Medical Director. I think at a point in time he worked four days a week only and during those four days, a bit like myself, he had an awful lot of others things to do, so our meetings quite often went on the back burner it is fair to say.

365 Q. You've said at WIT-23370, just at the bottom of the page, please. Maybe it isn't there but I think I've got the -- I can put the point to you in this way. There was no governance team in place when you joined?

A. No. Well, there was one person, one 8B. 14:42

366 Q. Who was that?

A. Her name was Margaret Marshall.

367 Q. When you say no governance team was in place, what does that mean? So within the Acute Directorate --

A. Yes. 14:42

368 Q. -- there was nobody looking at governance issues apart from her?

A. If I can just explain probably what I mean. If you don't mind I'll just explain it through. In my view, governance is actually everybody's business because 14:42 governance runs through all of what all of us do: documentation, standards and guidelines evidence-based practice, risk management, complaints, audit research, all of that is good governance, so it is everybody's business. The governance team for me draws everything 14:42 together. For example, with the Serious Adverse Incident, that would have been reported by the staff on the ground, but the governance team drew together the team to look at that Serious Adverse Incident and, you

(e) July 2011 to March 2013 – Clinical and Social Care Governance (CSCG) Co-ordinator, aligned to the Acute Directorate
(f) March 2013 to October 2014 – Interim Assistant Director of CSCG and CSCG Co-ordinator (Two posts held simultaneously)
(g) October 2014 to March 2015 – Interim Assistant Director CSCG
(h) March 2015 to April 2017 – Assistant Director CSCG
(i) April 2017 to January 2019 – Assistant Director CSCG and Assistant Director Nursing and Midwifery Governance (two posts amalgamated at that time)
(j) 06 January 2019 to 30 June 2019 – Assistant Director Nursing and Midwifery Governance
(k) 30 June 2019 – Retired.

1.3 From the 01/07/2011 until the 01/03/2013 I was seconded to the post of Clinical and Social Care Governance (CSCG) Coordinator aligned to the Acute Directorate. I reported directly to the Director of Acute Services who at that time was Dr Gillian Rankin. I have explained the roles and responsibilities of this post in paragraph 1.14 of my statement.

1.4 From 1st March 2013 until October 2014 I held two posts simultaneously as follows:

(a) Assistant Director of Clinical and Social Care Governance (Interim). My role was to progress the Trust wide CSCG agenda. This involved working with operational, executive and corporate governance leads on the ongoing development of CSCG systems and procedures, taking into account evidence based practice, lessons learnt from reviews, complaints, incidents, and to provide recommendations and advice to the Trust's Senior Management Team. I have set out the roles and responsibilities of this post in paragraph 1.36 of my statement

(b) Clinical and Social Care Governance co-ordinator aligned to the Acute Directorate. (Secondment). This is the same role which I held from July 2011 until March 2013.

1.5 My recollection is the arrangement of me holding both posts simultaneously was put in place by Mrs McAlinden, Chief Executive and Mrs Debbie Burns, Interim Director Acute Services, to provide some continuity and to prevent the CSCG coordinators post from being left vacant over a period of time when Dr Gillian Rankin, Director of Acute Services retired and Mrs Debbie Burns was appointed the interim Director of Acute Services. It was envisaged that I would divide my time between the two posts. I reported to Mrs Burns, Interim Director of Acute Services, in my role as CSCG Coordinator Acute Directorate from March 2013 to October 2014. My secondment to the role of clinical and social

care governance coordinator ended in October 2014 when the Interim Director of Acute Services, Mrs Burns, restructured her governance team. From October 2014 I then solely held the post of Interim Assistant Director CSCG.

1.6 In my role as Interim Assistant Director of CSCG I reported to the Chief Executive Mrs McAlinden from March 2013 until March 2015. Following Mrs McAlinden's resignation from the Trust I reported to Mrs Paula Clarke, Chief Executive from April 2015 – March 2016. Following Mrs Clarke's resignation from the Trust I reported to Mr Francis Rice Interim Chief Executive.

1.7 The Medical Director's remit was changed to include the role of lead Director for CSCG from memory in March/April 2016. From this date I no longer reported directly to the Chief Executive Mr Francis Rice, but to the Medical Director. I reported to Dr Wright up until April 2018, when Dr Wright from memory was allocated to a specific piece of work prior to his retirement. I do not know what this work entailed. I then reported to Dr Ahmad Khan, the Interim Medical Director from April 2018 until Dec 2018/January 2019, when Dr Maria O'Kane assumed the post of Medical Director. My role as Assistant Director CSCG concluded when Mrs Trudy Reid accepted the post of Interim Assistant Director CSCG on the 6th January 2019.

1.8 From approximately the 1st of April 2017 until January 2019, the roles of Assistant Director CSCG and Assistant Director of Nursing and Midwifery Governance were consolidated, the purpose of this is set out in a paper presented at SMT in March 2017 *(please see 1. Structure Paper AD CSCG, Nursing Governance)*. The structure paper sets out the reasons why this arrangement was put in place were as follows:

(a) The arrangement was for a period of 12 -18 months during which time the Executive Director of Nursing would undertake a review of Nursing Governance.
(b) To assist the drive to develop a single integrated safety and quality plan which would inform both the corporate and professional patient safety agenda.
(c) Strengthen links between the Assistant Directors of Nursing Workforce, Social Work and AHP Governance and Assistant Director for Quality Improvement.
(d) Develop and improve the established systems to collate and present organisational information.
(e) Support and strengthen the Medical Director's Professional Governance Arrangements by transferring the responsibility for Clinical Audit, Clinical Guidelines and the management of the mortality and morbidity system to the Assistant Director to the Medical Director. Transfer of these areas was

know, to report back on it. Or they would have looked at -- I was very keen at looking at trends and patterns, for example, in relation to incidents or near misses, because that will tell you if there's something wrong in an area around one particular person or whatever. When I say a governance team, I mean that that team would have dealt with all of those things being pulled together. Good governance, as I said before, is everyone's business and we should all, everyone who practices, make sure that they deliver good evidence-based practice. 14:43 14:43

369 Q. You've explained in your statement that there was resource available for you to --

A. Yes.

370 Q. -- to fill that gap? 14:44

A. There was. That's right.

371 Q. What exactly did you do?

A. Governance was the only thing that I didn't have an Assistant Director to report to me on, and I felt that was very important because I wanted to keep all of my service the same. So actually Kieran Donaghy, who was the previous Director of Human Resources, told me -- he was very helpful in the beginning, and he told me that Tracey Boyce, who was the Director of Pharmacy, had just done a Diploma in Governance, a postgrad Diploma, I think, I am sorry, it may have been a postgrad, but it was a postgrad, anyway, qualification in Governance and he said: "You know, you should use that as a starting point." So I spoke to Tracy and she was 14:44 14:44

happy enough to do it, based on the fact that hers was a very busy job as well. But she then was able to appoint an 8B and then, more importantly, three Band 7s who did the "legwork", if you like, of the governance team. They were the people who went and gathered the information and brought it together and got the review team sorted out, et cetera. Then there was a team below that of, you know, 4s, 5s, 6s, and they were admin and all those people.

372 Q. Can you give us a practical example of a governance shortcoming that existed when you came into post that you were able to solve and pursue a better course as a result of the action that you took? 14:45

A. Well, there was a few that I didn't manage to crack and, to be honest with you, those were important, I felt, but I did speak to the two medical directors in turn. But, for example, when I came in to my position, there were more than 200 Serious Adverse Incidents that hadn't been reported on, more than 200. So this team began very quickly to look at those Serious Adverse Incidents, get teams together. It was difficult because there had to be one of the surgeons or physicians, whoever it was on the team. So by the time I pulled the team together and then they sat, they looked into it and they followed the SAI procedure, and by the time I left, most of those SAIs had been reported on or were being dealt with. I resurrected the Friday morning governance meeting that had been set up by Dr. Gillian Rankin, because it had sort of gone 14:45 14:46 14:46

(a) Providing specialist advice to the Trust Board, Chief Executive and other Director colleagues and their teams on all areas of Pharmacy and Medicines Management across the organisation.

(b) Responsibility for the delivery and clinical governance of the Pharmacy service and all aspects of the management of Pharmacy staff throughout the Trust including the hospitals and community sectors.

(c) Responsibility for managing the procurement of medicines and associated pharmaceutical products to ensure pharmaceutical clinical effectiveness was in line with accepted best practice standards

(d) Responsibility for research and development, quality improvement and clinical audit activity within the Pharmacy Department.

(e) Achieving outcomes which improved patient and service user experience, provided safe services and improved the environment to provide excellent patient care.

4.3 I also held the position of Controlled Drug Accountable Officer for the Trust under the Controlled Drugs (Supervision of Management and Use) Regulations 2013. I was responsible for the management of controlled drugs, the related governance issues in the organisation and also compliance with the legislation in relation to production of quarterly Occurrence Reports and representing the Trust at the regional confidential Local Intelligence Network meetings.

4.4 In October 2014 I was asked by the then Director of Acute services, Mrs Deborah Burns, to manage the Acute Governance team for a few weeks while the Acute Governance Lead post was being recruited. This was because the previous post holder, Margaret Marshal, had moved into the Corporate Governance Lead role. I was asked to take this on as, out of the six Assistant Directors in the Acute Directorate, I had the most governance experience. I had set up the Northern Ireland Medicines Governance Pharmacist Team in a previous post and I also completed a post graduate Doctor of Pharmacy practice on the subject of medication related patient safety.

4.5 Shortly after this I was told at an Acute team meeting that the Acute Governance lead was not going to be replaced as the salary had been given up as a cost efficiency saving. I was not happy about this decision as I had been told that I would be managing the team on a temporary basis until the post had been filled. I already had an extremely large workload as Director of Pharmacy and Trust Accountable Officer.

4.6 In February 2016 the Director of Acute Services at the time, Esther Gishkori agreed to the replacement of the Acute Governance Lead *(Attachment 2)* and Trudy Reid was recruited into the role. She started this role on 4th April 2016.

4.7 Ms Gishkori was not prepared to take back direct responsibility for interfacing with the Acute Governance Lead despite it being part of her remit. I was told of this decision verbally at one of my 1:1 meetings with the Director. I do not believe that there is a note of what was said at this meeting. Therefore I continued to mentor and support the Governance Lead as they needed someone to facilitate their work. This involved meeting Trudy Reid every Tuesday morning to discuss any issues the team were having and accompanying her to brief Ms Gishkori on Governance issues once per week.

4.8 I put this weekly governance briefing meeting into Ms Gishkori's diary when I realised that she was not going to take back the Director's responsibility for Governance. I decided that the meetings were necessary as Ms Gishkori was attending Senior Management Team meetings where issues of governance and risk were being discussed. In my opinion she needed to be briefed to be able to represent the Acute Directorate position accurately. Unfortunately the meetings were often cancelled by Ms Gishkori. I do not have any notes of these meetings, as they would have been in my paper diary for the year which I no longer have in my possession. Ms Reid may be able to provide notes of these meetings.

referrals outstanding?

A. Yeah. So the CT thing was addressed. Then I looked back to see just what was happening with him, where he was in his pathway, and I noticed there was still nothing appearing in terms of an Oncology referral or appointment. 11:23

172 Q. The patient phoned again on 16th April 2020 inquiring about radiotherapy appointment?

A. Yes.

173 Q. And you could not see a referral letter for radiotherapy on the NIECR system? 11:23

A. Yes.

174 Q. The patient ultimately had an appointment with Oncology on 7th August 2020. This was another patient subject to the lookback exercise. That did not identify any issues of clinical concern in relation to this patient. But were those two examples examples in which you engaged with Mr. O'Brien and/or his secretary? 11:23

A. Yes.

175 Q. Did you raise those concerns with anyone else at that time? 11:24

A. Just Mr. Haynes, who had a dual role. He was one of our Consultant Urologists and he was also the Medical Director at that time.

176 Q. Did you have any knowledge of any previous concerns around Mr. O'Brien in referral and reviews -- 11:24

A. No.

177 Q. Nothing?

A. No.

4.9 During Ms Gishkori's time as Director, I was also often asked to chair the monthly Acute Governance meeting, the Acute Clinical Governance meeting and the twice monthly Standards and Guidelines meetings, in her place.

4.10 Around that time, Ms Eileen Mullen (Chair of the Trust Governance Committee) asked me to attend the full Trust Governance meetings in future, which I did. Up until that point I had only attended the beginning of the meeting in my role as Director of Pharmacy to present the Medicines Safety report. After I did this I left the meeting. This allowed me to assist Ms Gishkori, when necessary, with any Non-Executive Directors' questions about Acute Governance issues.

4.11 When the next Director of Acute Services (Melanie McClements) took up post in June 2019, she immediately took back her responsibility for Governance as the Director of Acute Services. I stopped the weekly briefing meetings as they were no longer necessary as she had scheduled 1:1 meetings with the Acute Governance Lead and routinely chaired the various Acute governance meetings each month.

Attachment 2 Governance coordinators recruitment post email Feb2016

5. **Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.**

5.1 My operational line management was undertaken by the Director of Acute Services throughout my employment as the Director of Pharmacy and Medicines Management in the SHSCT and I reported directly to that role. My appraisals were carried out by the Director of Acute Services.

5.2 The Acute Directors that were my line managers were as follows:

you were also starting to receive more queries from consultants around retire-and-return options. You explain in paragraph 2 that, I think towards sometime in 2019, you were engaged in a conversation with the BMA and this issue came up, and you learned that the Western Trust had done some work around this and had developed a set of guidance, and that guidance was provided to you? 12:38

A. That's correct.

204 Q. Paragraph 3. You had some engagement early in 2020 with Mrs. Toal? 12:38

A. Mm-hmm.

205 Q. You wanted to discuss that guidance document you had obtained from the Western Trust. Scrolling down. On down, please. Mrs. Toal responded, and the upshot of it was that this work could be taken forward and should be taken forward? 12:39

A. That's right.

206 Q. We can see at WIT-94915 that by July 2020, a final document, guidance document, had been developed. That wasn't in place at the point in time when Mr. O'Brien retired; is that right? 12:39

A. We didn't have a formal document, no.

207 Q. Could I just refer to one aspect of the document. It's the next page, sorry, 916. Just scroll to the bottom of the page. A process of reengagement is described. It says: 12:40

"The Service Director may conclude that there's no

and so on. Once we ran that -- we ran that in the first couple of weeks and immediately came to notice that I think there was over 300 sitting unopened. When you think it wasn't just one person, it was spread across the whole. So it might have been each ward manager, maybe they had five or six or something different departments, but the total was 300 or three something, three hundred and... Yeah. Obviously that's a risk you don't know what's in there. There could have been obviously some very serious incidents in there. Once we realised that - and it had been building up over a period of time, maybe six/nine months some of them, looking back - so we had to decide at that point we needed -- so myself and Mrs. Burns, Debbie, had a plan with the other Assistant Directors to get those opened. Once they were opened, i think approximately around 10%, maybe around mid-20s, SAIs came out of that. 11:27 11:27 11:27

115 Q. Yes.

A. Obviously that immediately put us on the back foot in terms of it was already challenging getting the SAIs done, but to add 20 in a matter of weeks was a big challenge. I would say it probably took a number of years, maybe two years, to get back, get those done and get back to the point that we were doing the ones that were coming in, you know, reviewing them in a more contemporaneous position. 11:28 11:28

116 Q. I don't need to bring it up on the screen but this was the subject of discussion at the Acute Directorate

lessons as a result of discovering this?

A. I couldn't say on behalf of the Trust but certainly I think at the time it was a particular acute problem. It wasn't, the other Directorates of the Trust, their governance, maybe apart from Mental Health but the others were much smaller. They didn't get anywhere near the number of complaints and IR1s that Acute does. I think it had just been a backlog that Acute had developed. I think in the other directorates, the governance was much easier to keep on top of with the resource. 11:31 11:32

124 Q. Can I beg the Panel's indulgence and completely finish this off? I know that Mrs. Gishkori has provided some evidence around this and if I can have your response to that in much the same way as you responded to the earlier Mrs. Gishkori evidence I raised to you. It's the transcript at TRA-03071. If we just go down, she is here talking about different governance issues that she had to face when coming into the post. If I can take it up at line 17: 11:32 11:33

"...for example, when I came into my position there were more than 200 Serious Adverse Incidents that hadn't been reported on, more than 200. But this team began very quickly to look at those serious adverse incidents to get teams together. It was difficult because there had to be one of the surgeons or physicians or whoever it was on the team, so by the time I pulled the team together and then they sat, they 11:33

looked into it and they followed the SAI procedure, and by the time I left most of those SAIs had been reported or were being dealt with."

She goes on to deal with another issue. 11:33

Were there 200 SAIs not reported on?

A. No. I think maybe she's got a little confused. I think she maybe is harking back to the fact that there was the 300 plus unopened incidents which then 11:34 led to a number of SAIs, and those SAIs obviously we had -- the backlog would have still been in Esther's time. So, we discovered the 300, and then Debbie and the team came up with a plan to get them opened. Then I think it was an additional 21, 22. Sorry, I can't 11:34 remember exactly.

125 Q. Yes.

A. It's always approximately 10%, 8 or 9% will convert to something more serious. I think maybe Esther has got it little confused there and it was actually the 11:34 backlog from the 200 IR1s that were dealing with. We had a backlog of approximately 20 SAIs that we were still working through. Yes, by the time Esther left the Trust, we had that cleared. We were back on to doing current SAIs. 11:35

126 Q. I think you suggested that it was an issue that was known about and well known about and being dealt with before Esther Gishkori took post. It was an issue during the time of Mrs. Burns, for example?

Boyce, Tracey

From: Boyce, Tracey [redacted]
Sent: 04 April 2016 15:16
To: Walker, Helen; Carroll, Ronan; McVey, Anne; Gishkori, Esther; Carroll, Anita; Conway, Barry
Subject: Confidential: Acute Governance Structure alternative proposal April 16
Attachments: Acute Governance Structure proposal April 16.docx

Hi all
Based on the governance discussions we have had over the last couple of weeks and the lead nurse paper I have been thinking about an alternative option for our Governance structure – attached.

It incorporates the lead nurse role into the structure – which is something I know some of you were worried about.

I have left the band 7s role in as an option as I personally don't think the lead nurses would be able to cope with the amount of governance work that needs to be done, on top of their other roles –we have a SAI investigation backlog and we still haven't made a start on the 'implementing lessons learned' piece.

Can we discuss this at team talk tomorrow?

I have also asked David to create a high level SAI report – so that each Division can see where they stand in relation to the number of SAIs they have awaiting investigation – I may have it available tomorrow afternoon.

Please do not share or discuss this with anyone else outside the Acute AD structure – I do not want this option getting to Connie or Paul before I have had a chance to break it to them that their governance role may be affected.

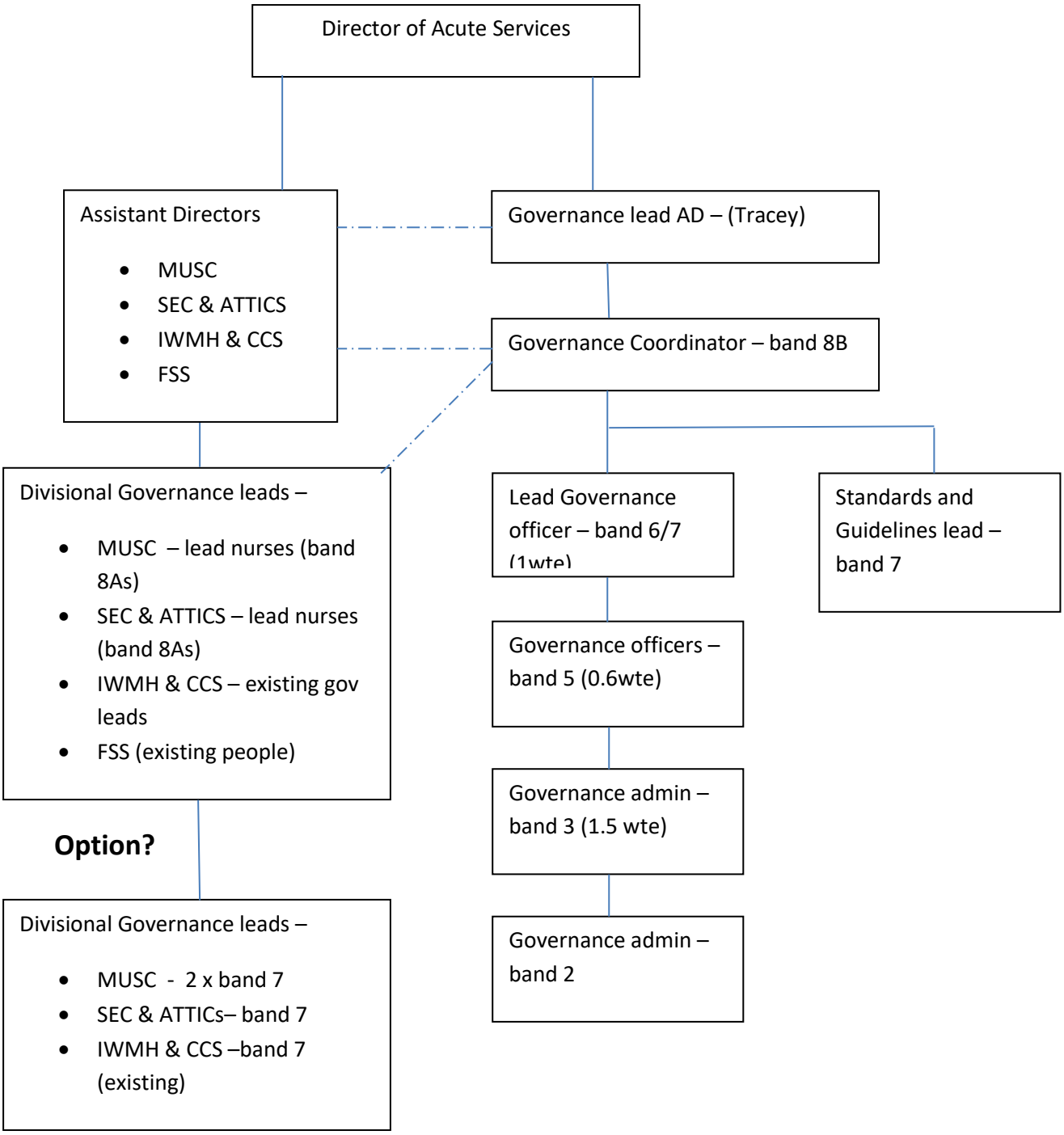
Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy
Southern HSC Trust

[redacted]

Acute Governance Structure – alternative option for discussion



Learn more about mental health medicines and conditions on the Choiceandmedication website http://www.choiceandmedication.org/hscni/

please consider the environment before printing this e-mail

From: Gishkori, Esther
Sent: 12 April 2016 03:37
To: Carroll, Ronan; McVey, Anne
Cc: Boyce, Tracey; Walker, Helen; Carroll, Anita; Conway, Barry
Subject: RE: Confidential: Acute Governance Structure alternative proposal April 16

Just to weigh in too!
I see the governance leads being an integral part of both teams. The points made by Ronan and Anne that they need to be a part of the every-day running of the division is valid and I agree with this.
They also need to be an integral part of the team that is their governance colleagues in the other divisions.
For what it's worth, in my experience, one of the reasons any new service doesn't work is because there are no clear roles and responsibilities.
My vision is for these leads to work in a similar way across my whole directorate. For that they will need to fully integrate within governance.
Like anything else, I expect the devil will be in the detail and we need to be sure we set out the old fashioned SMART objectives for them.
We can only do that together. I had promised to speak to Francis about this and while I mentioned it briefly, I have left him alone for the time being as he is quite busy elsewhere. I will speak to him in a week or so.

Best,
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: Carroll, Ronan
Sent: 10 April 2016 08:14
To: McVey, Anne

meeting; isn't that right?

A. That's correct.

73 Q. There was a monthly Acute Clinical Governance meeting; there was a fortnightly standards and guidelines group?

A. Mm hmm. 10:55

74 Q. So, those structures were in place --

A. Yes.

75 Q. -- and they met regularly. We can see from some of the papers that have been exhibited to your witness bundle that they tended to be fairly full agendas? 10:55

A. Very.

76 Q. People were getting through the work and seemed to touch on a lot of the issues of importance to the operation of the Trust. 10:55

In terms of what you say, that the governance arrangements were not fit for purpose, what was missing? In terms of activities, what was not being done which, to your trained eye, meant that it looked and felt as if it wasn't fit for purpose? 10:56

A. I suppose everything we were doing at the time was reactive. We were acting where patient harm had occurred. The serious incidents were coming through. But even with that, when those were screened -- so each division within the Acute Directorate had a screening group, so we set that up to try and get consistency of approach as well. Debbie and I got involved because obviously one division within Acute might have not something forward as an SAI whereas another would, so 10:56

know. There is no point writing a report for a family if you don't answer their questions. Again, we hadn't the resource to really engage with the family. There was that whole side of doing dealing with the reactive piece. As I mentioned earlier, we should have been much more proactive, themeing our incidents or complaints as well, because quite often complaints are a good way to spot an emerging issue before real harm happens. Then, developing proactive things. 10:59

The other thing that came under governance at that time was audit. Clinical audit had completely collapsed within Acute Services in terms of there used to be an excellent audit committee led by one of the anaesthetists, Gail Brown, which was really good. I think there was some confusion as well because quality improvement had come along and there was sort of where does audit fit, you know, and it had sort of lost support. Then, because the consultant team who were running it weren't getting the buy-in, then it just sort of petered out. That's a shame because audit is really useful in governance as your assurance piece. So, if you had done a piece of work and you've decided on your recommendations, then you should be able to use your audit capacity. So maybe your junior medical staff, or like my pharmacists or whatever, you would have directed them to audit something for you because they need to, they have to do audits as part of their job and their training. So, you use that resource if 11:00 11:00 11:00

ID	Dir	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3529	ACUTE	05/02/2014	Provide safe, high quality care	Non compliance to Standards and Guidelines issued to Southern Trust	There is often a time lag between when the external agencies require the Trust to achieve full compliance against the recommendations outlined within standards and guidelines and when this is actually achieved. Such non-compliance poses the following risks for the patient and the organisation: - Reduced ability to deliver quality patient care; Compromised patient safety and wellbeing; Poor patient outcomes - mortality/morbity, delayed discharge, increased secondary complications; Staff members are non-compliant with evidence based working practices, lack of standardised practice, vulnerable wrt registration; Organisational risk - complaints, incidents, litigation, As of April 2018 there are 1609 standards and guidelines identified on the Trust's register. 74% (1193) of these are applicable to Acute Services Directorate. Of these, 34% (405) remain at a partial or non determined level of compliance with many identifying significant external barriers impeding the Trust's ability to comply. 689 are indicated as 'Compliant ' and 99 indicated as either N/A or Superseded. It is noteworthy to state some of this data is pending QA as part of Phase 1 and 2 review work which has not been fully completed due to service capacity. Due to volume and complexity of these guidelines it is a challenge for the Trust to monitor and review the compliance status of all the standards and guidelines that have been received. There is a corporate need to invest in a more fit for purpose information system . Regionally the WHSCT is currently piloting a new system that is being developed by Microsoft - it is a modified system within Sharepoint. Funding has been allocated by BSO to take this work forward with a view of developing a regional system for use by all HSC organisations. A planned demonstration by WHSCT was planned in February 2018 but had to be	Provision of bi monthly assurance responses to the HSCB as part of the Trust's Positive Assurance response. Corporate governance have an Excel database in place for logging and monitoring S&G. Within Acute Services a directorate S&G forum has been established - inaugral meeting was held 19 January 2017. Terms of reference are in place and the forum is chaired by the Director and attended by the SMT. The forum meets twice a month to review all newly issued S&G so to ensure appointment of a clinical change lead is confirmed in a timely manner, thereby ensuring implemenation processes are put in place as early as possible. It also reviews and approves implementation plans requiring submission to the the relevant external agency. It approves any policy/procedures/guidance that has been developed as part of these implemenation plans. Standard item for discussion at the monthly Acute Clinical Governance meetings with submission of relevant reports Patients Safety & Quality Manager (Acute Services) attends all divisional governance meetings on a monthly basis and presents tailored activity reports to determine progress at an operational level Meeting schedule is in place to ensure meetings are held with the Heads of Service to review compliance against all S&G within their areas of responsibility A new Acute Services Lead Nurse, Midwifery & Radiology S&G forum - meetings held on a monthly basis Monthly summary report is issued out to Acute SMT to communicate to all staff what new regionally endorsed S&G have been issued. A copy is also shared with the M&M chairs so that they can review and share within their committee meetings	7/3/18 & 5/12/17 Information below remains current 19.7.16 - Decision needs to be made regarding the viability of re-appointing an AMD for Standards and Guidelines (Acute Services) - forms part of the current review of Acute Services structures. Administrative support for the Patient Safety & Quality Manager needs to be reviewed - there is currently no administrative support. Patient Safety & Quality Manager (Acute Services) has successfully achieved a one year NICE scholarship - project is to undertake a review of the directorate's process for implementing standards and guidelines - to be completed by 31/03/2017. Regionally the WHSCT is to undertake a pilot of Sharepoint to ascertain if this system would be fit for purpose for the development of a regional information system for the management of standards and guidelines. HSCB are involved in this process and funding to support this initiative is currently being sought. There continues to be an urgent need to put in place a more effective information system for the logging, dissemination and monitoring of standards and guidelines. Corporate governance is currently designing an inhouse system until an appropriate regional solution is agreed.	MOD
3922	ACUTE	13/11/2017	Provide safe, high quality care	Lack of funding to ensure compliance with NICE guidelines that have been regional endorsed by the DHSSPSNI.	In April 2017 a Band 5 Governance Officer commenced work within the Acute S&G team as part of a secondment from the Corporate Governance team. This secondment to the Acute S&G forum ended on 31/12/17. The purpose of this audit was to ensure that an assurance framework is in place to comply with the reporting arrangements to the relevant external agencies (such as the HSCB). The outcomes from this audit are now being operationalised and outstanding actions are presented at the Acute S&G forum and Divisional Governance meeting to ensure progression. As part of this work a significant number of NICE guidelines have been identified as having an external barrier impeding implemention. This audit identified 53 NICE guidelines where an E proforma is required. 34 E proformas have been submittted to the HSCB and a further 8 are pending submission once the baseline assessment has been completed and approved by Acute SMT. 11 E proformas are now due for review and work is progressing to undertake this process. A copy of the updated May 2018 E proforma report will provide evidence of this work. The work also provides a timely trigger for the compliance position to be reviewed in accordance with stipulated review timescales. In the past the HSCB would have reviewed 'red' status guidelines for all Trusts and for guidelines were all Trust's identified significant barriers these would have been prioritised as part of their annual work plan and there was the possibility of funding being allocated to support implementation at a local level. With effect from 01/04/2017 this is no longer the process, with all Trust' needing to manage all funding requests within existing financial resources. Given the number of competing demands this makes it very difficult to ensure that the S&G constraints are overcome and presenting a risk for the Directorate.	Provision of bi monthly assurance responses to the HSCB as part of the Trust's Positive Assurance response. The content of this report is approved by the Director of Acute Services and Director of Performance prior to submission The accountability arrangements for the management of S&G within Acute Services are well defined to ensure the risk of not complying with a guideline due to identification of an external barrier is communicated to the SMT in a timely way. There are robust processes in place to ensure timely review of E proformas to ensure any change in compliance is identified and should the compliance status be downgraded from red to green the HSCB can then be notified	June18 On-going monitoring and review within Acute S&G forum agenda Discussion with Trust SMT since this risk issue will be the same within the other operational directorates, albeit the number of guidelines are less	MOD
3940	ACUTE	26/02/2018	Provide safe, high quality care	Provision of a on-call bleeding rota	Inability to provide consultant cover every on-call night with the skills to manage patients admitted with haematemesis. Patients admitted with large haematemesis unable to be managed in a time critical manner.	Registrar manages the patient with haematemesis in the first instance. If Registrar requires support they would phone round the Gastroentrology Team if available to come in to assist.	10.4.18 Escalated to Directorate RR 26.02.18 Risk added to Divisional Register	MOD
3957	ACUTE	30/04/2018	Safe, High Quality and Effective Care	The medical team on the Daisy hill hospital site cannot provide daily senior review for all the Medical in patients	Due to medical workforce they are unable to ensure that all in patients receive a senior medical review. Delay in investigations. Delay in review of investigations. Delay in Diagnosis. Impact on the patient treatment plan. Potential to contribute to overcrowding in ED as some of in patients could be potentially discharged.	Each Ward Sister to identify at the bed meetings if patient has not had senior review. Ensure that outlyers are seen and escalate accordingly to Lead Nurse/ HOS	24.06.19 No change. Zoning introduce needs evaluated. Review workforce available.	MOD
3958	ACUTE	30/04/2018	Safe, High Quality and Effective Care	EBUS Provision lack of Funding	The risk is that patients requiring cardiac investigations are waiting in access of 13 week Pot for Harm -Delays in patients being diagnosed, commencing treatment and the appropriate way Delays may contribute to patient death.	We have Cardiac investigations teams across both acute Sites Agreed referral process to be used by CI staff at Triage Avail of funding from HSCB for additional clinics.	24.06.19 Additional EBUS session secured and we will continue to monitor. 19/11/18 Measure access times monthly and highlight to HSCB via performance team. Review of cardiac investigation demand and capacity by HSCB.	MOD
3971	ACUTE	28/08/2018	Provide safe, high quality care	Access to cath lab for NSTEMI patients	Standard 18d of Cardio vascular framework that eligible NSTEMI / ACS pts should have Cor Angio +/- PCI within 72 hrs of admission. Angiography within 72 hours improves outcomes for patients. (NICE). MINAP state: The performance of angiography and coronary intervention soon is an important facet of treatment for the majority of patients.	Monitored weekly. Access elective patients. Escalate number of patients waiting for in patient cath procedures daily to AD and Director.	24.06.19 Monitored via MINAP only 50% getting to cath lab despite modula. High volumes of inpatient activity (monitored monthly for each site) Need to secure Funding premanent for modula. Need to reduce elective to facilite inpatient. 13.08.18 Performance team to liaise with HSCB re funding	MOD

From: Carroll, Ronan Personal Information redacted by USI
Sent: 28 August 2017 14:11
To: Gishkori, Esther; Boyce, Tracey; Walker, Helen; McVey, Anne; Trouton, Heather
Subject: Governance Structure within ACute Services
Importance: High

Please find attached three (there are possibly more) SAIs where there is no evidence that the recommendations have been actioned.
We agreed to have 3 governance managers working to each MUSC (2) and SEC/ATICs (1). These staff were Connie, Sharon & Edel all B7 (Paula can work across all 3 clinical divisions)
So can I ask for an update on the above subject.
Ronan

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

We are 18mths into the restructuring would be great to get this finally bottomed with AD's clear who they had reporting to them
Helen/Esther please come back to me if this is not in order pls
Ronan

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

From: Boyce, Tracey
Sent: 29 September 2017 17:09
To: Carroll, Ronan; Gishkori, Esther; Walker, Helen; McVey, Anne; Trouton, Heather
Subject: RE: Governance Structure within ACute Services

Hi Ronan
That's a great idea re Cathy helping out with the governance work – we would be delighted to have her.

We currently don't have a budget for governance – how would the funding work out? Would it be on the same basis that Sharon was helping the team?

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy
Personal Information redacted by USI

Learn more about mental health medicines and conditions on the Choiceandmedication website http://www.choiceandmedication.org/hscni/

From: Carroll, Ronan
Sent: 29 September 2017 12:34
To: Carroll, Ronan; Gishkori, Esther; Boyce, Tracey; Walker, Helen; McVey, Anne; Trouton, Heather
Subject: RE: Governance Structure within ACute Services

Dear all
Further to my email below for which I received no update on my query Esther/Helen I am asking is there any issue in me bringing Sr Cathie Rocks in to replace the role of Sharon Kennedy to work in ATICs/SEC.
Cathie has been on a career break for 6mths due to return Monday, but is unable to because of Personal Information redacted by USI Personal Information redacted by USI She needs to be able to take and possibly (yet to be determined) Personal Information redacted by USI but could as I understand it work 5days weekly
I would be keen to support her and achieve direct support for ATICs/SEC
Ronan

Ronan Carroll
Assistant Director Acute Services

The recruitment process is underway to bolster the governance team but as there will only be one of them per division, there will be still be responsibility on the operational teams to deliver.
Tracey or Trudy may want to comment on the recruitment process
Thanks
Esther.

From: Carroll, Ronan
Sent: 15 March 2018 08:35
To: Carroll, Ronan; Boyce, Tracey; Gishkori, Esther; Walker, Helen; McVey, Anne; Trouton, Heather
Cc: Haynes, Mark; Scullion, Damian; Kelly, Brigeen; Corrigan, Martina; Murray, Helena; Nelson, Amie; Clayton, Wendy
Subject: RE: Governance Structure within ACute Services
Importance: High

Esther
Last Friday I attended a very informative talk given by Mr Patrick McGurgan one of NI's coroner's. in summary he said, and this will be no surprise, that continuously Trust's fail to

1- Document comprehensively
2- Communicate openly and with understanding with pts/relatives
3- Train/Update and provide evidence of learning

Which again brings me to my concern with regard to the above. We are approximately 19mths into restructuring and no further forward with respect to having the agreed structure in place.
So yet again I ask can I be assigned a Risk/governance B7 who will work with the HOS/LN/AMD's to manage all elements of governance
Ronan

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

From: Carroll, Ronan Personal Information redacted by USI
Sent: 19 January 2018 10:08
To: Carroll, Ronan; Boyce, Tracey; Gishkori, Esther; Walker, Helen; McVey, Anne; Trouton, Heather
Cc: Haynes, Mark; Scullion, Damian; Kelly, Brigeen; Corrigan, Martina; Murray, Helena; Nelson, Amie; Clayton, Wendy
Subject: RE: Governance Structure within ACute Services
Importance: High

Esther,
We are now a further 3mths since I sent the email below. The structure which we all signed up to has not materialised and in fact I am unsure of what the actual structure is.
I have discussed this with my AMD's & HoS and similar to the model that appears, to us, to work very well in IWMH (Anne & heather will have experience of this model) I would request that we are assigned a Risk/governance B7 who will work with the HOS/LN to manage all elements of governance within ATICs/SEC.
Ronan

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

From: Carroll, Ronan Personal Information redacted by USI
Sent: 30 September 2017 15:57
To: Boyce, Tracey; Gishkori, Esther; Walker, Helen; McVey, Anne; Trouton, Heather
Subject: RE: Governance Structure within ACute Services
Importance: High

Tracey
Yes – we all agreed 2 B7 for MUSC 1 SEC/ATICs so we have 3 Connie, Edel, Cathie with Paula supporting/Floating.

Clayton, Wendy

From: Carroll, Ronan
Sent: 02 May 2022 14:55
To: Carroll, Ronan
Subject: FW: Governance Structure within ACute Services

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

From: Carroll, Ronan Personal Information redacted by USI
Sent: 15 March 2018 13:05
To: Conway, Barry Personal Information redacted by USI
Subject: FW: Governance Structure within ACute Services

Barry
Sorry didn't include you as was simply following on the previous emails
Ronan

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

From: Carroll, Ronan
Sent: 15 March 2018 11:48
To: Gishkori, Esther; Boyce, Tracey; Walker, Helen; McVey, Anne; Trouton, Heather
Cc: Haynes, Mark; Scullion, Damian; Kelly, Brigeen; Corrigan, Martina; Murray, Helena; Nelson, Amie; Clayton, Wendy
Subject: RE: Governance Structure within ACute Services
Importance: High

Esther,
Tks for the update – totally unaware of any recruitment to these positions and as this person will be part of ATIC/SEC, the same successful model in IWMH, I would ask to be part of the recruitment process
Ronan

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

From: Gishkori, Esther
Sent: 15 March 2018 11:12
To: Carroll, Ronan; Boyce, Tracey; Walker, Helen; McVey, Anne; Trouton, Heather
Cc: Haynes, Mark; Scullion, Damian; Kelly, Brigeen; Corrigan, Martina; Murray, Helena; Nelson, Amie; Clayton, Wendy
Subject: RE: Governance Structure within ACute Services

Ronan,
Governance is everyone's business, especially documentation, communication, and communication with relatives and patients.
Training has to be initiated at operational level but I agree, everyone does need some help with the whole process for the implementation of learning which I feel we could get better at.

Director of Pharmacy
Personal Information redacted by USI

Learn more about mental health medicines and conditions on the Choiceandmedication website http://www.choiceandmedication.org/hscni/

From: Boyce, Tracey
Sent: 05 June 2018 11:06
To: Gishkori, Esther Personal Information redacted by USI
Cc: Reid, Trudy; Stinson, Emma M
Subject: FW: Acute Governance structure

Hi Esther
Just realised that you probably needed a paper to go with this for the Acute team discussions and Shane – rather than just a chart.

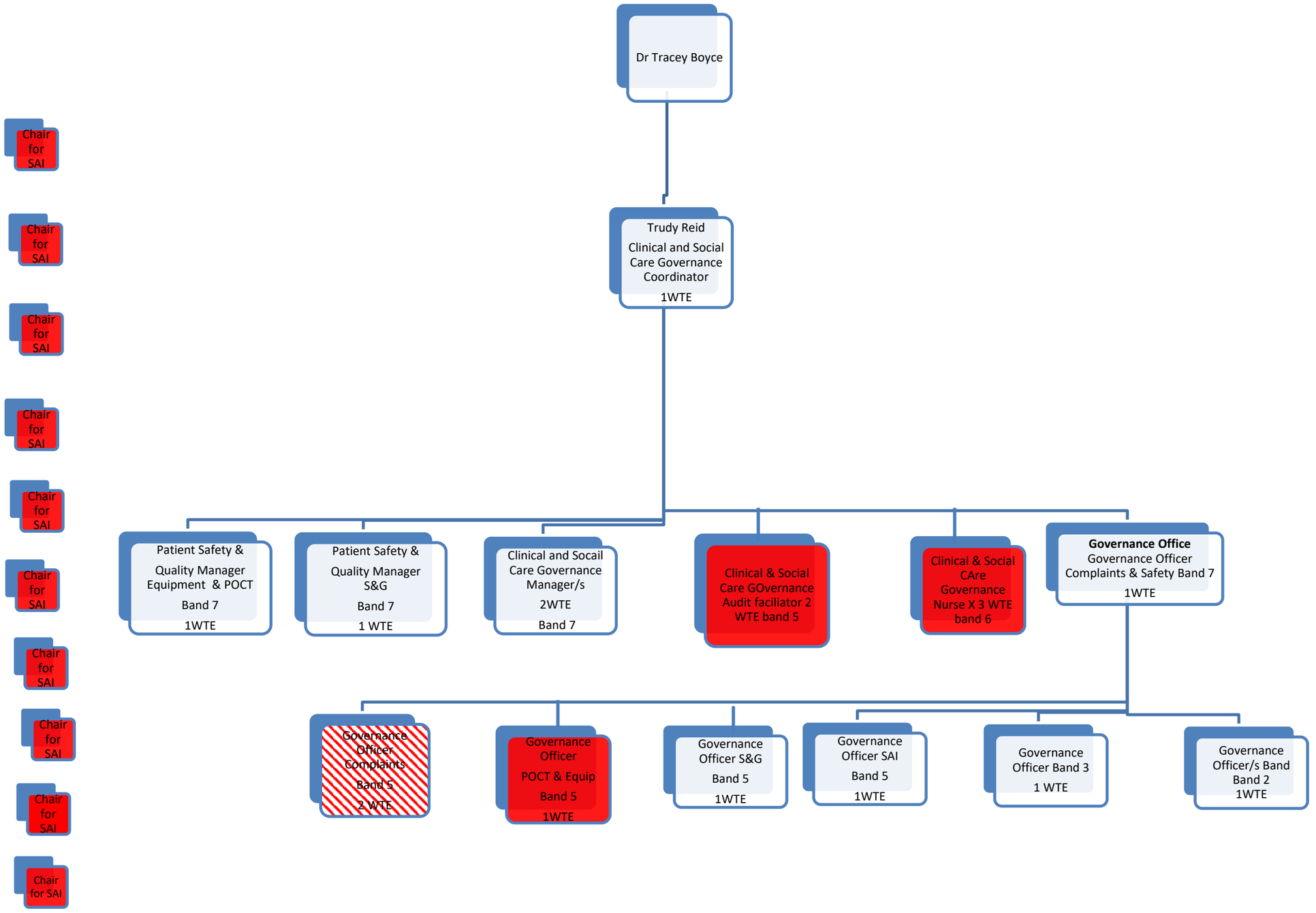
Please find attached a draft paper for your consideration.

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy
Personal Information redacted by USI

Learn more about mental health medicines and conditions on the Choiceandmedication website http://www.choiceandmedication.org/hscni/



Acute Governance Enhanced Structure – proposal for discussion

31ST May 2018

Additional funding may become available to enhance the Clinical Governance structure within the Acute Directorate in 2018/19. This paper proposes the additional posts/roles that would be added to the existing structure.

The existing structure of the Acute Governance Team is outlined in Appendix A. The existing posts are coloured blue and the proposed new posts are coloured red.

The introduction of additional posts would allow the Acute Governance team to introduce proactive governance activities such as governance dashboards, incident trend analysis, additional governance training and learning events related to trends/patterns identified from Trust incident reports.

Rationale for proposed new posts

3 wte band 6 Governance Nurses

- These posts would be embedded in the MUSC and SEC teams to work with them on their 'day to day' datix and complaint responses (potentially one for SEC, one for ED and one for the rest of MUSC – but need to agree this with the ADs if funded).

2 wte band 5 audit facilitators

- The Audit facilitator posts will be aligned to the Divisions within Acute, supporting the teams in their clinical audit work. At present there is no support for audit within Acute.

1 wte band 5 Equipment/POCT governance officer

- 1 Band 5 governance officer to work with the equipment management/POCT band 7, as from previous discussions with the Directors of Planning and HR, these post will need to take on the cross Directorate work which is not being addressed at the moment, rather than just focussing on the Acute Directorate.

1 band 5 Equipment/POCT governance officer

Clayton, Wendy

From: Carroll, Ronan
Sent: 02 May 2022 14:54
To: Carroll, Ronan
Subject: FW: Acute Governance structure
Attachments: Appendix A Org chart 31 May 2018.docx; Acute Governance Enhanced Structure proposal 31 May 2018.docx

Importance: High

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

From: Carroll, Ronan Personal Information redacted by USI
Sent: 24 June 2018 22:11
To: Boyce, Tracey Personal Information redacted by USI; Carroll, Anita Personal Information redacted by USI; Conway, Barry Personal Information redacted by USI; Walker, Helen Personal Information redacted by USI; McVey, Anne Personal Information redacted by USI
Subject: RE: Acute Governance structure
Importance: High

Tracey
Thanks for this. It will be great to get these post embedded into each of the clinical divisions.
Couple of points for discussion –

1. why are the posts B6?
2. Risk midwife is B7 – this model works well by everyone's accounts
3. Do they need to be nurses?
4. From the flow chart I see B7 x 2 what is their role over and above the embedded B6's
5. The risk midwife I don't see in the flow chart- who do they report to ?

Ronan

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

From: Boyce, Tracey
Sent: 22 June 2018 16:33
To: Carroll, Ronan; Carroll, Anita; Conway, Barry; Walker, Helen; McVey, Anne
Subject: FW: Acute Governance structure

Hi all
I don't think Esther got a chance to share this with you before she went off.

I am not sure if she shared it with Shane yet either.

Kind regards

Tracey

Dr Tracey Boyce

92 Q. Yes. Just scrolling up. Mr. Carroll says:

"We're 18 months into the restructuring. It would be great to get this finally bottomed out with the Assistant Directors clear who they have reporting to them."

Again, was there a restructuring initiative, and is he right to suggest that the progress of it was being hampered or delayed? 11:10

A. In 2016 I'd worked with the other Assistant Directors to come up with a proposed what we thought it should look like at that point. We put that proposal to Esther, and then obviously Mrs. Gishkori's role would have been to fight our corner at SMT to get that funded, to get the funding into Acute so we could move forward. It didn't happen; we weren't able. This is obviously Ronan saying 18 months later we are still no further on, basically I read that as. The plan was at that point, the proposal was to give each of the divisions one/two, depending on their activity, governance activity, of the Band 7s so they were embedded in their team but yet they reported -- sort of a bit like me, they had two bosses - they worked within the divisional team but they reported as well to the Governance lead - so they had that tied up, tied together. They could embed training and things within the division and help the ward managers with their governance activities, at the same time being part of

the Acute Governance team. That's what we were trying to get to at that point.

93 Q. In order to make governance fit for purpose?

A. Yes.

94 Q. If we scroll up, I think you can sense Mr. Carroll's increasing frustration perhaps? 11:11

A. Yes.

95 Q. "Three months further on, we're now in January, the structure we all signed up to has not materialised", and he is unsure of what the structure is. 11:11

Then if we scroll up again, he refers to very specific engagement with Mr. McGurgan, a coroner, and the coroner's view was that, "Trusts regularly fail to document comprehensively, communicate openly and with an understanding of patients or relatives, and train, update and provide evidence of learning." 11:12

He, that is Mr. Carroll, assumedly recognises some of those coronal concerns in practice the Trust. He says: 11:12

"This again brings me to the concern with regard to the above; approximately 19 months now into restructuring and no further forward." 11:12

Again, just scrolling up, Mrs. Gishkori responds to that, saying:

"Governance is everyone's business, especially

documentation, communication and communication with relatives and patients."

"Training has to be initiated at operational level."

11:13

She agrees everyone does need some help with the whole process of information of learning "which I feel we could get better at". Then she says that a recruitment process is under way to bolster the Governance team, but there would only be "one of them per division. There would still be responsibility for the operational teams to deliver."

11:13

Can you help us with that? Can you remember what that is speaking to?

11:14

A. My recollection of that was that it was replacement of an existing member of staff. I don't remember in my time having any major recruitment apart from the replacement of the Governance Lead during Esther's time.

11:14

96 Q. This wasn't new structure, new staff, this was filling an existing vacant post?

A. Yes. Now I think, it was to be fair, it was filling the post officially rather it being someone displaced. It was advertised as a governance role with a job description and someone actively applied for it, rather than the team being given someone who maybe had been displaced from another role. It was a recruitment process but it was to firm up what was there with

11:14

people who actually were interested in being part of the Governance team.

97 Q. Yes. Just scrolling up, Mr. Carroll says he is totally unaware of any recruitment to these positions, and as this person would be part of the same -- sorry, will be part of the surgical division, he would want to be part of the process. 11:15

A. Yes.

98 Q. Maybe he was at cross-purposes with Mrs. Gishkori?

A. I think so. I mean, I certainly don't remember. It was more, as I say, firming up the team that was already there. 11:15

99 Q. Yes.

A. The IWMH, that was the Integrated Women in Maternity Services, they had appointed Band 7 midwife, which was sort of along the model that we wanted for all the other divisions. That's why Ronan could see that was working for them, and wanted... 11:15

100 Q. Yes. We can see, and part of the reason I brought you to this snapshot in time through the lens of Mr. Carroll primarily, was that within a couple of months of this you had put on paper an enhanced governance structure proposal? 11:15

A. Yes.

101 Q. If we could just look at that. It's at WIT-14755. It's dated 31st May 2018. If we just scroll up one page, it might be easier for you to talk us through this by reference to this organogram or structure. The red posts, so those labelled red in terms of your 11:16

or Allied Health Professionals. I also believe that the budgets provided were not fit for purpose and the department would have benefitted from 3-5 year budgets rather than annual budgets. This would have assisted with more efficient allocation and use of funds.

14. There was a risk register which was utilised by the urology department and was reviewed monthly at Corporate SMT after an update by the director concerned. It was either left, updated or removed. The urology department were on every agenda due to the number of patients and long waiting times. The Trust Board had continual access to the Risk Register. This meeting occurred weekly and I understand that meetings were collated. I do not have access to the minutes of said meetings.

15. The main issues raised in the urology department were in relation to demand outstripping capacity. Capacity was in the form of staff or theatre space. There were never enough theatre slots in relation to the demand for surgery. (This was the case across all departments.) Extended days and weekend work were tried but theatre staff were at a premium and it was the same pool of staff working at weekends and evenings, meaning that in keeping with working time directives staff were required (and needed) to have their days off. It takes a while to get used to new systems and processes and I understand that referrals were not always in keeping with the regional review.

16. No, I do not believe the urology unit was adequately staffed and properly resourced. Please see paragraph 15 above.

17. Yes, I was aware that it was very difficult to recruit and retain staff in the Southern Board. This was partially due to the rotas in bigger sites such as Belfast being more appealing and staff opting to work in Belfast. I was made aware by the Assistant Director, Ronan Carroll, who regularly complained that he did not have enough staff. Ongoing staffing problems were also discussed by the assistant medical director on occasions, in addition to Mark Haynes and other directorate meetings.

18. I am unaware what specific posts may have been vacant for a period of time. The usual steps were taken such as securing bank or agency staff or recruiting locum doctors. There were always recruitment drives and the Director of nursing and Director of HR had a few open days in an attempt to recruit nurses. There was also a drive to encourage student nurses to become Health Care Assistants (HCA)s in the hope that when they qualified, they applied to the Trust to work. Attempts were also made to outsource the load in line with the protocol.

19. Management posts were never vacant throughout my employment. Where there is a deficit in staffing, there is always a chance that quality is

compromised. Staff are encouraged to report unmet need and raise a "Datix" for a near miss or unsafe practice. This was an incident report which noted any incidents which occurred and was to be reported. These are in turn processed by the Head of Service and team and reparative steps are taken as far as possible. Waiting times were becoming increasingly lengthier as a result of ongoing staffing issues.

20. There was a retriage system of referrals introduced and a surgeon of the week process. All referrals were dealt with by the surgeon of the week. A fail safe system was introduced also so that any referrals not triaged by the Consultant of the week were then entered on the system as the original category of the referral indicated by the GP. During my time as Director, Mr Mark Haynes was also required to do a "complex" list at Belfast City Hospital (BCH) every Friday morning. This was so that patients needing radical surgery didn't have to go to England.

21. My role in terms of governance changed in that I appointed an acute governance team when I joined. I also resurrected the "Friday morning governance" meeting. The urology team were represented at this meeting. SAI were presented at this meeting by the relevant consultant; they provided outcomes and asked questions. Please also see the information contained at paragraph 6.

22. I am aware that before I was appointed there was a regional review of clerical and admin services, dealt with by Anita Carrol I understand that there was a reduction in secretarial support per team. This was a regional initiative that the Trust was required to follow. I do not know further details however Anita would know more.

23. I do not know what arrangements there were for admin staff in the unit nor how their workload was allocated. (Mrs Martina Corrigan (Head of Service) would know this).

24. Concerns from administrative staff were never raised directly to me.

25. The overall charge of the day to day running of the urology unit was the responsibility of the HOS, Mrs Martina Corrigan. She was answerable to the AD for surgery Mr Ronan Carroll who answered directly to me. See para 3.

26. I did PDPs with my ADs and my personal assistant.

27. My role was subject to a performance review by the CE. This followed the usual template and gave me a chance to identify training needs and for the CE to approve or reject. It was also an opportunity for the CE to make suggestions for my continued development, and objectives were agreed. I do not hold copies of any of the records of PDP's however same would be held by the trust.

28. Please see para 3. Urology was represented at my weekly SMT acute meeting, my AMD monthly meeting and the Friday morning governance meeting. These meeting lasted 1 – 3 hours depending on the agenda.

29. See no. 28.

30. No.

31. At the time, I was unaware of and nor did I see or sense any conflict between the team members. I was aware that Mr O'Brien could be slow with the administrative side of things but I did not know that there were any difficulties between him and his colleagues. I was aware that he had previously made an allegation of bullying against Mr. Eamonn Mackle however I did not know the details of same.

32. Please see para 2, 3 and 4. Also point 25. My HR colleague who was based in acute services was Helen Walker.

33. Clinical governance was the responsibility of the HOS as were matters of finance, HR and performance. I managed everything through the lines of accountability as outlined in para 2,3 and 5.

34. My role was to ensure safe and effective care across units, systems and processes. There were various protocols and processes in place and we would have carried out audits and reviews. The performance team would have raised any issues at monthly meeting (they were responsible under the performance directorate.)

35. Through the lines of management and with the help of the clerical teams, the metrics were presented to me and I in turn presented these to the HSCB personnel as appropriate. As outlined in para 4, the performance teams were involved also.

36. As outlined in the lines of accountability, governance and risk were discussed in the various fora. I was always keen to examine and discuss trends and patterns in relation to incidents, complaints, compliments, comments, accidents and near misses. We would have looked at trends and rates of complaints, compliance with protocols, infection rates and rates of ventilator acquired pneumonia. On occasion the Head of Service would have also attended these meetings, on an ad hoc basis.

37. There was a formal procedure of answering a complaint from both inside and outside the organisation. I read and signed off every complaint. I often sent the complaint back to the author of the response with my comments if I felt more information was required. The whole file was available so I could track back and see if perhaps there was a miscommunication along the way and obtain an oversight of the matter. This was often the case. Sometimes There were occasions where I also phoned the patient and this worked well most of the time. There was a corporate governance meeting, chaired by a non-executive