, theatres etc has not yet commenced as prior to his return all the required activity had been reallocated to locum

Hope this help
Ronan

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

From: Hynds, Siobhan
Sent: 03 March 2017 00:50
To: Carroll, Ronan; Corrigan, Martina
Cc: Chada, Neta
Subject: Investigation

Ronan / Martina

Stinson, Emma M

From: Carroll, Ronan
Sent: 15 December 2021 22:08
To: Stinson, Emma M
Subject: FW: Overtime

Section 21

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI .

From: Corrigan, Martina Personal Information redacted by USI
Sent: 08 March 2017 18:08
To: Carroll, Ronan
Subject: RE: Overtime

Colin and I were to meet with Aidan on Monday to discuss SWAH and other issues that Aidan had on his return to work and Colin had intended to use it as a forum for discussing any issues that had arisen such as nonattendance at MDT.

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital

INTERNAL: EXT Personal Information redacted by USI ***if dialling from Avaya phone. If dialling from old phone please dial*** Personal Information redacted by USI
EXTERNAL : Personal Information redacted by USI
Mobile: Personal Information redacted by USI

From: Carroll, Ronan
Sent: 08 March 2017 18:00
To: Corrigan, Martina
Subject: RE: Overtime

Martina
"As we were originally going to meet on Monday I had hoped to deal with this query before now"
who were intending to meet on Monday?

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

From: Corrigan, Martina
Sent: 08 March 2017 17:57
To: Carroll, Ronan
Subject: RE: Overtime

Meeting with Mr O'Brien, Mr Weir, Mrs Corrigan
11:30am – 9th March 2017 – AMD Office – Admin Floor

Purpose of the meeting was as a follow on from Mr O'Brien's return to work meeting that took place with Mr O'Brien and Mr Weir on Friday 24 February 2017. (Mrs Corrigan was on Annual Leave).

Following topics was discussed:

1. **Enniskillen Clinics**

   Mr O'Brien reiterated his wish to go to the clinics in South West Acute Hospital (SWAH) on a monthly basis as he felt that it wasn't fair that patients had to travel. Mr Weir advised that it wasn't that we would be stopping him from doing these clinics altogether but this was to facilitate his return to work after surgery and that we planned to reinstate them after a few months. However, Mr O'Brien advised that he was feeling much better since his surgery and that the journey would no longer be an issue for him and again this was needed to accommodate the Fermanagh patients and prevent them having to travel.

   It was agreed therefore that he could start back as soon as possible and that Mrs Corrigan would look to see when the next suitable date would be. *Follow-up note: Mrs Corrigan has checked and there are no suitable Monday's available in April:*
   3rd – Review Clinic booked for CAH
   10th – Mr O'Brien is Urologist of the Week
   17th – Easter Monday
   24th – Mr Young has a clinic
   Mrs Corrigan has advised Mr O'Brien of this by email and that the next clinic would be held on Monday 8th May 2017.

   Mrs Corrigan also to check is it possible to for Mr O'Brien to use his laptop in SWAH and do his digital dictation from there.
   Follow-up note: Mr Young is going to SWAH on Monday 13th March and has agreed to trial this on his laptop and report back, if this doesn't work then Mrs Corrigan to contact IT in SWAH to see is there any way that we can link their digital dictation to our systems.

   It was agreed that Mr O'Brien would see 16 patients (8 x AM and 8 x PM) on these clinics and that he would get one hour to dictate at the end of the clinic. Mr O'Brien agreed to this and that he would not leave SWAH until all the charts had been dictated on.

   Mr Weir asked Mr O'Brien was this fair and to which Mr O'Brien replied '*nothing about job plans was fair*'.

One point that hasn't been agreed from this meeting and needs followed up is in respect to returning the notes after the clinic – Mrs Corrigan to action.

2. Admin since return to work

Mrs Corrigan asked on clarification on the backlog that Mr O'Brien's secretary had reported that she was doing and Mr O'Brien advised since his return to work he had been doing any outstanding Admin/Results etc. that had not been done whilst he had been off and this included patient follow-up from his diaries. Mrs Corrigan said that there should be no information kept in diaries and that it all needed to be recorded on PAS. Mr O'Brien assured Mrs Corrigan and Mr Weir that it was all also on PAS.

Note for clarification for MC – can I ask for these diaries to do a cross-check??

3. New Outpatient Clinics

Mr O'Brien advised Mr Weir and Mrs Corrigan that he no longer felt it was fair that he would continue to see New Outpatients. Mrs Corrigan advised that this was not feasible as all Consultants needed to see New Outpatients. Mr O'Brien clarified that the reason he felt this was because he had the most patients waiting to be operated on with the longest waiting times and that it wasn't fair for him to continue to see new patients and adding to his waiting list as he couldn't deal with them.

Mrs Corrigan clarified that Mr O'Brien didn't have the most nor the longest waiting times for In and Day patients:

Mr Young	-	228 patients (162 weeks)
Mr Suresh	-	267 patients (93 weeks)
Mr O'Brien	-	257 patients (152 weeks)
Mr Haynes	-	191 patients (143 weeks)
Mr Glackin	-	146 patients (62 weeks)
Mr O'Donoghue	-	134 patients (101 weeks)

Mrs Corrigan gave further detail on Mr O'Brien's total waiting with their longest waiting times:

Daycases:	37 Urgent (longest waiting 110 weeks)
	25 Routine (longest waiting 137 weeks)
Inpatients	124 Urgent (longest waiting 148 weeks)
	71 Routine (longest waiting 152 weeks)

Mr O'Brien advised that he didn't agree with classifications of an *Urgent* or of a daycase and that whilst these were the numbers waiting they should be classified differently.

Follow-up note – Mrs Corrigan to work with Mr O'Brien to get these validated and classified accordingly.

Of note – after the meeting and as a result of outcomes from the outstanding undictated clinics that the other consultants have started to go through there will be more needing to be added to these waiting lists.

4. Annual Leave

Mr O'Brien had previously requested Mrs Corrigan to provide him with how many annual leave days he had taken to date. This was emailed through to Mr O'Brien on 7th March 2017:

Dear Aidan

As discussed your annual leave year commences on 1 July each year. I have recorded that up until today you have taken 18 annual leave days leaving you with 16 days to take before 30 June 2017.

I have also noted that you hope to take a further 4 days in April (14th, 19-21st) and I have noted this on the Annual Leave sheet.

Mrs Corrigan asked Mr O'Brien if this was ok to which he advised he hadn't had a chance to look at this but that there was also 12 July 2016 that Mrs Corrigan hadn't added in when he came in and operated all-day on a patient of his and of note he wasn't oncall.

Follow-up, Mrs Corrigan to clarify if this should be added in as it wasn't an oncall day-in-lieu.

Mr O'Brien also asked for clarity on how many days he was entitled to and Mrs Corrigan advised him that he was entitled to 34 annual leave and 10 Bank Holidays. He asked for clarity if this was worked out as per his job plan which is how it is worked out in England and Mr Weir advised that for our Trust we followed a regional policy and that it was 32 days up until 7 years and then 34 days thereafter.

Mr O'Brien then advised that he was holding the last week in March for a court case (Mrs Corrigan was not aware of these dates), and that he had got word to say he was no longer needed to appear in Court but that he still wanted to take the Monday 27th and Tuesday 28th March off as Annual Leave, Mrs Corrigan advised that there was a New outpatient clinic set up for Mr O'Brien but as no patients had been booked she would cancel same and noted the annual leave dates.

5. Review Backlogs

Mrs Corrigan asked for clarification on the review oncology patients that Mr O'Brien had been booking to his clinics and that he kept referring to in conversations.

Mr O'Brien advised that for all of his Oncology patients he kept this information in a diary, i.e. he took a patient detail label and stuck it in the diary with notes for when they were due a review and anything that needed to be done with the patient. Mrs Corrigan and Mr Weir advised that this was causing them a lot of concern because although Mr O'Brien knew no-one else knew and if something happened to him this information would be lost. But he assured Mr Weir and Mrs Corrigan that these were on PAS.

Again an MC note – can I ask for these diaries so I can cross-reference

Mrs Corrigan shared Mr O'Brien's Review Urgent Outpatient backlogs:

CAOBUO (oncology reviews) -	2014 = 89
	2015 = 77
	2016 = 46
	End of March 2017 =32
	Total = 244
EUROU = Enniskillen Urgent	2014 = 1
	2015 = 1
	2016 = 25
	End of March 2017 = 32
	Total = 63

Mr O'Brien asked for clarity on how the patients were identified for the Enniskillen Urgent Review list and Mrs Corrigan advised him that if not specified then the patient if seen originally as an urgent patient then they will remain as urgent unless otherwise directed.

Mr O'Brien also advised that the patients whilst on the oncology review clinical code (CAOBUO) they were not all oncology as the list was a combination of urgent and oncology. Mrs Corrigan asked would it be possible to validate this list and separate out the oncology patients as again this is very concerning that we do not have a handle on what is Oncology and what is Urgent.

Follow-up: Mrs Corrigan to provide patient detail on the CAOBUO review backlog and can work through getting the urgent patients moved to a different code:

NOTE: after the meeting Mr O'Brien and Mrs Corrigan walked together to the Urology Departmental meeting and discussed the reviews. Mr O'Brien advised that he actually contacted a lot of patients by phone and discussed their follow-up and that there was no recognition of this. Mrs Corrigan advised

him that it was imperative that he dictated on these patients as not only was it away of capturing this activity but it was a record of the decisions that had been made on the patient because again the Trust didn't have any record of this.

6. MDT

Mr O'Brien raised about the Urology Oncology MDT and advised Mr Weir and Mrs Corrigan that he was no longer prepared to operate on a Wednesday until 8pm then go home and preview for the next day's MDT as he had done in the past. He advised Mr Weir and Mrs Corrigan that he hadn't quite made up his mind if he was going to continue with chairing this MDT group but if he did continue then he wouldn't be coming into work on a Thursday morning but the time would be spent previewing for the MDT. Mr O'Brien advised that he spends considerable time preparing for the meeting if he is going to Chair and that he went through all patients in great detail including all their images. He also advised that in the past he had spent considerable time after the MDT correcting the outcomes i.e. grammar etc. He advised that he prided himself on having one of the best-prepared and well-run MDT's.

Mrs Corrigan advised that as Mr Glackin was now the Lead for MDT that he should speak with him to determine his views on this.

Follow-up note: Mrs Corrigan spoke with Mr Young who felt that it Mr O'Brien wants to continue to Chair then he should drop his theatre session once per month and give it to the Locum Consultant and this would allow him to do the preparation for the MDT.

7. Investigation

Mr O'Brien raised the Investigation and the worry it was causing him. He said that he wasn't sleeping and that it was more now the mental stress that this was causing him rather than the physical. He advised that he was suffering from bad headaches and needed to go to bed early (he also advised that he was on antibiotics for a sinus infection). He told Mr Weir and Mrs Corrigan that he had a pain from his neck into his arm and that his eyesight had really deteriorated and that he needed new glasses. Mrs Corrigan asked him did he want to be referred back to Occupational Health? He replied that his wife had mentioned the same but he wasn't sure. Mr Weir discussed with him that he should attend his own GP as it sounded like he was suffering from anxiety. Mr O'Brien said he knew his GP – Dr Miller well, but of note Mr O'Brien didn't agree to go and see Dr Miller.

Follow-up: Mrs Corrigan to check with Mr O'Brien on his health and again ask does he want to be referred to Occupational Health.

Mr O'Brien told Mr Weir and Mrs Corrigan that whilst he had had an indication that the Investigation would be complete by mid-April he had no indication on

21. With NICER the issue re patient notes has become less and so people have found ways around missing notes. There are still 13 sets of notes missing and he has been asked about them. I have no recollection of anyone using IR1's to document missing notes.

22. The Consultants working through the notes and undictated clinics have some concern that other appointments to other specialities have been missed as the letters were not dictated. There are no significant patient complaints regarding Mr O'Brien. The waiting lists are now so long so we have complaints generally about waiting times. Mr O'Brien does not use digital dictation and therefore it is not possible to monitor when clinics haven't been dictated. All of the other Consultants use digital dictation which allows for every clinic to be linked on PAS. If a clinic is not dictated this would highlight it. Consultants are using digital dictation 3 to 4 years now. While there is nothing specifically documented, my expectation would be that Mr O'Brien's secretary should have been flagging if outcomes were not dictated. I am now aware there are hundreds of letters from clinics not dictated by Mr O'Brien.

23. Mr O'Brien knows his patients really well but has kept a lot of the information relating to his patients retained in his head. It is not safe clinical practice.

24. An issue which concerned me this week is that when I checked regarding bed pressures, Mr O'Brien has no clinical priority noted on the theatre list. He said they are all urgent and 'they will all be done'. We need to be able to prioritise patients when there are bed pressures so we know who can be cancelled if absolutely necessary. The only person who knows the priority is Mr O'Brien.

25. In respect of TOR 4 – I was notified via e-mail from Mr Haynes about concerns relating to Mr O'Brien's private patients. Currently checks are ongoing on all patients in 2015 and 2016. The current waiting time for a routine procedure in Urology is 170 weeks. There does appear to be patients taken out of chronological order and operated on sooner. This is being looked into further to see if there were specific reasons for clinical priority in these cases.

26. Mr O'Brien says he has 4 categories of prioritisation; semi urgent, urgent, soon and routine, or something like that. This Trust has 2 categories urgent or routine. The rest of the urologists follow that.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

Cc: Carroll, Ronan
Subject: RE: Action note - 26th January - AOB draft SH comments

Dear Siobhan,
Thank you for this and Anne McVey briefed me fully the day following the meeting.
I just have a few questions.

1. Is there a time scale for the developing of the monitoring process which Ronan and I will assume responsibility for?
2. Is it OK therefore for us to involve the other clinicians in developing the above? I am aware that Colin Weir is part of the investigative team but is also the CD for Mr O'Brien. Mark Haines is the other CD for surgery but also works as a urologist in the team.

Sorry for the basic questions but I would rather be crystal clear about my roles and responsibilities at the beginning.

Many thanks
Esther.

Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust
Office Personal Information redacted by USI **Mobile** Personal Information redacted by USI
Personal Information redacted by USI

From: Hynds, Siobhan
Sent: 02 February 2017 16:24
To: Gibson, Simon
Cc: McVey, Anne; Toal, Vivienne; Gishkori, Esther; Wright, Richard; Weir, Colin; Khan, Ahmed
Subject: Action note - 26th January - AOB draft SH comments

Simon,

I have tracked some minor changes to the notes for your consideration. I have changed the terminology to reflect the MHPS framework.

Regards,

Siobhan

Mrs Siobhan Hynds
Head of Employee Relations
Human Resources & Organisational Development Directorate
Hill Building, St Luke's Hospital Site
Armagh, BT61 7NQ

Tel: Personal Information redacted by USI Direct Line: Personal Information redacted by USI
Mobile: Personal Information redacted by USI Fax: Personal Information redacted by USI

Southern Health and Social Care Trust

Quality Care - for you, with you

MR A O'BRIEN, CONSULTANT UROLOGIST
RETURN TO WORK PLAN / MONITORING ARRANGEMENTS
MEETING 9 FEBRUARY 2017

Following a decision by case conference on 26 January 2017 to lift an immediate exclusion which was in place from 30 December 2017, this action plan for Mr O'Brien's return to work will be in place pending conclusion of the formal investigation process under Maintaining High Professional Standards Framework.

The decision of the members of the case conference is for Mr O'Brien to return as a Consultant Urologist to his full job role as per his job plan and to include safeguards and monitoring around the 4 main issues of concerns under investigation. An urgent job plan review will be undertaken to consider any workload pressures to ensure appropriate supports can be put in place.

Mr O'Brien's return to work is based on his:

- strict compliance with Trust Policies and Procedures in relation to:
    - Triaging of referrals
    - Contemporaneous note keeping
    - Storage of medical records
    - Private practice
- agreement to comply with the monitoring mechanisms put in place to assess his administrative processes.

Currently, the Urology Team have scheduled and signed off clinical activity until the end of March 2017, patients are called and confirmed for the theatre lists up to week of 13 March. Therefore on immediate return, Mr O'Brien will be primarily undertaking clinics and clinical validation of his reviews, his inpatient and day case lists. This work will be monitored by the Head of Service and reported to the Assistant Director.

CONCERN 1

- That, from June 2015, 783 GP referrals had not been triaged in line with the agreed / known process for such referrals.

Mr O'Brien, when Urologist of the week (once every 6 weeks), must action and triage all referrals for which he is responsible, this will include letters received via the booking

Stinson, Emma M

From: Carroll, Ronan
Sent: 15 December 2021 22:32
To: Stinson, Emma M
Subject: FW: triage not returned

Section 21

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI .

From: Corrigan, Martina Personal Information redacted by USI
Sent: 11 July 2017 17:40
To: O'Brien, Aidan
Cc: Weir, Colin; Carroll, Ronan
Subject: triage not returned

Aidan

As per your return to work Action Plan:

Concern 1

Mr O'Brien, when Urologist of the week (once every 6 weeks), must action and triage all referrals for which he is responsible, this will include letters received via the booking centre and any letters that have been addressed to Mr O'Brien and delivered to his office – for these letters the secretary will have to record receipt of these on PAS and then these letters must all be triaged. The oncall week commences on a Thursday AM for seven days, therefore triage of all referrals must be completed by 4pm on the Friday after Mr O'Brien's Consultant of the Week ends.

Red Flag referrals must be completed daily.

All referrals received by Mr O'Brien will be monitored by the Central Booking Centre in line with the above timescales. A report will be shared with the Assistant Director of Acute Services, Anaesthetics and Surgery at the end of each period to ensure all targets have been met.

Any deviation from compliance with the targets will be referred to the MHPS Case Manager immediately.

I have been advised by the booking centre that there are 30 'paper' outpatient referrals not returned from your week oncall and this must be addressed urgently please.

Regards

Martina

Buckley, LauraC

From: Corrigan, Martina
Sent: 25 October 2019 09:28
To: Hynds, Siobhan
Cc: Buckley, LauraC
Subject: FW: triage not returned

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology & Outpatients
Craigavon Area Hospital

Telephone:
EXT Personal Information (Internal)
Personal Information redacted by USI (External)
Personal Information redacted by the USI (Mobile)

From: Corrigan, Martina Personal Information redacted by the USI
Sent: 13 July 2017 08:32
To: Carroll, Ronan; Weir, Colin
Subject: FW: triage not returned

Please see Aidan's response below

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital

Changed My Number

INTERNAL: Personal Information redacted by USI *if dialling from Avaya phone. If dialling from old phone please dial* Personal Information redacted by USI
EXTERNAL : Personal Information redacted by USI
Mobile: Personal Information redacted by the USI

From: O'Brien, Aidan
Sent: 12 July 2017 13:59
To: Corrigan, Martina
Subject: RE: triage not returned

Martina,

I have just read this email, finding it so demoralising.

I deferred returning these referrals as each day's bundle included patients who needed to be contacted so that the appropriate triage decision could be made.
Whether because of it being the holiday period, it proved difficult, and in some cases, impossible to contact patients.
I therefore returned the referrals, making fail safe decisions, but having kept a record of patients who may require a more immediate management.
One such was [redacted]) who has a stone in her left ureter and who returned my calls this morning to advise that she was in pain, which I expected her to be.
I had returned her triaged referral to have an Urgent Appointment at a New Clinic, whenever that would have happened.
However, I have arranged her admission today for left ureteroscopic lithotripsy on the emergency list.
By virtue of the returned referrals not having been collected today, 12 July, I have been able to amend the triage decision.

I came in to the hospital today to review a couple of patients admitted since their referrals.
Having done so, I thought I would do some work in my office.
Then I read your emails.

I know how referrals are triaged and returned on time!
It is most certainly not by taking the time to ensure that each patient's current state is most appropriately and expeditiously assessed and managed.
As a consequence of my doing so, I have dictated letters to the referring doctors, and to the patients if I have been unable to speak to them by telephone, in over 50 cases, requesting scans, having conditions treated appropriately, and so forth.
By doing so, investigation is progressing and patients are hopefully deriving benefit from treatment.

Having done all of that. I personally would have been better off ticking the box, being at home on my leave.
And [redacted], she would also be at home, with persistent colic, awaiting the urgent outpatient appointment.

Aidan.

From: Corrigan, Martina
Sent: 11 July 2017 17:40
To: O'Brien, Aidan
Cc: Weir, Colin; Carroll, Ronan
Subject: triage not returned

Aidan

As per your return to work Action Plan:

Concern 1

Mr O'Brien, when Urologist of the week (once every 6 weeks), must action and triage all referrals for which he is responsible, this will include letters received via the booking centre and any letters that have been addressed to Mr O'Brien and delivered to his office – for these letters the secretary will have to record receipt of these on PAS and then these letters must all be triaged. The oncall week commences on a Thursday AM for seven days, therefore triage of all referrals must be completed by 4pm on the Friday after Mr O'Brien's Consultant of the Week ends.

Red Flag referrals must be completed daily.

comments, so it's obviously Noleen that's tracking them out and sending them to your office with the result on the front of the chart. So it's just that --

MR O'BRIEN: There is no need for chart to be there.

MARTINA CORRIGAN: Okay.

MR O'BRIEN: And I've told Noleen that.

MARTINA CORRIGAN: Okay.

MR O'BRIEN: Even, you know, the past two weeks when Noleen was off, there were still charts coming into my office. I don't ask them. If I don't ask for them, I'm not the person responsible for storing them. There's no need for them. It is an obsolete system.

MARTINA CORRIGAN: Okay. Yeah. Yeah. We can --

COLIN WEIR: So is there -- so those charts don't necessarily need anything done with them then or does it need an outcome?

MR O'BRIEN: No. The number as of last Friday actually the number is 25.

COLIN WEIR: Yeah.

MR O'BRIEN: Because I returned so many charts.

COLIN WEIR: All right.

MR O'BRIEN: Completely pointless --

COLIN WEIR: Okay. It's just --

MR O'BRIEN: -- time-consuming exercise people bringing charts into your office, leaving them there on top of your desk with a normal PSA that you -- I just don't understand the reason for it.

RONAN CARROLL: Was that -- I suppose I'm just trying to understand but it's good when you don't need them but why would that -- would that have (inaudible)?

MR O'BRIEN: I was told by the secretaries actually that they're told that's what they have to do by their line managers.

RONAN CARROLL: Oh. So how do we stop?

COLIN WEIR: For me, my practice is no charts in my office at all. They go --

MR O'BRIEN: On Friday I did an audit. There were seven of the charts in my office that I had asked for.

COLIN WEIR: Right.

MR O'BRIEN: Two of them were medico~~al~~ legal. Two are for police reports.

~~MARTINA CORRIGAN~~ MR O'BRIEN: And there's one for reconstruction which is (inaudible).

MR O'BRIEN: And one for reconstruction which I have returned because -- and I don't really need it -- but I have returned it as it seems to be an issue that you retain a chart on Personal information redacted

Formatted: Left

Corrigan, Martina

From: Corrigan, Martina
Sent: 06 February 2018 15:14
To: Hynds, Siobhan
Cc: Carroll, Ronan
Subject: FW: RF triage
Attachments: FW: UROLOGY; FW: RF Urology

Importance: High

Siobhan,

Ronan has asked me to forward this to you and relates to when Mr O'Brien was oncall. The agreement was that Red Flag triage was to be done within 24 hours and all other triage by the Friday of the week his oncall finished.

I have agreed with Ronan that I am going to meet with him (I have scheduled to meet this Thursday) as these emails came in when I was on Annual Leave.

I will update you after my meeting with him.

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital

INTERNAL: EXT Personal Information redacted by USI
EXTERNAL : Personal Information redacted by USI
Mobile: Personal Information redacted by USI

From: Carroll, Ronan
Sent: 01 February 2018 14:07
To: Corrigan, Martina
Subject: RF triage
Importance: High

Martina
We need to pick this up Monday

Davis, Anita

From: Carroll, Ronan
Sent: 15 December 2021 23:04
To: Davis, Anita
Subject: FW: Return to Work Action Plan February 2017 FINAL.

Follow Up Flag: Follow up
Flag Status: Flagged

Section 21

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI .

From: Corrigan, Martina Personal Information redacted by USI
Sent: 22 May 2018 17:29
To: Hynds, Siobhan; Carroll, Ronan
Subject: RE: Return to Work Action Plan February 2017 FINAL.

Hi Siobhan

Apart from one deviation on 1 February 2018 when Mr O'Brien had to be spoken to regarding a delay in Red Flag Triage and he immediately addressed it, I can confirm that he has adhered to his return to work action plan, which I monitor on a weekly basis.

CONCERN 1 – one deviation when the red flag was not triaged for 6 days – he was spoken to and it was resolved that evening and his reason was due to the busyness of his oncall week when he had spent quite a bit of it in emergency theatre.
CONCERN 2 – adhered to – no notes are stored off premises nor in his office
CONCERN 3 – adhered to – Mr O'Brien uses digital dictation and dictates on all charts after clinics and he has an outcome on all patients including DNA patients
CONCERN 4 – adhered to – no more of Mr O'Brien's patients that had been seen privately as an outpatient has been listed,
Should you require anything further, please do not hesitate to contact me.

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital

INTERNAL: Personal Information redacted by USI
EXTERNAL : Personal Information redacted by USI
Mobile: Personal Information redacted by USI

From: Hynds, Siobhan
Sent: 18 May 2018 15:04
To: Corrigan, Martina; Carroll, Ronan
Subject: Return to Work Action Plan February 2017 FINAL.
Importance: High

Hi Martina / Ronan

I am finalising the investigation report and just wanted to check that in line with the attached action plan – has this been adhered to fully by AOB from February 2017? Has there been any deviation from it.

I just wanted to confirm either way for the purposes of the report.

Thanks

Siobhan

CAH	Personal Information redacted by USI	Personal Information redacted by USI	Personal Information redacted by USI	Personal Information redacted by USI	Personal Information redacted by USI	Personal Information redacted by USI	20/02/2014	20/02/2014			AOB	WL	2	N	URETEROSCOPY AND LASER	M30.4	URETEROSCOPY AND LASER			66
CAH							24/02/2014	24/02/2014			AOB	WL	2	N	RIGHT URETEROGRAPHY AND URETEROSCOPY	M30.4	RIGHT URETEROGRAPHY AND URETEROSCOPY NOT AVAILABLE 13/11/14 - 18/11/14 (ON HOLIDAY)			65
CAH							25/02/2014	25/02/2014			AOB	WL	2	N	TURP	M65.3	TURP FIT 12.5.14 KK			65
CAH							03/03/2014	03/03/2014			AOB	WL	2	N	MARSUPIALISATION OF RIGHT RENAL CYST AND	M04.1	RIGHT URETERIC REIMPLANTATION RANG 20.05.14 ? DATE FIT 3.7.14 MILD LATEX ALLERGY			64
CAH							04/03/2014	04/03/2014			AOB	WL	2	N	BILATERAL URETERIC REIMPLANTATION	Z94.1	BILATERAL URETERIC REIMPLANTATION			64
CAH							14/03/2014	14/03/2014			AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPY & URETEROGRAPHY	M30.9	LEFT FLEXIBLE URETEROSCOPY & URETEROGRAPHY B6QT 210514 RESPIRTARY ARREST		SC URODYNAMICS 140314 TCI PER ABO	63
CAH							18/03/2014	18/03/2014			AOB	WL	2	N	RESECTION OF ANTERIOR VAGINA LESION	M42.1	RESECTION OF ANTERIOR Vagina lesion (HAS YOUNG BABY) FIT 30.5.14 KK ON SSRI (NEED AS MUCH NOTICE AS POSSIBLE)			62
CAH							27/03/2014	27/03/2014			MY	WL	2	N	PCNL MR GLACKIN PATIENT	M09.9	PCNL MR GLACKIN PATIENT FIT 31.7.14 KK - PT PHON ? DATE 19&22/09/14 & 30/01/15		PD - PER STC CLINIC 27.03.14	61

UROLOGY - TOTAL WAITING LIST - AS AT 27.05.15

Summary of Urgent Waits					
	With Dates	Without Dates	Total		Long Waiter Without Date	
AJG	15	28	43		34 weeks	
AOB	2	128	130		82 weeks	
JOD	25	43	68		92 weeks	*Originally AOB patient*
KS	17	44	61		28 weeks	
MDH	12	26	38		70 weeks	*Originally AOB patient*
MY	25	110	135		85 weeks	
TOTAL	96	379	475			

Hospital	H&C No.	Casenote	Forename	Surname	Date of Birth	Age	Original Date	Current Date	Date Booked	Current Suspension End Date	Consultant	Expected Method of Adm.	Urgency Code	Intended Management	Admission Reason	Intended Primary Procedure Code	Operation Description	Expected Ward	Remarks	Weeks waiting
CAH	Personal Information redacted by USI	Personal Information redacted by USI	Personal Information redacted by USI	Personal Information redacted by USI	Personal Information redacted by USI	Personal Information redacted by USI	11/06/2013	11/06/2013			JOD	WL	4	N	URETHROPLASTY	M73.6	URETHROPLASTY		JOINT PROCEDURE WITH BRIAN DOGAN, SET CONSULTANT	92
CAH							19/08/2013	19/08/2013			AOB	WL	4	D	PREPUTIOLYSIS	N32.9	PREPUTIOLYSIS TRANSFER TO AOB WL PER MR O'BRIEN FIT(04.02.15)CD/FT		PER MR YOUNG AT BB CLINIC	92
CAH							20/08/2013	20/08/2013			AOB	WL	4	N	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION	N30.2	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION FIT(20.01.15)UD 21.5.15 KK			92
CAH							24/05/2013	24/05/2013	03/06/2015		JOD	WL	2	N	TURP AND BOTULINUM TOXIN INJECTION	M65.3	TURP AND BOTULINUM TOXIN INJECTION FIT(16.10.13)CD NIDDM METFORMIN. ACE INHIBITOR.PLAVIX DISCONTINUED BY GP	1 WEST ELECTIVE ADMISSION WARD		92
CAH							23/08/2013	23/08/2013			JOD	WL	2	N	TURP DISCUSS WITH ANAETHETIST FIRST	M65.3	TURP DISCUSS WITH ANAETHETIST FIRST (FIT 10/10/13 FMCC/LN)		PER MR YOUNG AT CLINIC 23.08.13	92
CAH							02/08/2013	02/08/2013			AJG	WL	4	N	TURP	M65.3	TURP FIT(26.02.14)CD ON AMITRIPTYLINE			86
CAH							09/10/2013	09/10/2013			MY	WL	2	N	LEFT PCNL NEEDS PRE-OP NEPHROSTOMY	M09.9	LEFT PCNL NEEDS PRE-OP NEPHROSTOMY FIT 24.2.15 KK		PER RAB	85
CAH							12/08/2013	12/08/2013		01/08/2015	JOD	WL	4	N	TURP DIABETIC	M65.3	TURP DIABETIC FIT 23.1.14 IDDM/NIDDM TAB/DIET ON IRBESARTAN		PER MR YOUNG CLINIC 12.08.13	84
CAH							02/08/2013	02/08/2013			MY	WL	4	D	GA CYSTOSCOPY & HYDROSTATIC DILATATION AS INPATIENT	M45.9	GA CYSTOSCOPY & HYDROSTATIC DILATATION AS INPATIENT (HSQ B6QT 04/12/13 LN)HOLD(29.11.13)CD		PD - PER MR YOUNG AT URODYNAMICS 02.08.13	82
CAH							28/10/2013	28/10/2013			AOB	WL	2	N	CT URINARY TRACT & CYSTOSCOPY	M45.9	CT URINARY TRACT & CYSTOSCOPY		SC OPD 281013 TCI PER AOB	82
CAH							25/11/2013	25/11/2013			JOD	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	N28.8	CORRECTION OF PENILE ERECTILE DEFORMITY			78
CAH							25/11/2013	25/11/2013			JOD	WL	4	N	CYSTOSCOPY ?URETHRAL DILATATION	M45.9	CYSTOSCOPY ?URETHRAL DILATATION			78
CAH							25/11/2013	25/11/2013			AOB	WL	2	N	RIGHT URETEROGRAPHY AND PYLEPOPLASTY	M30.1	RIGHT URETEROGRAPHY AND PYLEPOPLASTY			78
CAH							29/11/2013	29/11/2013			JOD	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER FIT 18.5.15 KK			78
CAH							03/12/2013	03/12/2013			JOD	WL	4	D	LEFT EPIDIDYMAL CYSTECTOMY	M34.3	LEFT EPIDIDYMAL CYSTECTOMY B6QT 260214 ON AMITRIPTYLINE/ASTHMA MEDS			77
CAH							04/12/2013	04/12/2013			MY	WL	2	N	LEFT PCNL MR GLACKIN PATIENT	M09.9	LEFT PCNL MR GLACKIN PATIENT		PER EMAIL FROM Personal Information	77
CAH							06/12/2013	06/12/2013			JOD	WL	4	D	GA RIGID CYSTOSCOPY, URETHRAL DILATATION +/- OPT URETHROTOMY	M45.5	GA RIGID CYSTOSCOPY, URETHRAL DILATATION +/- OPT URETHROTOMY		SC FLEXI 061213 TCI PER REG	77
CAH							31/08/2013	31/08/2013			JOD	WL	4	D	NESBITTS PROCEDURE TRANSFER TO MR O'DONAGHUE	N28.8	NESBITTS PROCEDURE SEE IN CLINIC FIRST CORONARY STENTS NIDDM TABLET ON PRASUGREL HOLD(02.12.14)		PER MR PAHUJA	76
CAH							13/12/2013	13/12/2013			MY	WL	4	N	BOTOX	M43.4	BOTOX FIT (5.3.14 UD 15.5.15 KK)		PD - PER MR YOUNG AT URODYNAMICS 13.12.13	76
CAH							16/12/2013	16/12/2013			MY	WL	2	N	RIGHT PCNL - TCI DB4 PER PRE-OP(pre-op to be inform of date)	M09.9	RIGHT PCNL FIT (20.5.15 KK) - needs 1st & 2nd group screen on adm		PER STC CLINIC 16.12.13	75
CAH							17/12/2013	17/12/2013	09/06/2015		JOD	WL	2	N	TURP	M65.3	TURP	1 WEST ELECTIVE ADMISSION WARD		75
CAH							20/12/2013	20/12/2013			MY	WL	2	N	GA CYSTOSCOPY & CYSTOLITHOLAPAXY	M45.9	GA CYSTOSCOPY & CYSTOLITHOLAPAXY FIT(18.11.14)CD		PD - Personal AT DSU 20.12.13	75
CAH							20/12/2013	20/12/2013			JOD	WL	4	N	BOTULINUM TOXIN ? TURP	M13.4	BOTULINUM TOXIN ? TURP			75
CAH							24/12/2013	24/12/2013			MY	WL	2	N	FLEXIBLE URETEROSCOPY - N/HOME PT	M30.9	FLEXIBLE URETEROSCOPY		PER RAB	74
CAH							30/12/2013	30/12/2013			MY	WL	2	N	TURP-BARIATRIC EQUIP TO BE AVAIL PT 280214 & 130514 ? date	M65.3	TURP BARIATRIC EQUIPMENT TO BE AVAILABLE chang cat2 permry FIT 30/06/14 - NEW LTR 30/1/15 KEEN FOR CANCELLATION		PER FUNSHO LUTS CLINIC	73
CAH							03/01/2014	03/01/2014			MY	WL	4	D	CHILD CIRCUMCISION	N30.3	CHILD CIRCUMCISION fit (8.1.14 KK)		PD - PER MR YOUNG AT CLINIC 03.01.14	73
CAH							06/01/2014	06/01/2014			AOB	WL	2	N	LEFT URETEROGRAPHY AND URETEROSCOPY	M30.4	LEFT URETEROGRAPHY AND URETEROSCOPY (FIT/UPDATED 21/05/15) POLISH INTERPR FIT 8/1/14KK) NOT AVAIL BETWEEN 26/3 - 7/4/15			72
CAH							15/10/2013	15/10/2013		01/06/2015	JOD	WL	2	N	TURP (on warfarin)	M65.3	TURP B6QT 070114 HOLD(06.01.14)CD BMI 39 ON CORTICOSTEROIDS			71
CAH							23/10/2013	23/10/2013			AOB	WL	4	N	RIGHT HYDROCOELECTOMY (WARFARIN PATIENT)	Z94.2	RIGHT HYDROCOELECTOMY (WARFARIN PATIENT) B6QT 060214 HOLS 16TH JULY - 30TH JULY `14			71
CAH							14/01/2014	14/01/2014			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			71
CAH							14/01/2014	14/01/2014			AOB	WL	2	N	AUGMENTATION/SUBSTITUTION CYSTOPLASTY	W73.1	AUGMENTATION/SUBSTITUTION CYSTOPLASTY			71
CAH							02/07/2013	02/07/2013		01/07/2015	AOB	WL	4	N	TURP	M65.3	TURP ON CANDESARTAN/CHRONIC PAIN MEDS HOLD(08.10.13)CD NIDDM TABLET/ICD/PACEMAKER VARIOUS MEDS			71
CAH							17/01/2014	17/01/2014			MY	WL	4	N	TURP INPATIENT ONLY - NOT SUITABLE DSU	M65.3	TURP (CHANGE OF PROC PER MR YOUNG AT CL 08.08.14) FIT 1.8.14 ASTHMA MEDS/CORTICOSTEROIDS		PER MR YOUNG CLINIC 17.01.14	71

Corrigan, Martina

From: Gibson, Simon <[redacted]>
Sent: 24 January 2020 12:57
To: OKane, Maria; Weir, Lauren
Cc: Carroll, Ronan; Haynes, Mark; Corrigan, Martina; Hynds, Siobhan; McNaboe, Ted; Khan, Ahmed; Carroll, Anita; McClements, Melanie; Toal, Vivienne
Subject: FW: For Response - Meeting Request - AOB

Dear Maria

As requested below, I co-ordinated and chaired this meeting. The purpose of the meeting was agreed as consideration of the below points laid out in your e-mail of 17th November, specifically:

1. describe in detail the management plan around the backlog report ,
2. the expectation re compliance
3. and the escalation

to assist a meeting with Mr O'Brien to discuss his deviation from the action plan

Present at the meeting were:

- Simon Gibson
- Ronan Carroll
- Martina Corrigan
- Mark Haynes
- Ahmed Khan

The Backlog Report

The Backlog Report was commenced in approximately 2016, (it existed before though detail and format may have been different) to quantify workload between secretarial and audio-typist staff and allow movement of work where necessary. Information was gathered by completion of a template by secretaries themselves on a monthly basis, when they were asked to quantify the level of work awaiting to be done either by their consultant or themselves.

This information was compiled into a report and circulated to consultant staff, and copied to relevant Heads of Service and Assistant Directors. It was not forwarded to medical staff acting in their capacity as CD or AMD. There appears to be variable consideration of this report by specialties within either patient safety meetings or specialty meetings. It should be noted that one of the reasons this report did not receive regular consideration was that there was some scepticism of the accuracy of this data, as it did not reconcile with individuals own recollection of behaviour or workload of colleagues. In essence, it was felt that there may have been inaccuracies in the data provided by staff. This data was never independently verified, and there was no electronic method of collecting this data. It was never raised in the Patient Safety meetings in Urology, and was not regularly discussed at the Urology specialty meeting.

Expectation re compliance

None of those present at the meeting were aware of any written standards in relation to what was considered reasonable for dictation of results or letters after clinics. The Trust has never stated a standard, and those present were not aware of any standard set externally by Royal Colleges or other organisations. Therefore, on the occasions when this data was considered, there was no agreed standard to use as a gauge against reported performance.

Escalation

As there was some cynicism in relation to the validity of the data, combined with a lack of standards to assess compliance, there was no agreed process for escalating any concerns regarding non-compliance in relation to the monthly backlog report.

The formal investigation report does not highlight any concerns about Mr O'Brien's clinical ability. The concerns highlighted throughout the investigation are wholly in respect of Mr O'Brien's administrative practices. The report highlights the impact of Mr O'Brien's failings in respect of his administrative practices which had the potential to cause harm to patients and which caused actual harm in 5 instances.

I am satisfied, taking into consideration advice from Practitioner Performance Advice (NCAS), that this option is not required.

6. There are serious concerns that fall into the criteria for referral to the GMC or GDC

I refer to my conclusion above. I am satisfied that the concerns do not require referral to the GMC at this time. Trust processes should conclude prior to any decision regarding referral to GMC.

7. There are intractable problems and the matter should be put before a clinical performance panel.

I refer to my conclusion under option 6. I am satisfied there are no concerns highlighted about Mr O'Brien's clinical ability.

6.0 Final Conclusions / Recommendations

This MHPS formal investigation focused on the administrative practice/s of Mr O'Brien. The investigation report presented to me focused centrally on the specific terms of reference set for the investigation. Within the report, as outlined above, there have been failings identified on the part of Mr O'Brien which require to be addressed by the Trust, through a Trust conduct panel and a formal action plan.

The investigation report also highlights issues regarding systemic failures by managers at all levels, both clinical and operational, within the Acute Services Directorate. The report identifies there were missed opportunities by managers to fully assess and address the deficiencies in practice of Mr O'Brien. No-one formally assessed the extent of the issues or properly identified the potential risks to patients.

Default processes were put in place to work around the deficiencies in practice rather than address them. I am therefore of the view there are wider issues of concern, to be considered and addressed. The findings of the report should not solely focus on one individual, Mr O'Brien.

In order for the Trust to understand fully the failings in this case, I recommend the Trust to carry out an independent review of the relevant administrative processes

with clarity on roles and responsibilities at all levels within the Acute Directorate and appropriate escalation processes. The review should look at the full system wide problems to understand and learn from the findings.

Buckley, LauraC

From: Corrigan, Martina [redacted]
Sent: 25 February 2021 19:25
To: Hynds, Siobhan
Cc: Carroll, Ronan
Subject: Admin Review Process V10 18 Feb 2021
Attachments: Admin Review Process V10 18 Feb 2021.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Siobhan,

As discussed at our last Urology Oversight meeting Ronan and I have revised the Admin Review Process to anonymise/make it more generic to all areas.

This will be tabled on Monday morning and wanted to give you sight of it first to see had you any comments and had we captured what was the original purpose of this?

Happy to discuss/add/amend

Thanks

Martina