

**UROLOGY SERVICES INQUIRY**

USI Ref: Section 21 Notice No.54 of 2022

Date of Notice: 12th May 2022

Note: An addendum amending this statement was received by the Inquiry on 22 May 2023 and can be found at WIT-96706 to WIT-96713. Annotated by the Urology Services Inquiry.

Witness Statement of: Aldrina Magwood

I, Aldrina Magwood, will say as follows:-

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.

1.1 I can provide the following narrative in respect of my involvement in or knowledge of all matters falling within the scope of the TOR. This narrative includes matters relating to my role as Director of Performance and Reform (DPR). I held this post in an 'acting' capacity between 2015 and 2017 and as the substantive permanent post holder from 2017 until 28th February 2022, when I left this post to take up a position with a new employer. I have also included any further information pertaining to matters relating to this inquiry from my previous roles, that now in the knowledge of this inquiry, I feel may be relevant and informative to the inquiry panel.

1.2 My roles, responsibilities and duties as Director of Performance and Reform were as outlined in my Job Description. This included leadership of the performance




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by para 1.3.6 in the IEAP. *Please see letter from Michael Bloomfield to Directors of Planning & Performance 26th June 2015. This can be found at Attachment folder S21 54 of 2022- Attachment 5.*

Statement of Truth

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

Signed: 

Date: 15th July 2022

UROLOGY SERVICES INQUIRY

USI Ref: Notice 54 of 2022

Date of Notice: 12th May 2022

Addendum Witness Statement of: Aldrina Magwood

I, Aldrina Magwood, wish to make amendments and additions to my response to Section 21 Notice Number 54 of 2022. The amendments and additions are as follows:-

1. I wish to include questions two and three in this addendum as they were omitted in my original S21 response:

- 2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust’s Solicitor, or in the alternative, the Inquiry Solicitor.**

2.1 All documents which have been referenced in this statement can be located in folder “S21 54 of 2022 – Attachments”.

- 3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the**

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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: 22/05/2023 _____

Annual Quality Report 2016/17

HSC Southern Health
and Social Care Trust
Quality Care - for you, with you



What is a Quality 2020 Report and why do we need it?

Quality is about meeting and exceeding expectations

The provision of safe effective, compassionate patient care is our top priority. We want to assure our patients, service users and carers that they are receiving quality care and treatment.

The Southern Health and Social Care Trust employs over 14,000 staff who continue to work tirelessly to deliver safe, high quality and compassionate care for the patients and clients. In Southern Trust we believe that “Quality is Everyone’s Responsibility”

The purpose of the Annual Quality Report is to detail what we do, how we are performing and provide assurance that our systems assess the quality of our services and drive continuous improvement.

This 5th Quality Report for the Southern Health and Social Care Trust (SHSCT) sets out how we have and will continue to act to deliver quality in the services we provide. This is therefore an important document for:

- **The Board of the Southern Trust, which is accountable for the quality of the service provided by the Trust. The Board can use the report to consider how quality is embedded in the leadership of the Trust and to scrutinise and seek assurance regarding the quality and safety of services provided.**
- **Patients, carers and members of the public who use, and will be affected by, the services we provide. The Report sets out information about the quality of our services and highlights key areas of safe and effective care and the Trust’s on-going work and commitment to continuous quality improvement.**
- **Staff, who work within the Trust, to use the Quality Report to continuously review their performance to see where and how they can make improvements and also to celebrate and recognise when excellent quality of care has been delivered.**

Within each of the 7 sections, there are a standard set of indicators that every Health and Social Care Trust across the region must include, as well as updates on our local priorities here in the Southern Trust for improving safety, quality and patient experience.

The Report looks back at the safety and effectiveness of our performance in the year from April 2016 to March 2017 and sets out some of our plans to continue to improve in 2017/18.

REPORT SUMMARY SHEET

Meeting:	Trust Board
Date:	25 January 2018
Title:	Performance Dashboard (Ministerial Targets) as at December 17 AND Performance Update over Christmas and New Year Period
Lead Director:	Aldrina Magwood, Director of Performance & Reform
Corporate Objective:	<ul style="list-style-type: none"> ➤ Promoting safe high quality care ➤ Supporting people live long, healthy, active lives ➤ Make best use of our resources ➤ Improving our services ➤ Being a great place to work - supporting, developing and valuing our staff ➤ Working in partnership
Purpose:	For Approval
High Level Context	
Trust Delivery Plan Update:	
<ul style="list-style-type: none"> • The Trust Delivery Plan (TDP) was submitted on 30th October in response to the draft Commissioning Plan for 2017/18. This identified that over fifty percent of Objectives and Goals for improvement (OGI) targets were assessed as ‘not achievable’ or ‘partially achievable with additional resources’ in 2017/18 associated with challenges related to workforce, finance, and demographic growth/ demand. • The HSCB responded to the TDP on 15 December acknowledging the workforce challenges which exist across programmes of care as well as the lack of recurrent financial resources available to support full delivery of Ministerial targets. The HSCB also sought further clarification on activity levels aligned to 2017/18 demography investments and assurances on the development of Performance Improvement Trajectories against all targets where opportunity permits to make improvements in year. • The Trust formally responded to HSCB on 18 January and included where appropriate updated activity levels aligned to 2017/18 demography investments. 	
Performance Report – December 17	
<ul style="list-style-type: none"> • The <i>Corporate Dashboard</i> report attached, provides a summary of overall performance against all ‘Objectives and Goals for Improvement’ (OGIs) as at December 2017. In addition, the December Dashboard also includes an update on the qualitative OGIs which are reported quarterly. • This summary provides an overview on an ‘exception basis’ of those targets presenting greatest challenge and the actions being taken to manage risks. 	
Performance over the Christmas and New Year Period associated with Winter Pressures	
<ul style="list-style-type: none"> • This Trust Board summary highlights performance against targets in all Programmes of Care for December on an ‘exception’ basis however, also included is a particular update on key issues emerging over the Christmas and New Year period resulting from winter pressures. 	

- An additional £1.96m non-recurrently has been made available to the Trust in year for diagnostic imaging and a further £656k recurrently to deliver the following activity in year:
 - 6,500 CT scans via the leased mobile scanner on the CAH site
 - 6,092 non obstetric ultrasound scans and reports;
 - 95,000 plain films reports via a combination of in-house and independent sector capacity; and
 - 2,672 MRI scans and reports in the independent sector.

Recruitment commenced aligned to the recurrent funding for additional scanning and reporting in non-obstetric ultrasound and plain films reporting to enhance skill mix. There are anticipated challenges in securing the necessary skilled staff in year.

5.0 Cancer & Suspected Cancer Pathway Care

5.1 Breast Cancer Services (14-day target)

- The Trust has a formalised action plan to deliver capacity to accommodate anticipated demand for red flag assessment from January to March. This includes additional in-house capacity and support from other Trusts to achieve improvement against this target
- In December, waits for red flag assessment (14-day target) are improved and, when verified an anticipated improvement to 70% of patients seen within 14 days for this month is expected.
- The agreed action plan will not provide the full capacity required to meet routine demand and address the current wait for non -urgent assessments (59-weeks at the end of December) The Trust will continue to require the support of other Trusts, in the provision of capacity, to support improvement in this.
- Reduced surgical capacity associated with absence of one of the two breast surgeons has begun to impact on wait times for breast surgery; seeing an increased number of patients, 7 with suspected cancer, not having their first definitive treatment within the 62 day cancer pathway target in November. The second breast surgeon due back in February will improve surgical capacity.
- The Trust has endeavoured to protect surgical capacity for breast surgery, along with other suspected cancer surgeries over the winter period however, as reported under unscheduled care pressures above the ability to protect beds for surgical patients has regrettably not been possible on all occasions.

Regional Transformation of Breast Services

- The NI Breast Assessment Services Regional Review is ongoing to agree a new model of service delivery for Northern Ireland. Proposals have been presented to the Transformation Implementation Group (TIG) and a further 18 month timeline, inclusive of public consultation is anticipated. The ability of the Trust to continue to provide additional capacity will require to be re-assessed during this period.

5.2 Waits on the Cancer Pathway: (31 and 62 day targets)

- **31-day pathway** - The Trust continues to perform well locally and regionally against the 31-day pathway target with 98% of patients receiving first definitive treatment within 31 days of diagnosis
- **62-day pathway** - suspected cancer patients continue to wait in excess of the 62 days for their first definitive treatment associated with demand in excess of capacity. At the end of November, 23 patients waited in excess of 62 days. Whilst urology continues to have the largest volume of patients waiting over 62 days on the pathway there has been no increase in this trend over the past 3 months.
- Analysis of cancer performance regionally indicates the Trusts performance for all cancer tumours sites is comparatively good; however variation in this performance can be seen in breast awaits, which whilst improving over the last few weeks have been higher in the last nine months than the previous period reflecting some changes in capacity.

OGI 4.9.3: CANCER PATHWAY (62-Day): Lead Director - Mrs Esther Gishkori, Director of Acute Services																
<i>During 2017/2018, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.</i>																
Baseline:	84.20%	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	TDP Assessment:	R	
		86.40%	80.80%	82.35%	84.31%	75.81%	69.60%	66.96%	71.91%	72.22%	69.29%	74.50%				
		Performance Headline														
OGI:	95%	<i>(Reported one month in arrears)</i> Performance in 2016/2017 demonstrated a decrease in comparison to 2015/2016 (88.30%) and based on the projections of performance, for this year, an improvement is not anticipated. Cumulative performance April to November demonstrates 73%. This is associated with an increased level of patients on the pathway with increased demand on the resources available, including red flag out-patient and diagnostic capacity. The percentage of confirmed cancers has not demonstrated a disproportionate increase. 23 patients (8 external ITT and 15 internal) were waiting in excess of 62-days at the end of November 2017. The two predominant breaching specialties were Urology (7 patients) and Breast Surgery (7 patients). The breaches within Breast Surgery are reflective of the pressures that the Breast Service have faced throughout 2017/2018.													Performance Assessment:	R
OGI 4.10: OUT-PATIENT APPOINTMENT: Lead Director - Mrs Esther Gishkori, Director of Acute Services																
<i>By March 2018, 50% of patients should be waiting no longer than 9-weeks for an out-patient appointment and no patient waits longer than 52-weeks.</i>																
Baseline:	38.16% <9 2225 >52	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	TDP Assessment:	R	
		33.49%	35.56%	38.16%	36.90%	36.60%	37.10%	34.70%	32.20%	33.00%	33.00%	33.00%	30.00%			
		Performance Headline														
OGI:	50% <9 0 >52	December demonstrates a decrease in performance in comparison to the previous four months with a further increase in the volume of patients waiting over 52 weeks for first appointment; 5,036 waiting at the end of December which is an increase of 3,152 from the same period last year (1,884). This objective continues to be impacted by multiple factors including increasing demand, insufficient capacity and lack of recurrent investment in capacity gaps. Waits in excess of 52-weeks continue across 14 specialties, all with established capacity gaps and/or accrued backlogs within: Breast Family History; Breast Surgery; Cardiology; Diabetology; ENT; Endocrinology; Gastroenterology; General Surgery; Neurology; Ortho-Geriatrics; Orthopaedics; Rheumatology; Thoracic Medicine; and Urology. Waits in excess of 52-weeks (5,036) equate to 13% of the total waiting list. The Trust continues to prioritise available capacity to red flag and urgent referrals in the first instance. Q3/4 non-recurrent funding from HSCB will provide an additional 2,600 out-patient appointments to address specialties presenting safety risk for both new assessments and review backlog.													Performance Assessment:	R <9 R >52
NON-OGI: OUT-PATIENT REVIEW BACKLOG (Acute Including Paediatrics and ICATS): Lead Director - Mrs Esther Gishkori, Director of Acute Services																
<i>The number of patients waiting in excess of their clinically required timescale for out-patient review.</i>																
Baseline:	13090	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	TDP Assessment:	N/A	
		18015	17839	19008	19961	19058	20248	20649	21436	21767	20946	20946	N/A			
		Performance Headline														
	Not an OGI	Note: Revised September data. The level of patients waiting beyond their clinically indicated timescale for review, in November, remains static. Arrangements are in place to minimise risk and ensure those patients waiting for review, which have been given a high clinical priority, take place in accordance with clinically indicated timescales. Improvement on this backlog can only be achieved with availability of funding and workforce capacity to undertake this additionality. The Trust will continue to re-direct non-recurrent funding to this area as available. HSCB non-recurrent funding has facilitated an additional 885 review out-patients seen in Quarters 1 & 2 with an estimated 576 additional review out-patients to be seen in Quarter 4.														
OGI 4.11: DIAGNOSTIC TEST: Lead Director - Mrs Esther Gishkori, Director of Acute Services																
<i>By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.</i>																
Baseline:	66.64% <9 634 >26	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	TDP Assessment:	R	
		57.00%	62.00%	66.60%	59.00%	55.00%	57.00%	51.68%	47.24%	50.84%	52.87%	51.8%	N/A			
		Performance Headline														
OGI:	75% <9 0 >26	Performance at end of November remains static with 52% waiting less than 9-weeks for their diagnostic test. Waits in excess of 26-weeks continue to be demonstrated across Imaging, Non-Imaging and Endoscopy, however, the largest volumes of waits in excess of 26-weeks are within Imaging (CT 1,299; MRI 1,249; and Dexa 433). HSCB non-recurrent funding has been confirmed for Diagnostics for Quarters 3 & 4 and this will be used for 18,800 additional diagnostic tests within CT via mobile scanner, Non-Obstetric Ultrasound and MRI; along with 95,000 Plain Film reports. Endoscopy additionality, non-recurrently funded by HSCB, continues in-house in Q3/4 (900) with HSCB also funding a small volume (80) of Endoscopy to the Independent Sector. The impact of this additionality on the 9-week and 26-week objective, by March 2018, requires to be quantified but is insufficient to improve wait times in all areas. The largest volume of non-imaging waits over 9-weeks relate to cardiac investigations, where no additionality has been able to be established.													Performance Assessment:	R <9 R >26
OGI 4.12: IN-PATIENT / DAY CASE TREATMENT: Lead Director - Mrs Esther Gishkori, Director of Acute Services																
<i>By March 2018, 55% of patients should wait no longer than 13 weeks for in-patient/day case treatment and no patient waits longer than 52 weeks.</i>																
Baseline:	46.6% <13 1014 >52	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	TDP Assessment:	R	
		46.10%	44.80%	46.60%	44.50%	42.10%	40.00%	38.21%	38.48%	36.21%	39.93%	39.54%	38.23%			
		Performance Headline														
OGI:	55% <13 0 >52	December 2017 demonstrates a slight reduction in waits >52-weeks (1,858) in comparison to November (1,958), however, waits in excess of 52-weeks remain +83% (+844) higher than at March 2017 (1,014). The longest waits continue predominantly in Urology, Orthopaedics, Pain Management, Cardiology and General Surgery. Achievement of this objective continues to be impacted by multiple factors including unscheduled care pressures; increasing demand; insufficient capacity; and a lack of recurrent investment in capacity gaps. Priority continues to be given to red flag and clinically urgent cases. Unscheduled care pressures, April to December, has resulted in increased elective pre-admission cancellations (843), higher than the corresponding period in 2016 (702). These cancellations are in addition to the on-going prudent scheduling of lists. It is anticipated that performance in January will decline further associated with the Regional direction to stop scheduling all routine specialties and all orthopaedic surgery until the end of January. In the absence of recurrent solutions the Trust will continue to direct any non-recurrent HSCB funding and re-direct internal funding to those specialties presenting safety risk or where opportunity presents to increase capacity without adverse impact on internal bed capacity/unscheduled care. Q3/4 non-recurrent HSCB funding will see an additional 500 procedures undertaken through a combination of in-house additionality and Independent Sector.													Performance Assessment:	R <13 R >52
OGI 4.13.1: MENTAL HEALTH OUT-PATIENT APPOINTMENT (CAMHS): Lead Director - Mr Paul Morgan, Director of Children and Young People's Services																
<i>By March 2018, no patient waits longer than nine weeks to access child and adolescent mental health services.</i>																
Baseline:	2 >9	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	TDP Assessment:	R	
		0	0	2	2	5	15	37	33	14	8	0	5			
		Performance Headline														
OGI:	9-weeks	Whilst the Trust substantively met this objective in 2016/2017, performance in 2017/2018 has been challenged associated with reduced staffing levels and compounded by demand outstripping capacity. Whilst no patients breached the 9-week objective in November, December demonstrates 5 patients breaching the 9-weeks within the Step 2 service. Increasing demand for services continues to be the prevailing factor, coupled with in-year workforce challenges. Current performance is more favourable than the projected position associated with a slightly improved workforce position and anticipate that the projections of performance level of 19 breaches by March 2018 will be held. Demography funding has been received and allocated by the Trust to facilitate the recruitment of 3 additional staff into CAMHS, with a further 2 appointments in progress, which will assist with the increased levels of activity.													Performance Assessment:	A
OGI 4.13.2: MENTAL HEALTH OUT-PATIENT APPOINTMENT (Adult Mental Health): Lead Director - Mrs Carmel Harney, Interim Director of Mental Health & Disability																
<i>By March 2018, no patient waits longer than nine weeks to access adult mental health services.</i>																
Baseline:	269 >9	Jan-17	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	TDP Assessment:	R	
		333	292	269	306	232	96	118	87	60	62	111	185			
		Performance Headline														
OGI:	9-weeks	Whilst December continues to demonstrate a reduced volume of patients in excess of 9-weeks compared to March 2017, increasing demand and ongoing workforce challenges remain key factors impacting the sustainable achievement of this objective. The Trust has undertaken a number of actions to support this area, including, additional recurrent investment for core staffing; review of appropriate threshold for Tier 3 services; and additional capacity in the Independent Sector for lower intensity interventions. PMHC have now gone live with the PARIS Electronic Care Record which requires rich narrative recording and this is having an impact on staff capacity to see patients. The Service are embedding workarounds to expedite this process whilst retaining the required information required for robust clinical decision making. The current performance is more favourable than the submitted projection of performance.													Performance Assessment:	R