Corrigan, Martina

From: Young, Michael [redacted]
Sent: 18 October 2018 12:16
To: Haynes, Mark; Carroll, Ronan
Subject: RE: Return to Work Action Plan February 2017 FINAL.

Martina had been keeping an eye on this but with her being off it has not appeared to have been tracked. In fairness it was as closed system on who knew to do.
I agree with Marks comments.

MY

From: Haynes, Mark
Sent: 18 October 2018 06:34
To: Carroll, Ronan; Young, Michael
Cc: Clayton, Wendy
Subject: RE: Return to Work Action Plan February 2017 FINAL.

Hi Ronan

Neither I nor Michael have been involved in any of the conversations surrounding this issue since the start due to the potential conflict / working relationships issues it would create. It would not be appropriate for us to become involved now. Colin along with the Medical Director have held all previous meetings.

I would suggest that it should be approached through the same personnel as previously. Need to ensure that any meeting is appropriately documented and it will be worth liaising with HR to ensure things are done correctly.

Mark

From: Carroll, Ronan
Sent: 17 October 2018 15:52
To: Young, Michael; Haynes, Mark
Cc: Clayton, Wendy
Subject: FW: Return to Work Action Plan February 2017 FINAL.
Importance: High

Michael/Mark
Please see update from Wendy

1. Dictation to be completed
2. Notes in office

Aidan needs spoken with and asked to address dictation asap & to return notes (possible notes are for dictation)
I am in CAH tomorrow pm

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

From: Clayton, Wendy
Sent: 17 October 2018 15:11
To: Carroll, Ronan; Corrigan, Martina
Subject: RE: Return to Work Action Plan February 2017 FINAL.

See below dictation report. There are approx 82 charts in the office on level 2. Do you need me to try and find out how long they have been there?

UROLOGY	Backlog - Number of c			
Consultant	Discharges awaiting Dictation	Discharges to be typed	Clinic letters to be dictated	oldest date of clinic letters to be dictated
Mr Jakob				
Mr Glackin	5	6	7	06/06/2018 (1 letter)
Mr Haynes	0	0	19	26.09.18
Mr O'Brien	17	0	91	15.06.18
Mr O'Donoghue				
Mr Young	12	0	0	0
Sub Speciality Totals	34	6	117	

From: Clayton, Wendy
Sent: 16 October 2018 19:41
To: Carroll, Ronan; Corrigan, Martina
Subject: RE: Return to Work Action Plan February 2017 FINAL.

I have check PAS and there are 82 charts tracked out specifically to Mr O'Brien

I will ask Collette for an update typing backlog report which will show clinic/results to be dictated, hopefully this will be through tomorrow.

Wendy

Wendy Clayton
Acting HOS for G Surg, Breast & Oral Services
SEC
Ext: Personal Information redacted by the USI
External number: Personal Information redacted by the USI
Mob: Personal Information redacted by USI

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

External No. Personal Information redacted by the USI

From: Carroll, Ronan
Sent: 15 October 2018 23:01
To: Clayton, Wendy; Corrigan, Martina

Corrigan, Martina

From: Haynes, Mark [redacted]
Sent: 18 October 2018 06:41
To: Carroll, Ronan
Subject: RE: Return to Work Action Plan February 2017 FINAL.

To you only.

The NCAS report into his practice has been received by the trust and presented to him (I was told by Ahmed on Tuesday but have not been told full detail of report). He is now to respond. In his meeting when he was presented with the report he cited multiple examples that he claims as evidence of inappropriate and clinically unsafe practice by a number of his colleagues (I haven't been told who). He has also made it clear he will be fighting every allegation.

Michael and I cannot be involved in tackling the behaviour and we need to be 100% that everything is done to the book with HR input.

Mark

From: Carroll, Ronan
Sent: 17 October 2018 15:52
To: Young, Michael; Haynes, Mark
Cc: Clayton, Wendy
Subject: FW: Return to Work Action Plan February 2017 FINAL.
Importance: High

Michael/Mark
Please see update from Wendy

1. Dictation to be completed
2. Notes in office

Aidan needs spoken with and asked to address dictation asap & to return notes (possible notes are for dictation)
I am in CAH tomorrow pm

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

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To: Carroll, Ronan; Corrigan, Martina
Subject: RE: Return to Work Action Plan February 2017 FINAL.

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Mr Jakob				
Mr Glackin	5	6	7	06/06/2018 (1

Corrigan, Martina

From: Carroll, Ronan [redacted]
Sent: 18 October 2018 10:37
To: Clayton, Wendy; Haynes, Mark; Young, Michael
Subject: RE: Return to Work Action Plan February 2017 FINAL.

Can you go speak with him pls I would like this dealt with today or at least a plan in place

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob [redacted]
Ext [redacted]

From: Clayton, Wendy
Sent: 18 October 2018 10:16
To: Carroll, Ronan; Haynes, Mark; Young, Michael
Subject: RE: Return to Work Action Plan February 2017 FINAL.

Yes, Colin is in CAH outpatients this morning

Wendy Clayton
Acting HOS for G Surg, Breast & Oral Services
SEC
Ext: [redacted]
External number: [redacted]
Mob: [redacted]

EXT [redacted] ***if dialling from Avaya phone.***
If dialling from old phone please dial [redacted]

External No. [redacted]

From: Carroll, Ronan
Sent: 18 October 2018 09:25
To: Haynes, Mark; Young, Michael
Cc: Clayton, Wendy
Subject: RE: Return to Work Action Plan February 2017 FINAL.

Wendy
Is colin about

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob [redacted]
Ext [redacted]

From: Haynes, Mark
Sent: 18 October 2018 06:34
To: Carroll, Ronan; Young, Michael

Davis, Anita

From: Carroll, Ronan
Sent: 15 December 2021 23:19
To: Davis, Anita
Subject: FW: Return to Work Action Plan February 2017 FINAL.

Importance: High

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: Carroll, Ronan Personal Information redacted by USI
Sent: 18 October 2018 21:23
To: Haynes, Mark
Subject: RE: Return to Work Action Plan February 2017 FINAL.
Importance: High

Mark
The reality was Martina was tasked with monitoring the 4 elements of Aidan's work plan. She did this each Friday and there were no issues.
simply when Martina went off this was not pick up by anyone. I completely forgot about it. But yes MD and his office did not come asking for it either
Ronan

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

From: Haynes, Mark
Sent: 18 October 2018 20:00
To: Carroll, Ronan
Subject: RE: Return to Work Action Plan February 2017 FINAL.

According to Simon '…there were monitoring and supervision arrangements put in place, which we confirmed to a range of interested parties…'

I wasn't one of these interested parties, neither from Colin's email was he, or Michael from his. So if the clinical lead in the service, the CD and the AMD weren't, I'm not sure who was.

I can only assume, given the trusts previous failings in tackling behaviours in this case, the arrangements were robust, regularly monitored at multiple levels and had clear backstops for sickness etc so that it wasn't reliant upon only Martina??

Mark

From: Carroll, Ronan
Sent: 18 October 2018 12:39
To: Gibson, Simon; Weir, Colin; Khan, Ahmed; Haynes, Mark
Subject: RE: Return to Work Action Plan February 2017 FINAL.
Importance: High

Simon
I think you are stating the obvious.
With Martina having been off since June the overseeing function has not taken place and in the day to day activities was overlooked
But We need to understand why this the dictation has gone out, this could explain the volume of notes or there may be some other reason
Ronan

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

From: Gibson, Simon
Sent: 18 October 2018 12:31
To: Weir, Colin; Khan, Ahmed; Carroll, Ronan; Haynes, Mark
Subject: RE: Return to Work Action Plan February 2017 FINAL.

Dear Ronan

What is most concerning here is that there were monitoring and supervision arrangements put in place, which we confirmed to a range of interested parties.

If he has a backlog of clinic letters and discharges going back to June, have these arrangements fallen down?

Kind regards

Gibson, Simon

From: Haynes, Mark [redacted]
Sent: 16 November 2018 13:56
To: Khan, Ahmed; Gibson, Simon
Subject: FW: AOB

Hi Ahmed / Simon

Are you aware of this? Surely this behaviour (phone calls from wife and his son / legal advisor to Mr Young, below with Mr Weir) shouldn't happen?

How can we (his colleagues) be protected?

Mark

From: Weir, Colin
Sent: 15 November 2018 11:34
To: Carroll, Ronan; Hynds, Siobhan
Cc: Young, Michael; Gishkori, Esther; Haynes, Mark
Subject: RE: AOB

Can I put on record that last Thurs 8th Nov Mr O'Brien met me in my office from 08:50 to 09:15hrs. He requested the meeting

The conversation centred around his investigation. I was supportive to him as a colleague, and Clinical Director and I thought that was to be the focus of the conversation

He did ask me about evidence I had given to the investigation relating to meeting with Dr McAllister when he was AMD and prior to the investigation. I wasn't expecting this and tried to answer briefly my recollection.

I now feel that

1. he should not have made this approach
2. his questioning and my responses could undermine the investigation and action plan
3. he put me in a difficult and awkward position
4. having met Mr Young and knowing his experiences: I cannot meet or discuss anything with Mr O'Brien anything other than day to day activities in his work as a Urologist.

Can we please be protected from this as I suspect evidence is being gathered from us and make the Medical Director aware?

Colin

From: Carroll, Ronan
Sent: 15 November 2018 10:04
To: Hynds, Siobhan
Cc: Young, Michael; Weir, Colin; Gishkori, Esther
Subject: AOB
Importance: High

Siobhan,
Mr Young has advised me this morning that he received phone calls from Mrs O'Brien (Saturday evening) and Michael O'Brien (Monday Evening). Both these phone calls centred on the Mr Aidan O'Brien's investigation.
Give me a ring if you require anything further

Montgomery, Ruth

From: Haynes, Mark
Sent: 20 February 2019 09:44
To: OKane, Maria
Subject: FW: ** ACTIOND REQUIRED ** - AMD RESPONSE REQUIRED
Attachments: App 7 AMD Info Request.docx

Importance: High

Follow Up Flag: Flag for follow up
Flag Status: Flagged

FYI – I didn't sign but forwarded on.

From: medical revalidation
Sent: 13 December 2018 14:24
To: Haynes, Mark
Subject: ** ACTIOND REQUIRED ** - AMD RESPONSE REQUIRED
Importance: High

Dear Mr Haynes

As **Mr Aidan O'Brien** is due to Revalidate on **27/04/2019** could you please complete and return the attached form (please note the Medical Director will not accept an electronic signature on these forms).

Dr O'Brien's revalidation sign-off meeting is on the **15/03/2019** and this documentation is required before that meeting.

Many thanks for your assistance.

Kind regards
Revalidation Team

Visit the dedicated SouthernDocs website for information on Appraisal & Revalidation, Medical Training and Paying/Private Patients

Personal Information redacted by the USI

Personal Information redacted by the USI

Montgomery, Ruth

From: Haynes, Mark
Sent: 13 December 2018 15:08
To: Khan, Ahmed; OKane, Maria; Gibson, Simon
Subject: FW: ** ACTIOND REQUIRED ** - AMD RESPONSE REQUIRED
Attachments: App 7 AMD Info Request.docx

Importance: High

Hi Ahmed / Maria / Simon

Please see below. As you are aware I have limited involvement in the ongoing investigations regarding Mr O'Brien. Would you have any recommendation for me as to how to respond?

Thanks

Mark

From: medical revalidation
Sent: 13 December 2018 14:24
To: Haynes, Mark
Subject: ** ACTIOND REQUIRED ** - AMD RESPONSE REQUIRED
Importance: High

Dear Mr Haynes

As **Mr Aidan O'Brien** is due to Revalidate on **27/04/2019** could you please complete and return the attached form (please note the Medical Director will not accept an electronic signature on these forms).

Dr O'Brien's revalidation sign-off meeting is on the **15/03/2019** and this documentation is required before that meeting.

Many thanks for your assistance.

Kind regards
Revalidation Team

Visit the dedicated SouthernDocs website for information on Appraisal & Revalidation, Medical Training and Paying/Private Patients

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Personal Information redacted by the USI

Could you describe the method by which the information is collated. I can see how you obtain the 'waiting to be typed' information. But for instance, how is the information on 'results to be dictated' collected? Is this based on e-sign off data (numbers of results not signed off on ECR) or some other method? I am concerned that the data presented doesn't fit with my impression of practices (I regularly see patients coming to OPA with scan results that have been performed often months earlier, requested by someone else, but no results letter or action ever done, and no sign off either on ECR or of the paper copy).

Similarly, how is the 'clinics awaiting dictation' data obtained?

I have copied Martina as I have spoken to her about this so she will be able to help if my question isn't clear.

Thanks

Mark

From: McCaul, Collette
Sent: 04 December 2018 16:16
To: Corrigan, Martina; Robinson, Katherine; Carroll, Ronan; Carroll, Anita; Scott, Jane M; Jacob, Thomas; Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; ODonoghue, JohnP; Young, Michael
Subject: Urology backlogs

Hi all

Attached are the recent backlogs for Urology as of the 04.12.18.

No major outstanding backlog. The results to be dictated are the from the middle to end of November. Audio typist is currently on results to be typed area of backlog

Collette McCaul
Acting Service Administrator (SEC)
Ground Floor
Ramone Building
CAH
Ext Personal information redacted by USI

From: Haynes, Mark
Sent: 06 December 2018 12:01
To: McCaul, Collette
Cc: Robinson, Katherine
Subject: RE: Urology backlogs

No problem.

An example; Personal Information redacted by the USI Patient 92 (Female / Personal Information)

FU CT done 13/3/18, reported 20/3/18. GP letter 17/7/18 brought it to my attention, renal cancer subsequently treated.

Happy to chat through with you. My concern is that there are individuals in the management structure who believe this data to be robust where I'm not certain it is.

Mark

From: McCaul, Collette
Sent: 06 December 2018 11:43
To: Haynes, Mark
Cc: Robinson, Katherine
Subject: RE: Urology backlogs

Mark

Apologies about the delay in getting back to you.

We are doing a bit of further looking into this request as we are taking this very seriously if this is the case.

IF you could I would be grateful of an example of patient who has come to your clinic but no result letter or action ever done that would be great so we can see what actually is going on .

Collette

Collette McCaul
Acting Service Administrator (SEC)
Ground Floor
Ramone Building
CAH
Ext Personal Information redacted by USI

From: Haynes, Mark
Sent: 05 December 2018 06:32
To: McCaul, Collette; Corrigan, Martina
Subject: RE: Urology backlogs

Thanks Collette

Sorry if my next question sounds awkward and I appreciate I may have asked this before.

From: Robinson, Katherine
Sent: 14 December 2018 15:27
To: Haynes, Mark; McCaul, Collette
Subject: RE: Urology backlogs Confidential

Mark

We have looked into this. We cannot establish if the result ever came back to AOB either hard copy or email. I thought Radiology flagged these up to be looked at , am I correct? We cannot find it in Noelene's office. That said the secretary has a huge issue with her management ie collette and I asking her questions etc and is extremely upset and feels we are harassing her. I am trying to get Trudy as I don't know how we can possibly get proper info without the secretary helping. The secretary does not want to be involved but I suspect like all of us there is no choice.

K

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

t: Personal Information redacted by USI
e: katherine.robinson Personal Information redacted by the USI

From: Haynes, Mark
Sent: 06 December 2018 12:03
To: Robinson, Katherine; McCaul, Collette
Subject: RE: Urology backlogs

I should add that although this case is an individual who may have had concerns raised about previously, he is not alone.

From: Robinson, Katherine
Sent: 06 December 2018 12:02
To: Haynes, Mark; McCaul, Collette
Subject: RE: Urology backlogs

OK WE WILL GET back to you

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

t: Personal Information redacted by USI
e: katherine.robinson Personal Information redacted by the USI

Montgomery, Ruth

From: OKane, Maria
Sent: 31 March 2019 00:18
To: Haynes, Mark
Subject: RE: Urology backlogs Confidential

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Thanks Mark – I will try and ring you on Monday to discuss further as I think I don't fully understand the intricacies of the processes - thanks Maria

Dr Maria O'Kane
Medical Director
Tel: Personal Information redacted by USI

From: Haynes, Mark
Sent: 11 March 2019 17:03
To: OKane, Maria
Subject: FW: Urology backlogs Confidential

Scroll down for details – result not actioned.

From: Haynes, Mark
Sent: 15 December 2018 05:57
To: Robinson, Katherine; McCaul, Collette
Subject: RE: Urology backlogs Confidential

Thanks Katherine.

The issue for me is not whether or not it was ever received.

My concern that there are individuals who think that the reported 'results for dictation' data is robust. It isn't. The number is generated at best for some as a guess. Because this regular report is taken by senior personnel in the trust as robust it is seen as a monitoring tool within governance processes that results are being actioned and communicated to patients in a timely manner with no risk of unactioned significant results. I fear your team are at risk if we have a situation where a patient comes to harm because a result isn't actioned and subsequent investigation reveals a large number of unactioned results. Your team would be open for criticism for reporting inaccurate information.

For Tony and me Liz / Leanne look at e-sign-off and the number outstanding on here, plus any sets of notes with hard copy reports and this is the number reported. Ironically although we are the most up to date with our admin, we regularly appear to be the ones who are most behind.

A question to all secretaries asking them how they get the numbers that they report would be a starting point, along with a meeting to highlight why this information is collected and the potential consequences of misreporting.

Mark

Corrigan, Martina

From: Haynes, Mark [redacted]
Sent: 30 March 2019 06:55
To: OKane, Maria
Subject: FW: Urology

Importance: High

This relates to one of the AOB issues. He has been on call since 22/3/19 and should have been doing the triage.
Mark

From: Graham, Vicki
Sent: 29 March 2019 16:09
To: O'Brien, Aidan; ODonoghue, JohnP; Haynes, Mark; Young, Michael; Glackin, Anthony; Tyson, Matthew
Subject: FW: Urology
Importance: High

Hi

The red flag team have advised that there are x 24 referrals on ECR to be triaged, dating back to 22.03.19. Would it be possible to get these triaged please?

Thank you

Vicki
Cancer Services Co-ordinator
Office 2
Level 2
MEC

From: rf.appointment
Sent: 29 March 2019 15:57
To: Graham, Vicki
Subject: Urology

Hey Vicki,

There are 24 referrals from 22/03/19 needing triage for Urology on ECR.
Can you escalate this please.

Best

Sinéad Catherine Joanne Lee
Higher Clerical Officer

✉ **Southern Health & Social Care Trust**
Red Flag Appointments Office
Ramone Buliding Ward 1, Ground floor
Craigavon Area Hospital
Lurgan Road, Portadown

Mark

From: Graham, Vicki
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To: O'Brien, Aidan; ODonoghue, JohnP; Haynes, Mark; Young, Michael; Glackin, Anthony; Tyson, Matthew
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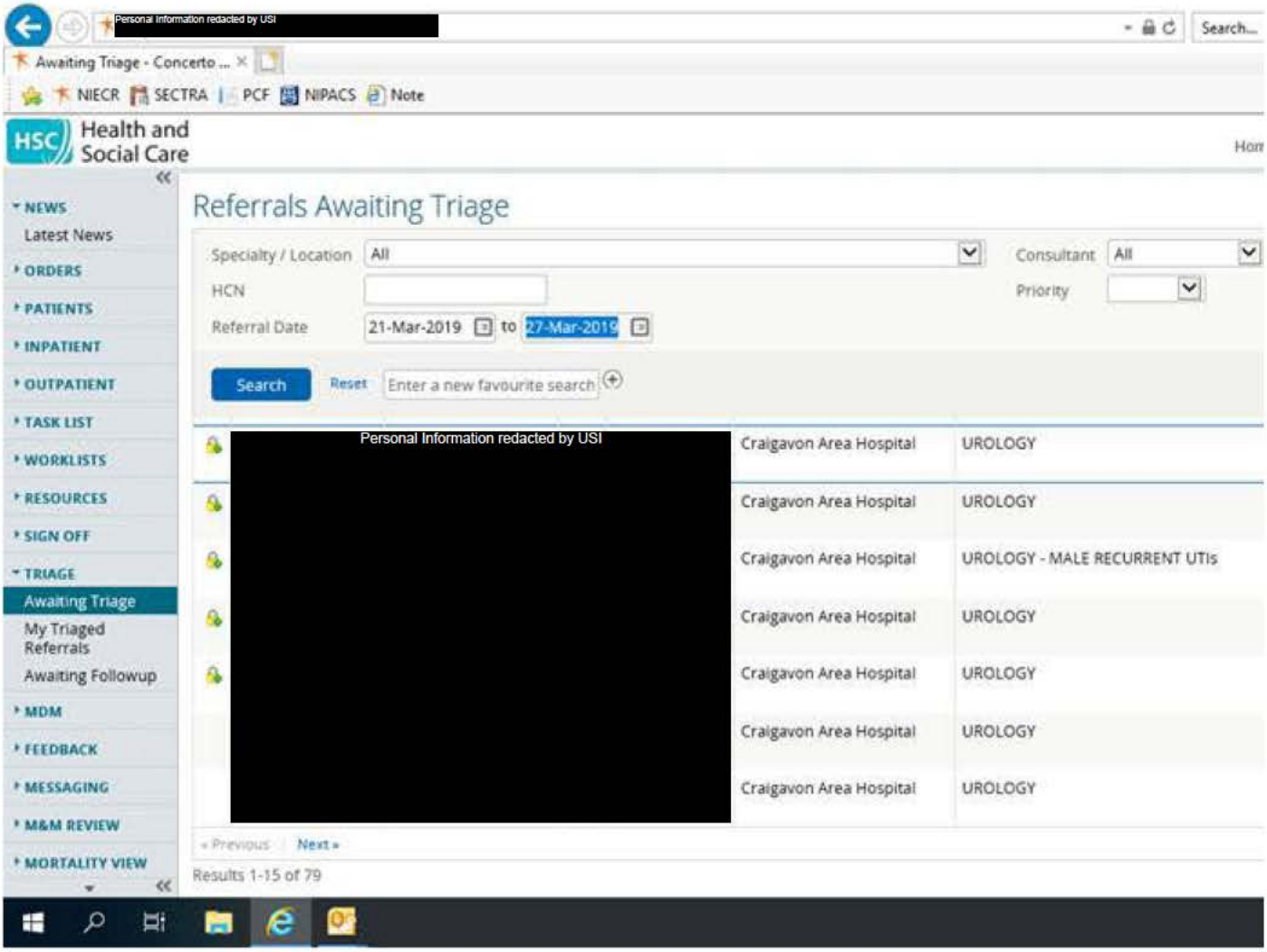
Higher Clerical Officer

✉ **Southern Health & Social Care Trust**
Red Flag Appointments Office
Ramone Buliding Ward 1, Ground floor
Craigavon Area Hospital
Lurgan Road, Portadown

☎ **Ext.** Personal information redacted by USI *(Red Flag Team Ext.* Personal Information redacted by USI
[sinead.lee] Personal Information redacted by the USI



From: OKane, Maria
Sent: 31 March 2019 00:18
To: Haynes, Mark
Subject: RE: Urology

Has this happened in this way before?

Dr Maria O'Kane
Medical Director
Tel: Personal Information redacted by USI

From: Haynes, Mark
Sent: 30 March 2019 06:55
To: OKane, Maria
Subject: FW: Urology
Importance: High

This relates to one of the AOB issues. He has been on call since 22/3/19 and should have been doing the triage.

Corrigan, Martina

From: Haynes, Mark [redacted]
Sent: 31 March 2019 10:52
To: OKane, Maria
Subject: RE: Urology
Attachments: Return to Work Action Plan February 2017 FINAL..docx.docx; FW: Urology ECR (10.9 KB); FW: Urology (11.0 KB); FW: REFS FOR TRIAGE (7.06 KB)

Morning.

Triage in Urology (and I think most other surgical specialities) is done by the on-call surgeon ('surgeon of the week'). The AOB return to work action plan (attached) concern 1 relates to this;

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 centre and any letters that have been addressed to Mr O'Brien and delivered to his office. For these letters it must be ensured that the secretary will record receipt of these on PAS and then all letters must 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.

Attached are a number of escalation emails pertaining to this from Vicki Graham. I would assume that this has been shared with the director of acute services and appropriately escalated to the MHPS case manager? Anecdotally certainly the e-triage is not completed by 4pm on the Friday of his on-call week, indeed looking now there are 79 referrals on e-triage, received between 21st March and 27th March (Mr O'Biren's recent on-call week) that have yet to be triaged, including 16 red flag referrals dating from 25/3 to 27/3 (see screenshot below).

I am not aware of the reporting and escalation that may have occurred of this following the return to work.

Mark

Regards, Maria

Dr Maria O'Kane
Medical Director
Tel: Personal Information redacted by USI

From: Gibson, Simon
Sent: 30 May 2019 13:25
To: OKane, Maria
Cc: Khan, Ahmed; Hynds, Siobhan; Toal, Vivienne; Parks, Zoe; Montgomery, Ruth
Subject: RE: Action notes from meeting 24-4-19

- Conduct panel delayed pending grievance hearing

- Grievance hearing delayed pending further information being requested – **Siobhan Hynds to clarify from Vivienne Toal what this information is**
  Siobhan Hynds is gathering this information under the auspices of MHPS. It was noted that this will take significant time to gather.

- GMC have requested further information – response will be that we have no specific written information/document from AOB **Simon Gibson**
  Response was provided – GMC written again seeking clarification. Siobhan Hynds to draft response

- Working from home – clarification from Joanne Donnelly as to whether this is still required **Dr O'Kane**
  Dr O'Kane wasn't at the meeting to provide an update on this

- Discuss with Shane with regard to organisational review **Dr O'Kane**
  Dr O'Kane wasn't at the meeting to provide an update on this

- Need to seek assurance from Acute **(Dr O'Kane)**:
  - Is there an agreed job plan Simon to check with Mark Haynes on behalf of Dr O'Kane
  - Is the 2017 action plan being followed – and all monitoring arrangements in place Siobhan Hynds reported that Martina Corrigan is ensuring monitoring arrangements are still in place, with no exception reports flagged to case manager. It was agreed that the Case Manager should periodically seek this assurance.

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust
Simon.gibson Personal Information redacted by the USI
Personal Information redacted by USI
Personal Information redacted by USI (DHH)

Corrigan, Martina

From: Haynes, Mark [redacted]
Sent: 04 October 2019 16:53
To: OKane, Maria
Subject: FW: Action notes from meeting 24-4-19
Attachments: RE: Urology (176 KB); FW: Urology (11.2 KB)

From: Haynes, Mark
Sent: 31 May 2019 09:08
To: OKane, Maria; Gibson, Simon
Cc: Khan, Ahmed; Hynds, Siobhan; Toal, Vivienne; Parks, Zoe; Montgomery, Ruth
Subject: RE: Action notes from meeting 24-4-19

Morning

RE Job Plan;
Mr O'Brien does not have a signed off job plan. Discussion have occurred and the job plan has been 'awaiting doctor agreement' since November 2018. I am second sign off and so would not be requested to sign it off until he and his CD have signed it. I have requested an update on the process from the relevant CD.

RE 2017 action plan;
I am currently not in a position to provide the reassurances requested. I was not party to the action plan at it's inception and have only recently been made aware of it's contents. Having been made aware of it's contents, I am aware of instances where the actions regarding Concern 1 have not been met (see attached emails), specifically;

'…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.'

Given that I am aware of aspects of the action plan not being met, I am concerned to see the statement that there have been 'no exception reports flagged to case manager'. The implication being that either there has been an agreed deviation from the action plan and monitoring is now occurring against different standards, or that the monitoring and / or escalation process has not functioned as it should.
As I was not party to any of the previous discussions, if I am to become part of this I need an initial briefing with all and also some run through of monitoring to date. Through this briefing I need to understand the process as it is at present, and how, despite evidence that there appear to have been 'exceptions', the reporting process appears to have failed to flag these to the case manager.

Mark

From: OKane, Maria
Sent: 30 May 2019 18:06
To: Gibson, Simon
Cc: Khan, Ahmed; Hynds, Siobhan; Toal, Vivienne; Parks, Zoe; Montgomery, Ruth; Haynes, Mark
Subject: RE: Action notes from meeting 24-4-19

Thanks Simon.
- Ahmed or Mark as his AMD should seek regular assurance rather than me and then inform the MDO
- AOB is still undertaking assessments at private clinic at home as per the requests to sign off on transfers from private to public practice. I brought this to the attention of urology. We have asked for a rationale as to why the GMC has suggested this practice is stopped before this is progressed – please explore with them Simon.

From: Khan, Ahmed
Sent: 18 September 2019 11:52
To: OKane, Maria
Cc: Weir, Lauren
Subject: FW: AOB concerns - escalation

Maria, see update report & concerns from Martina as Mr OBrien have failed to adhere to 2 elements of agreed action plan. I have requested an urgent meeting with Siobhan and Simon to discuss this issue and other updates as I am unaware of any further progress on his case.
Regards,
Ahmed

From: Khan, Ahmed
Sent: 17 September 2019 09:52
To: Corrigan, Martina; Hynds, Siobhan; Gibson, Simon
Subject: RE: AOB concerns - escalation

Martina, thanks.

Siobhan & Simon, Can we meet to discuss this urgently please. I am can be available tomorrow am or pm.

Thanks,
Ahmed

From: Corrigan, Martina
Sent: 16 September 2019 16:37
To: Khan, Ahmed
Cc: Hynds, Siobhan
Subject: AOB concerns - escalation

Dear Dr Khan

As requested, please see below which I am escalating to you (emails attached showing where I have been asking him to address)

CONCERN 1 –not adhered to, please see escalated emails. As of today Monday 16 September, Mr O'Brien has 26 paper referrals outstanding, and on Etriage 19 Routine and 8 Urgent referrals.

CONCERN 2 – adhered to – no notes are stored off premises nor in his office (this is only feasible to confirm as there have been NO issues raised regarding missing charts that Mr O'Brien had)

CONCERN 3 – not adhered to – Mr O'Brien continues to use digital dictation on SWAH clinics but I have done a spot-check today and:

Clinics in SWAH
EUROAOB – 22 July and 12 August all patients have letters on NIECR
Clinics held in Thorndale Unit, Craigavon Area Hospital
CAOBTDUR - 20 August 2019 had 12 booked to clinic 11 attendances & 1 CND but no letters at all
CAOBUO – 23 August 2019 – 10 attendance and only 1 letter on NIECR
CAOBUO – 30 August 2019 – 12 booked to clinic, 1 CND, 1 DNA and 0 Letters on NIECR
CAOBUO – 3 September – 8 booked to clinic – 0 letters on NIECR

Cc: Gibson, Simon; Haynes, Mark; Weir, Lauren
Subject: FW: AOB concerns - escalation

Dear Ahmed and Siobhan – any further updates on addressing the concerns raised by Martina please ? I am meeting with the GMC next Monday and I anticipate they will expect a description of what has occurred and how it has been addressed please? Many thanks Maria

Lauren bf for wed please

From: Weir, Lauren
Sent: 30 September 2019 09:00
To: OKane, Maria
Subject: AOB concerns - escalation

Dr O'Kane,
You asked me to bring this to your attention for today. I have it printed and on my desk for you

Lauren

Lauren Weir
PA to Dr Maria O'Kane – Medical Director's Office,
Southern Health & Social Care Trust
1st Floor, Trust Headquarters, CAH

Changed My Number

My Hours of work are: Monday – Friday 9.00am – 5.00pm

Please note my new contact number – External - Personal Information redacted by the USI / Internal ext: Personal Information redacted by the USI

Lauren.Weir Personal Information redacted by the USI

From: OKane, Maria
Sent: 23 September 2019 13:27
To: Khan, Ahmed
Cc: Weir, Lauren; Hynds, Siobhan; Gibson, Simon
Subject: RE: AOB concerns - escalation

Thank you.

Lauren bf 1 week please

From: Khan, Ahmed
Sent: 23 September 2019 13:04
To: OKane, Maria
Cc: Weir, Lauren; Hynds, Siobhan; Gibson, Simon
Subject: RE: AOB concerns - escalation

Maria, I and Siobhan discussed this case last week. She has already requested more information /clarification from Martina therefore we will wait for this information. Siobhan also informed me trust grievance progress is on hold due to Mr AOB's lengthy FOI requested in progress. I will reply to Grainne Lynn once all this information at hand before contacting her.
Thanks, Ahmed

Cc: Hynds, Siobhan
Subject: AOB concerns - escalation

Dear Dr Khan

As requested, please see below which I am escalating to you (emails attached showing where I have been asking him to address)

CONCERN 1 –not adhered to, please see escalated emails. As of today Monday 16 September, Mr O'Brien has 26 paper referrals outstanding, and on Etriage 19 Routine and 8 Urgent referrals.

CONCERN 2 – adhered to – no notes are stored off premises nor in his office (this is only feasible to confirm as there have been NO issues raised regarding missing charts that Mr O'Brien had)

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CAOBUO – 30 August 2019 – 12 booked to clinic, 1 CND, 1 DNA and 0 Letters on NIECR
CAOBUO – 3 September – 8 booked to clinic – 0 letters on NIECR

I have asked Katherine Robinson to double-check that these are not in a backlog for typing and I will advise

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

From: Khan, Ahmed
Sent: 01 October 2019 16:13
To: OKane, Maria; Hynds, Siobhan
Cc: Gibson, Simon; Haynes, Mark; Weir, Lauren
Subject: RE: AOB concerns - escalation

Maria, I understand we are awaiting more details from Martina. Just spoke to Mark, he think number of non-adherence to agreed action plan.
Thanks, Ahmed

From: OKane, Maria
Sent: 30 September 2019 12:31
To: Khan, Ahmed; Hynds, Siobhan

Corrigan, Martina

From: Haynes, Mark [redacted]
Sent: 03 October 2019 14:50
To: Khan, Ahmed; Weir, Lauren
Cc: Gibson, Simon; Hynds, Siobhan; OKane, Maria
Subject: RE: AOB concerns - escalation

Follow Up Flag: Follow up
Flag Status: Flagged

Further update...

[redacted] [redacted] [redacted]

IR1 going in from MDM today. Seen in OP on 16th August after MDM on 27th June (outcome was for Mr O'Brien to review and arrange a renal biopsy. No dictation has been done from the OP appointment, no biopsy has happened. Multiple emails have been sent to Mr O'Brien and his secretary but no update has been provided and no biopsy has occurred. Brought back to MDM today to endeavour to clarify what is happening (has also had enquiry from GP which I contacted Mr O'Brien after to enquire if all was in hand).

Mark

From: Khan, Ahmed
Sent: 03 October 2019 11:13
To: Weir, Lauren
Cc: Gibson, Simon; Hynds, Siobhan; Haynes, Mark; OKane, Maria
Subject: RE: AOB concerns - escalation

Lauran, I would be available between 2-4pm.
Thanks, Ahmed

From: OKane, Maria
Sent: 03 October 2019 00:04
To: Haynes, Mark; Khan, Ahmed; Hynds, Siobhan
Cc: Gibson, Simon; Weir, Lauren
Subject: RE: AOB concerns - escalation

Lauren can you arrange a teleconference for this Friday afternoon from a time from 1pm onwards please to agree next steps please? Many thanks Maria

---

From: Haynes, Mark
Sent: 01 October 2019 19:00
To: Khan, Ahmed; OKane, Maria; Hynds, Siobhan
Cc: Gibson, Simon; Weir, Lauren
Subject: RE: AOB concerns - escalation

The details are at the start of this mail (pasted below)

From: Corrigan, Martina
Sent: 16 September 2019 16:37
To: Khan, Ahmed

Corrigan, Martina

From: OKane, Maria [redacted]
Sent: 30 September 2019 13:25
To: Haynes, Mark
Subject: FW: AOB concerns - escalation

Mark has this been shared with Ahmed and Siobhan yet please? thanks Maria

---

From: Haynes, Mark
Sent: 30 September 2019 13:04
To: OKane, Maria
Subject: RE: AOB concerns - escalation

Hi Maria
RE Concern 3
A query will be raised from the Belfast MDM regarding a patient who is in the patients who have not had clinic letters dictated and is at risk of missing a treatment window for adjuvant chemotherapy. The Chair of the central MDM will raise this in writing probably tomorrow.
In advance (and so you can factor it in to Monday), summary / timeline from ECR (HCN [redacted]);
Surgery (orchidectomy) 10/7/19, letter dictated 10/7/19, transcribed 11/7/19
Histopathology reported 24/7/19
MDM (CAH) 25/7/19
Review OP 23/8/19, Letter dictated 25/9/19 Transcribed 26/9/19, letter is a referral to oncology for adjuvant chemotherapy
MDM (BCH) 26/9/19 – Concern raised re 3 month treatment window for adjuvant chemotherapy (10/10/19)
I have also had raised to me by our Key worker team that there are other oncology referrals awaiting dictation but do not have patient details at present.
I will email to all once I have the formal query from the central MDM.
Mark

From: OKane, Maria
Sent: 30 September 2019 12:31
To: Khan, Ahmed; Hynds, Siobhan
Cc: Gibson, Simon; Haynes, Mark; Weir, Lauren
Subject: FW: AOB concerns - escalation

Dear Ahmed and Siobhan – any further updates on addressing the concerns raised by Martina please ? I am meeting with the GMC next Monday and I anticipate they will expect a description of what has occurred and how it has been addressed please? Many thanks Maria

Lauren bf for wed please

From: Weir, Lauren
Sent: 30 September 2019 09:00
To: OKane, Maria
Subject: AOB concerns - escalation

Dr O'Kane,
You asked me to bring this to your attention for today. I have it printed and on my desk for you

Lauren

Corrigan, Martina

From: Haynes, Mark [redacted]
Sent: 04 October 2019 14:01
To: Khan, Ahmed; Hynds, Siobhan; OKane, Maria
Cc: Gibson, Simon; Weir, Lauren
Subject: AOB exceptions

Afternoon

I have gone through two Mr O'Brien OP clinics from August – 16th and 20th. Below is a summary of Letters generated from the consultations, detailing, where letters have been done the date dictated and date typed. The summary is of 2- patient consultations, only 5 letters are available to date. Those that have been done were dictated a variable number of days after the clinic, ranging from 6 to 31. Outstanding dictations are up to 8 weeks since the consultation.

Mark

HCN	OP Date	Date Letter dictated	Date Letter typed
[redacted]	16/8/19	16/9/19	18/9/19
[redacted]	16/8/19	13/9/19	13/9/19
[redacted]	16/8/19	No letter	
[redacted]	16/8/19	No letter	
[redacted]	16/8/19	No letter	
[redacted]	16/8/19	27/8/19	29/8/19
[redacted]	16/8/19	No letter	
[redacted]	16/8/19	22/8/19	23/8/19
[redacted]	16/8/19	No letter	
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	19/9/19	20/9/19
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	No letter	
[redacted]	20/8/19	No letter	

3. Update on progress of SAI reports which have arrived within the Trust recently and are being reviewed for accuracy
4. Outline of management of any potential risks to patient safety

Regards, Maria

From: Haynes, Mark
Sent: 03 October 2019 14:50
To: Khan, Ahmed; Weir, Lauren
Cc: Gibson, Simon; Hynds, Siobhan; OKane, Maria
Subject: RE: AOB concerns - escalation

Further update...

Personal Information redacted by the USI Patient 112 (Personal Information redacted by the USI

IR1 going in from MDM today. Seen in OP on 16th August after MDM on 27th June (outcome was for Mr O'Brien to review and arrange a renal biopsy. No dictation has been done from the OP appointment, no biopsy has happened. Multiple emails have been sent to Mr O'Brien and his secretary but no update has been provided and no biopsy has occurred. Brought back to MDM today to endeavour to clarify what is happening (has also had enquiry from GP which I contacted Mr O'Brien after to enquire if all was in hand).

Mark

From: Khan, Ahmed
Sent: 03 October 2019 11:13
To: Weir, Lauren
Cc: Gibson, Simon; Hynds, Siobhan; Haynes, Mark; OKane, Maria
Subject: RE: AOB concerns - escalation

Lauran, I would be available between 2-4pm.
Thanks, Ahmed

From: OKane, Maria
Sent: 03 October 2019 00:04
To: Haynes, Mark; Khan, Ahmed; Hynds, Siobhan
Cc: Gibson, Simon; Weir, Lauren
Subject: RE: AOB concerns - escalation

Lauren can you arrange a teleconference for this Friday afternoon from a time from 1pm onwards please to agree next steps please? Many thanks Maria

---

From: Haynes, Mark
Sent: 01 October 2019 19:00
To: Khan, Ahmed; OKane, Maria; Hynds, Siobhan
Cc: Gibson, Simon; Weir, Lauren
Subject: RE: AOB concerns - escalation

The details are at the start of this mail (pasted below)

From: Corrigan, Martina
Sent: 16 September 2019 16:37
To: Khan, Ahmed

47. 20210719 Approved Action Plan to HSCB A1 and 119. 20190331_RE Urology backlogs Confidential.

62.7 When I commenced as AMD, I did not receive any handover from the outgoing AMD and so was not aware of any prior issues or investigations relating to Mr O'Brien. Relatively soon after starting as AMD, Mr O'Brien had a period of sick leave. I recall that it was during this period of sick leave that the concerns regarding non-triage of referrals escalated with a significant number located in Mr O'Brien's office. It is my memory that this was identified as a potential issue in the course of the Patient 10 SAI investigation (following an IR1 submitted by me relating to a patient who was referred with regards a renal lesion - the primary issue of this IR1 was a misreported MRI scan but it was noted during the SAI that the referral had not been triaged). At this time and following on from this, I recall a number of meetings with urology consultants (primarily operationally identifying capacity for triage of all the untriaged referrals and the subsequent patient assessments required). I also had a number of conversations with the HoS (Martina Corrigan), AD (Ronan Carroll), Director of Acute Services (Esther Gishkori), and the Medical Director (Richard Wright) regarding this issue and the additional concerns relating to absence of dictations, medical records being in Mr O'Brien's house, and preferential management of private patients were also investigated. I do not have notes from these informal meetings / discussions.

62.8 As a result of these concerns an MHPS investigation was opened and I was interviewed as part of that investigation. I do not recall when the discussion was held but, as part of the conversations with the Medical Director, it was agreed that, given my proximity to Mr O'Brien as a working colleague and given that I was the individual who had raised IR1s and concerns regarding Mr O'Brien, it would not be appropriate for me to be party to the MHPS process for Mr O'Brien. As a result, I was not part of the MHPS discussions nor was I party to the subsequent report, recommendations and monitoring.

62.9 Soon after commencing as Medical Director, in early 2019 Maria O'Kane spoke to me regarding Mr O'Brien and the MHPS investigation and concerns being escalated to the GMC. However, I do not know/recall whether this

February 2017. The purpose of this action plan was to ensure risks to patients were mitigated and his practice was monitored during the course of the formal investigation process. Mr O'Brien worked successfully to the action plan during this period.

It is my view, in order to ensure the Trust continues to have an assurance about Mr O'Brien's administrative practices and management of his workload, an action plan should be put in place with the input of the Practitioner Performance Advice (NCAS), the Trust and Mr O'Brien for a period of time agreed by the parties." (my emphasis).

571. Thus, the return-to-work plan came to an end at the conclusion of the investigation process.

572. A recommendation was made by the Case Manager for a further action plan to be agreed (with the input of NCAS). I was not approached by the Trust to agree any such plan.

573. The return-to-work plan required the triaging of red flag referrals on a daily basis, and completion of all referrals by 4 pm on the Friday afternoon following my being Urologist of the Week (UOW). I did try to triage all red flag referrals on a daily basis, but it was not always possible, depending upon the demands of UOW. I still found it impossible to complete all triage by 4 pm on the day after completion of UOW, and particularly in the context of ever increasingly longer periods awaiting first outpatient consultations (a point acknowledged by Dr O'Kane in her undated letter to the GMC referring to the 67 day wait for a first appointment [AOB-2271], which rendered the Friday 4 pm deadline all the more unnecessary. In endeavouring to comply, I took off each Friday following UOW as an annual leave day in order to complete as much of the week's triage as possible. However, doing so was at the cost of losing an oncology review clinic as well as a clinic for patients attending for urodynamic studies and flexible cystoscopies.

574. The return-to-work plan required that dictation was required to be completed after completion of each clinic. This remained a problem because of the limited time actually available to remain on location at outreach clinics for reasons related in response to Question 66.

575. The return-to-work plan required that my secretary would actually choose who would be admitted for surgery. As my secretary was unable to do this, I continued to select patients for admission while my secretary continued to conduct all the administrative tasks which arose as a consequence.

576. The one aspect of the return-to-work plan which could have been done differently was in relation to triage. I believe that it was an opportunity to review the conduct of triage in relation to UOW and in the context of increasingly longer periods for patients awaiting first consultation appointments. I believed then that it was a missed opportunity to appreciate that triage did not need to be conducted by consultants at all and could well have been undertaken by clinical nurse specialists, empowered to request investigations, if not limited prescribing. Instead, the return-to-work plan was a triumph of process over purpose.

577. No issue was raised by the Trust with me in relation to any potential breach of any plan until November 2019 when I received emails from Ms Corrigan, Head of Service, as follows [see AOB-02259 – AOB-02261]:

Email of 5 November:

"Dear Aidan
[Unclear] and I have been asked to meet with you to discuss a deviation from your return to work action plan when you were on call in September…

Email of 6 November:

"*The deviations are listed below and attached and Ted would also like to take the opportunity to organise a another meeting with more time for you and him to sit down and discuss your job plan:*

CONCERN 1 (Triage) – after your week of oncall on Monday 16 September, there were still 26 paper referrals outstanding, and on Etriage 19 Routine and 8 Urgent referrals outstanding triage, escalation emails were sent to you during your week oncall.

CONCERN 3 (dictation) – As per [redacted] *email dated 4/11/19 attached there are undictated clinics going back to 23 September and I have attached the detail for these.*

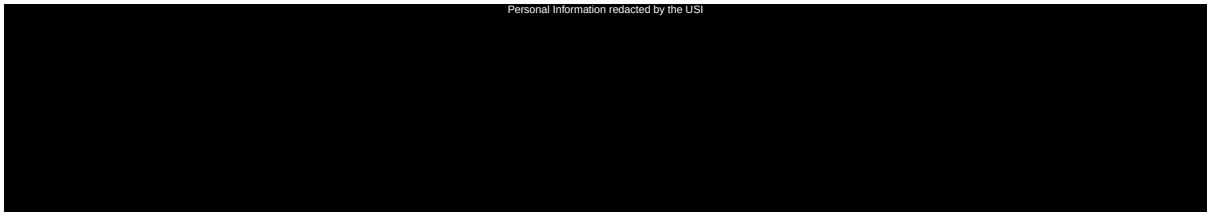
I have also received a datix for patient [redacted], *H&C* [redacted] *the datix advises that the patient was discussed at MDM on 27 June 2019 and at the MDM on 3 October it was stated that 'it would appear outcomes from previous Uro-Oncology MDM (27/06/2019) have not been actioned), as part of my investigations to close off this datix I noted that you had seen the patient at clinic on 16 August 2019 and only dictated the letter on 4 October 2019 a day after the MDM, therefore this has also been a deviation from your return to work plan."*

578. In that 5 November 2019 email I was requested to attend a meeting with Ms Corrigan and Mr McNaboe, Clinical Director, on 8 November 2019. I emailed on 5 November 2019 [see AOB-02260] asking for the nature of the deviation and further wrote a letter addressed to Ms Corrigan dated 7 November 2019 [AOB-02262] indicating my willingness to attend (despite the stress of having to do so in the midst of a cancer review clinic and at under 24 hours' notice) but indicating that, whatever the issues they wished to discuss, there could have been no deviation from the return to work plan, given that it had expired one year previously.

579. I duly attended Mr McNaboe's office at the allotted time (which I cannot recall) on 8 November 2019 but found it locked. I did not receive a follow up invitation

to meet with them in order to discuss issues which, from their perspective, appeared to have arisen.

580. I accept that during the autumn of 2019 I may have been somewhat slower in administration than otherwise had been the case, due to personal circumstances.



581. It would appear that the Trust notified the Employer Liaison Advisor (ELA) of a potential deviation at a meeting on 7 October 2019 (see email from Miss Donnelly to Dr O'Kane dated 12 November 2019 [AOB-02269 – AOB-02273]). Dr O'Kane asked Mr Simon Gibson by email on 17 November 2019 to coordinate a meeting to describe in detail the management plan around this, the expectation concerning compliance and the escalation [WIT-14210]. On 24 January 2020, Mr Gibson reported the proceedings and conclusions of the meeting which had convened on 17 January 2020 [WIT-14210 – WIT-14211]. The meeting concluded that backlog reports could not necessarily be relied upon for their accuracy. The meeting, attended by Dr Khan, the Case Manager of the formal investigation, concluded that there were no standards, guidelines or policies of the Trust or of any external body concerning the dictation of letters after clinics or of results, even though Dr Khan had insisted that there were such in delivering his determination in October 2018.

582. Dr O'Kane provided a detailed report to the GMC (undated) which appears at page 59 of the first attachment of the GMC's email to Tughans on 13 March 2020 [see AOB-02270 – AOB-02273]. In that email Dr O'Kane reported that monitoring continued and noted that in overall terms I was compliant.

583. Thus, there was no ongoing action plan following conclusion of the formal investigation, as recommended in the determination presented on 1 October 2018. Nevertheless, the Trust continued to monitor me, and no significant issues

UROLOGY	Backlog - Number of charts with oldest da							
Consultant	Discharges awaiting Dictation	oldest date	Discharges to be typed	oldest date	Clinic letters to be dictated	oldest date	Clinic letters to be typed	olde da
Mr Tyson/ solt								
Mr Glackin	1	Aug-19	16	28.10.19	1	22.10.19	3	29.10
Mr Haynes	0	-	0	-	0	-	17	24.10
Mr O'Brien	35	27.06.17	0	-	45	23.09.19	11	20.09
Mr O'Donoghue	0	-	0	-	0	-	43	15.10
Mr Young	8	-	0	-	0	-	29	24.10
Sub Speciality Totals	44		16		46		103	

From: Evans, Marie
Sent: 04 November 2019 22:03
To: Carroll, Ronan; Robinson, Katherine; Carroll, Anita; Corrigan, Martina
Cc: Tyson, Matthew; Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; ODonoghue, JohnP; Young, Michael
Subject: Backlog Report - October 2019

Dear All,

Please find attached Backlog Report for October 2019.

If you have any queries please don't hesitate to contact me.

(Mr Tyson/Solt blank [redacted])

While I appreciate that there is a divergence in views about the process we have in place to manage referrals, he is being asked to comply with this as is until it is collectively agreed that the system should be changed.

Personal Information redacted by USI bf 2 weeks please

Thanks Maria

From: Hynds, Siobhan
Sent: 08 November 2019 10:10
To: OKane, Maria; Khan, Ahmed; Haynes, Mark; Carroll, Ronan
Subject: RE: FW: Backlog Report - October 2019
Importance: High

Maria

Mr O'Brien is clearly deviating from the action plan that was put in place as a safeguard to avoid this type of backlog and he is also an outlier in terms of his other Urology colleagues by some way.

Has there been any direct discussion with Mr O'Brien about this? Could I suggest a meeting of the case manager(Dr Khan) with Ronan and Mark to discuss the data and decide on the necessary next steps. As a matter of urgency there needs to be a clear plan in terms of clearing any outstanding work. Given some dictation is now going back to June 18 we need to understand if there is any impact on patients and we need to discuss the process for monitoring as this hasn't flagged.

Siobhan

From: OKane, Maria
Sent: 05 November 2019 08:33
To: Khan, Ahmed; Hynds, Siobhan; Haynes, Mark; Carroll, Ronan
Subject: Fwd: FW: Backlog Report - October 2019

Dear Ahmed / Siobhan you will have a view about this please ?

Ronan can you describe the systematic process in place please to capture the relevant information agreed with case managers please? Thanks Maria

---------- Forwarded message ----------
From: "Haynes, Mark" Personal Information redacted by USI
Date: Nov 5, 2019 6:37 AM
Subject: FW: Backlog Report - October 2019
To: "Khan, Ahmed" Personal Information redacted by USI ,"OKane, Maria"
Personal Information redacted by USI "McClements, Melanie"
Personal Information redacted by USI ,"Carroll, Ronan"
Personal Information redacted by USI
Cc:

FYI re oversight.

Relevant info for oversight is highlighted below for October;

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.

It should be noted that those present agreed that the weaknesses identified in the current process described above may cause challenges in taking forward this issue with Mr O'Brien

In concluding the discussion, those present felt that the best way to move this topic forward was for a group of interested staff to:

1. *Agree and describe why this information is being collated: for example, is it largely for resource / secretarial workload*
2. *Disaggregate into two areas those indicators for which clinicians are responsible and those indicators for which administrative staff are available*
3. *Agree and describe a consistent process for how this information is collated, and the method by which the information can be independently verified*
4. *Provide a Trust wide standard of performance in relation to these performance indicators which all clinical staff should be expected to adhere to*
5. *Agree the process for escalation for when monthly information indicates a deviation from this Trust wide standard of performance*

Considering the processes outlined above in the wider sense of supporting medical staff who have had issues identified, I feel there would be benefits in an urgent discussion regarding the day-to-day management of Mr O'Brien by his operational line management team to ensure that supervision of his administrative duties are being carried out as expected. This would allow an opportunity to identify if there are any concerns starting to emerge, so that appropriate supports can be offered to Mr O'Brien, to ensure that concerns do not continue.

Happy to discuss.

Kind regards

Simon

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

From: OKane, Maria
Sent: 17 November 2019 12:11
To: Hynds, Siobhan; Khan, Ahmed; Haynes, Mark; Carroll, Ronan; Gibson, Simon
Cc: Weir, Lauren
Subject: RE: FW: Backlog Report - October 2019

Thanks Siobhan.

Simon can I ask that you coordinate a meeting which I am asking you to minute please asap to

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

It will be important before all of you meet with Mr O'Brien that you have this process well described and documented – process mapping this might be the most useful approach.

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

Davis, Anita

From: Carroll, Ronan
Sent: 15 December 2021 23:52
To: Davis, Anita
Subject: FW: AOB Case Management Recommendation & Updates
Attachments: FW: AOB concerns - escalation (15.6 KB); FW: For Response - Meeting Request - AOB (91.2 KB)

Importance: High

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: Carroll, Ronan Personal Information redacted by USI
Sent: 11 February 2020 12:17
To: OKane, Maria
Cc: McClements, Melanie; Weir, Lauren
Subject: RE: AOB Case Management Recommendation & Updates
Importance: High

Maria,
Please see attached emails
The 1st email details the escalating of AOB non-compliance with the action plan to Dr Khan (case manager)
The 2nd email is the outcome of the meeting chaired by Simon with regard to understanding the backlog and the groups recommendations to make the process robust.
With respect to your last question the process is that every Friday Martina reviews the 4 elements of the AP and per case manager reports via exception. The last exception was in September
Ronan

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

From: OKane, Maria
Sent: 10 February 2020 14:42
To: Carroll, Ronan
Cc: McClements, Melanie; Weir, Lauren
Subject: AOB Case Management Recommendation & Updates

Dear Ronan,

As you know, the system in place re management of Mr AOB is by exception reporting. I have received 1 report in Autumn 2019 that his practice fell outside what is expected. Can you update me on the management of this please? Has this now been resolved and are there any further concerns?

Lauren bf 1 week.

Many thanks

Lauren
On behalf of Dr O'Kane

Davis, Anita

From: Carroll, Ronan
Sent: 17 December 2021 15:30
To: Davis, Anita
Subject: FW: Notice of Retirement

Follow Up Flag: Follow up
Flag Status: Completed

Section 21
Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI

From: Haynes, Mark Personal Information redacted by USI
Sent: 15 April 2020 10:31
To: Carroll, Ronan; Corrigan, Martina
Cc: Young, Michael
Subject: RE: Notice of Retirement

Needs more discussion than can be had at present.

In short yes, but with strings attached, and these strings need to be clear and accepted before he is offered anything.

Mark

From: Carroll, Ronan
Sent: 15 April 2020 10:29
To: Corrigan, Martina
Cc: Haynes, Mark; Young, Michael
Subject: RE: Notice of Retirement
Importance: High

We are taking Aidan back – yes?

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

From: Clegg, Malcolm
Sent: 15 April 2020 09:32
To: Corrigan, Martina
Cc: Carroll, Ronan; Haynes, Mark; Young, Michael
Subject: RE: Notice of Retirement

Hi Martina,

Mr O'Brien's application for pension benefits is all in hand. He will be processed as a leaver on HRPTS from 30th June 2020.

You will just need to let us know if it has been agreed for him to return to work following 'retirement' and if so, from what date, as we will need to reinstate him to the Payroll.

Thanks

Malcolm

Malcolm Clegg
Medical Staffing Manager
Medical Staffing Department
The Brackens
CRAIGAVON AREA HOSPITAL
BT63 5QQ

Tel No: Personal Information redacted by USI or ext Personal information redacted by
Mobile: Personal Information redacted by USI

From: Corrigan, Martina
Sent: 13 April 2020 14:09
To: Clegg, Malcolm; Parks, Zoe

8 June 2020

FILE REFERENCE: 22

AIDAN O'BRIEN
(PHONE CALL - MARK HAYNES)

Audio Transcription Prepared by:

Personal Information redacted by the USI

MR O'BRIEN: Hello, Mark.

MARK HAYNES: Hey, Aidan. Sorry, I took another call after I texted you so I missed you.

MR O'BRIEN: No bother.

MARK HAYNES: I've got Ronan in the room with me as well. Ronan Carroll.

MR O'BRIEN: Hello, Ronan.

MARK HAYNES: So just following on. Obviously I know you have spoken to myself and you have spoken to Martina about coming back after July, haven't you?

MR O'BRIEN: Yes, I have, and Michael.

MARK HAYNES: Yes. I've taken that forward with a number of conversations within the Trust, with HR and at medical director level. Okay. Unfortunately, the practice of the Trust would be that they don't re-engage people while there's on going HR processes.

MR O'BRIEN: I see.

MARK HAYNES: Which means from my perspective I can't take it any further forwards at present.

MR O'BRIEN: So the reason for -- so who has made that decision?

MARK HAYNES: But that's what I have been advised by both the medical director and by enquiring ~~in enquiry~~ with HR.

MR O'BRIEN: Okay. So it's because of -- because they haven't yet the grievance and all of that thing?

MARK HAYNES: Yes. So as I understand it there's the grievance and there's also -- so the grievance is it from you to the Trust I think, isn't it?

MR O'BRIEN: Yes.

MARK HAYNES: And there was a Trust thing as well ~~(inaudible)~~ was it the maintaining professional standards investigation and everything. That's not closed off as yet.

MR O'BRIEN: Well, the investigation has been closed off. Yes.

MARK HAYNES: Yes. And there's -- from Maria I was advised there's a GMC issue process as well, that's in process.

MR O'BRIEN: Okay. So that's very disappointing. I didn't expect that at all, particularly in view of the amount of need that there is. It is very ironic, and you know that, and somewhat poignant, I returned to Northern Ireland from Bristol 28 years ago today for interview to be appointed on 8 June 1992. So, Mark, can I have that decision made submitted to me in writing?

MARK HAYNES: Yes. I can get that sorted for you.

MR O'BRIEN: And when can this be reviewed?

Parks, Zoe

From: Parks, Zoe [redacted]
Sent: 09 June 2020 17:24
To: Haynes, Mark
Subject: In confidence

As discussed yestersay, I can confirm that when you resign/retire from the Trust, your contract of employment ends at that time. We discussed your request to be reengaged and confirmed that in line our normal practice, your request has been considered. I have discussed this with the Director of Acute Services and we have decided that we are not in a position to reenage given the outstanding MHPS/GMC processes that have still to be concluded.

Since your client had indicated that, following receipt of the requested information, he would advise whether or not his formal grievance was to be amended, the Trust awaited hearing from him in this regard. However, no further correspondence was received from your client in respect of his grievance, or any amendments to it.

At this stage, from November 2019 through to end of January 2020, the Trust suffered significant disruption to its services and its HR function by reason of widespread Industrial Action by health service trade unions.

Furthermore, work was ongoing to finalise the SAI (Serious Adverse Incident) processes in respect of the patients affected by the original concerns in respect of your client's practice. These concerns remain the subject of Maintaining High Professional Standards (MHPS) procedures which have not been concluded.

Finally, as you will be well aware, in recent months the Trust's services and normal HR processes has been very severely impacted by the Covid – 19 pandemic. This prevented any employee relations work, including the hearing of grievances, being taken forward for a 3 month period from March to start of June.

On 26th April 2020, your client wrote to the Trust's HR Director again, highlighting that a number of pieces of information from original requests had not been provided, and he requested these by 15th May 2020. On 15th, 22nd May and also on 8th June our client wrote to your client with responses to these requests. The Trust believes that all your client's substantial and detailed information requests have now been responded to.

Further, your client has now confirmed the name of his chosen representative for the purposes of his grievance, a grievance panel has been secured, and dates over the summer period are being finalised to hear your client's grievance. Your client will very shortly receive confirmation of the arrangements for the hearing of his grievance.

For the avoidance of doubt, it has always been our client's intention to hear your client's grievance regardless of your client's retirement from its employment and this remains the position. It is entirely inaccurate to suggest that your client's retirement would relieve the Trust of its obligation to hear his grievance or that this somehow formed part of our client's motivation in this case.

Your correspondence suggests that your client's grievance is the only HR process which is currently extant in relation to your client. With respect, this is not accurate. Rather, there remains an ongoing MHPS process which has been placed in abeyance by the Trust whilst your client's linked grievance is addressed. As you will be aware, this process had reached [stage] when your client lodged his grievance.

<u>Recent developments</u>

As explained, on 7th June 2020 at 22.25, your client sent an email to Mr Mark Haynes, Associate Medical Director of our client in which he explained that he had added 10 patients to the Trust's list for urgent admission. On reviewing the list of

Patient Details – Affix Address grab or write details	
Name:	[redacted]
D.O.B.:	
H&C No	

Date of Clinic / Decision to list	05/06/2019
Consultant	AO'BRIEN
Specialty	UROLOGY

TRU-252802

*** FOR URGENT BOOKABLE LIST ***

Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis:	RETROPERITONEAL FIBROSIS / RETROPERITONEAL SARCOMA
Procedure:	BILATERAL URETEROLYSIS & RETROPERITONEAL BIOPSY
Estimated Duration of Surgery:	3 HOURS
Additional Comments / Instructions:	FOR ADMISSION TO CROYDON AREA HOSP

Urgency *Please tick appropriate box*	
Red Flag	✓
Urgent	
Routine	
Planned	

Anaesthetic Type *Please tick appropriate box*	
General / Spinal	✓
Sedation	
Local	

IF NOT suitable for day of surgery admission – please state & give reason

Intended Management *Please tick appropriate box*	
Day Case	
Inpatient	✓

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:	
Specific Site Requirement	CAH
Specific Unit Requirement	1 WEA
Specific Consultant	AO'BRIEN

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☑ Yes ☐

If yes, please indicate if patient is on any of the medications below and the action required:

- **Warfarin?** ☐
- **Aspirin 300mg?** ☐

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

Please advise whether the Patient should either:

a. Reduce to 75mg daily 7days prior to surgery ☐
b. Continue to take as normal ☐
c. Shoulder arthroscopy, thyroid, parotid or parathyroid surgery – stop all aspirin 7 days prior to surgery ☐

- **Clopidogrel or Prasugrel?** ☐

Please advise:

a. Patient has had stenting within the past year thus Surgeon should contact Cardiologist to advise ☐
b. Patient should discontinue 7days prior to surgery ☐

- **Dabigatran, Rivaroxaban or Apixaban?** ☐ **Please refer to Trust Guidance and SPC.**

Latex Allergy? No ☑ Yes ☐ **MRSA?** No ☑ Yes ☐

Diabetic? No ☑ Yes ☐ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge.
If the Consultant is not available, [redacted] should be made to discuss decisions at a suitable point thereafter.

Doctor's Signature	[redacted]	**Print Name**	AIDAN O'BRIEN **Date** 07.06.20
Countersigned (Cons	[redacted]		**Date**

Patient 1

Personal Information redacted by the USI

Patient Name: ..... details

D.O.B.: .....

H&C No. .....

Date of Clinic / Decision to list	01 JUNE 20
Consultant	ALEBRIEN
Specialty	UROLOGY

TRU-252803

*** FOR URGENT BOOKABLE LIST ***

Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis:	BLADDER OUTLET OBSTRUCTION DUE TO PROSTATE CANCER
Procedure:	ENDOSCOPIC RESECTION OF PROSTATE – TURP
Estimated Duration of Surgery:	1 HOUR
Additional Comments / Instructions:	FOR ADMISSION TO DHHOSPITAL

Urgency *Please tick appropriate box*	
Red Flag	✓
Urgent	
Routine	
Planned	

Anaesthetic Type *Please tick appropriate box*	
General / Spinal	✓
Sedation	
Local	

IF NOT suitable for day of surgery admission – please state & give reason

Intended Management *Please tick appropriate box*	
Day Case	
Inpatient	✓

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:	
Specific Site Requirement	DHH
Specific Unit Requirement	Level 4
Specific Consultant	

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☑ Yes ☐

If yes, please indicate if patient is on any of the medications below and the action required:

- **Warfarin?** ☐
- **Aspirin 300mg?** ☐

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

Please advise whether the Patient should either:

a. Reduce to 75mg daily 7days prior to surgery ☐
b. Continue to take as normal ☐
c. Shoulder arthroscopy, thyroid, parotid or parathyroid surgery – stop all aspirin 7 days prior to surgery ☐

- **Clopidogrel or Prasugrel?** ☐

Please advise:

a. Patient has had stenting within the past year thus Surgeon should contact Cardiologist to advise ☐
b. Patient should discontinue 7days prior to surgery ☐

- **Dabigatran, Rivaroxaban or Apixaban?** ☐ **Please refer to Trust Guidance and SPC.**

Latex Allergy? No ☑ Yes ☐ **MRSA?** No ☑ Yes ☐

Diabetic? No ☐ Yes ☑ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge.
If the Consultan... should be made to... point thereafter.

Doctor's Signature	Personal Information redacted by the USI	**Print Name**	Personal Information redacted by the USI
Date	07.06.20		
Countersigned (Consultant)		**Date**	

Patient Details

Name: [redacted]

D.O.B.: [redacted]

H&C No [redacted]

Date of Clinic / Decision to list	04.06.20
Consultant	A.O'BRIEN
Specialty	UROLOGY

TRU-252804

*** FOR URGENT BOOKABLE LIST ***

Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis:	BILATERAL UPPER URINARY TRACT OBSTRUCTION
Procedure:	BILATERAL URETEROSCOPY & URETERIC STENTING
Estimated Duration of Surgery:	1 HOUR
Additional Comments / Instructions:	FOR ADMISSION TO DHH

Urgency *Please tick appropriate box*	
Red Flag	✓
Urgent	
Routine	
Planned	

Anaesthetic Type *Please tick appropriate box*	
General / Spinal	✓
Sedation	
Local	

IF NOT suitable for day of surgery admission – please state & give reason

Intended Management *Please tick appropriate box*	
Day Case	
Inpatient	✓

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:	
Specific Site Requirement	DHH
Specific Unit Requirement	LEVEL 4
Specific Consultant	

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☑ Yes ☐

If yes, please indicate if patient is on any of the medications below and the action required:

- **Warfarin?** ☐
- **Aspirin 300mg?** ☐
- **Clopidogrel or Prasugrel?** ☐
- **Dabigatran, Rivaroxaban or Apixaban?** ☐ **Please refer to Trust Guidance and SPC.**

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

Please advise whether the Patient should either:

a. Reduce to 75mg daily 7days prior to surgery ☐
b. Continue to take as normal ☐
c. Shoulder arthroscopy, thyroid, parotid or parathyroid surgery – stop all aspirin 7 days prior to surgery ☐

Please advise:

a. Patient has had stenting within the past year thus Surgeon should contact Cardiologist to advise ☐
b. Patient should discontinue 7days prior to surgery ☐

Latex Allergy? No ☑ Yes ☐ **MRSA?** No ☑ Yes ☐

Diabetic? No ☑ Yes ☐ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge. If the Consultant is not [redacted] should be made t[redacted] point thereafter.

Doctor's Signature	[redacted]	**Print Name**	[redacted] **Date** 07.06.20
Countersigned (Consultant)			**Date**

conversation took place before or after the concerns were escalated to the GMC. I became concerned that the secretarial 'backlog report' was being used as part of the monitoring of Mr O'Brien and I remained concerned that Mr O'Brien was not always dictating on outpatient attendances at the time of the clinic. I was also concerned that there was a high likelihood that he was not acting on all results requested in his name and this was not being adequately monitored in the backlog report. I raised concerns regarding the robustness of the data contained therein – namely, the 'results awaiting dictation' and 'clinics awaiting dictation' and raised these on a number of occasions; indeed, some of these concerns pre-dated the use of this report as part of the MHPS monitoring process. I am aware that, as a result, Mr McNaboe (as CD) did meet with Mr O'Brien with regard to lack of compliance with the requirement to dictate after every clinic attendance. I do not recall being involved in the out-workings of this meeting. *Please see 120. 20170617-email clinical correspondence backlog report, 121. 20170620-clinical correspondence backlog and 122. 20170701-email clinical correspondence backlog report.*

62.10 During my on-call week in late January 2020, Patient 4 was admitted with complications relating to local progression of a prostate cancer. In managing him I noted that his prostate cancer management to that point was suboptimal, with him having been prescribed a low dose of bicalutamide. I switched him to an alternative treatment and made an assumption at this time that this was perhaps an error (noting that the MDM outcome had recommended he be commenced on an LHRH analogue, and initial treatment with bicalutamide 50mg for a 28-day course is given upon commencing an LHRHa to cover testosterone flare). Subsequently, when reviewing Patient 4 care in October 2020, I recognised that the treatment he had received fitted the same pattern as other patients and escalated this as an IR1.

62.11 In early June 2020, I received an email from Mr O'Brien which included green waiting list forms for a number of patients. This was sent to me as part of my role in the managing of the limited theatre capacity available in the Trust due to the challenges of the COVID19 pandemic. The email made me concerned that, in addition to the concern that Mr O'Brien may not be completing his consultation dictation at the time of outpatients clinics, he may

Stinson, Emma M

From: OKane, Maria
Sent: 11 June 2020 15:02
To: Haynes, Mark; Carroll, Ronan; Corrigan, Martina; McClements, Melanie
Cc: Toal, Vivienne
Subject: FW: Patients to be added to Urgent Bookable List
Attachments: Personal Information redacted by USI.jpg; Patient 1.jpg; Personal Information redacted by USI.jpg; Personal Information redacted by USI.jpg; Patient 105.jpg; Patient 104.jpg; Personal Information redacted by the USI.jpg; Personal Information redacted by the USI.jpg; Personal Information redacted by the USI.jpg; Personal Information redacted by the USI.jpg

Mark
this is a really concerning email.
I am very concerned that there are red flag patients with potential cancer diagnoses who have been assessed and not include on waiting lists for months.
How can we assure ourselves that these patients are safe?
How can we know that these are the only patients who might have been delayed?
In the spirit of openness might there have to be conversations with these patients to make them aware potentially?
I am concerned that this appears to be a continuation of the behaviours that led to SAIs and the lack of insight into which precipitated a referral to the GMC. I am very concerned. The first time that this occurred Dr Wright excluded the doctor pending further investigation into patient safety. Can we meet urgently to discuss please?
Regards, Maria

From: Haynes, Mark
Sent: 11 June 2020 12:47
To: OKane, Maria; Carroll, Ronan; Corrigan, Martina; McClements, Melanie
Subject: FW: Patients to be added to Urgent Bookable List

Afternoon

Attached are the green forms as mentioned and highlighted are cases in particular that should have been added to the waiting list at the date indicated. Also attached (in addition to the WL forms) is a copy of the full urology WL as of 11/5/20. As far as I can tell the patients highlighted should have been added to the waiting list on the date shown, but are not on the waiting list and I believe have been added to the waiting list more recently (on the back of the email below).

and on 11 February 2020 in the case of Patient 104 Not only is it indisputably so, but there is also much documentation arising from and in further support of both patients being on my waiting list from the appropriate time. Moreover, Mr Haynes was aware of both patients being on the waiting list for admission at various times prior to my email of 7 June 2020.

18. I therefore fail to understand how it could have appeared to Mr. Haynes that these two patients had not been added to the inpatient waiting list when it was plainly evident that both had been. I further find it concerning that it appears that Mr Haynes' misplaced, claimed concern in respect of these patients was the basis in his 11 July 2020 letter for "*a review of records back to January 2019*".

19. It appears that the very trigger for a look back exercise of all of my patients to January 2019 was the totally untrue assertions in this letter about two patients who had been placed on the inpatient waiting list on the Patient Administration System in the ordinary way and which any competent and impartial consideration of the medical records and correspondence held by the Trust would have revealed.

20. It is of further concern that this untrue assertion should have led the Minister of Health to misinform the Northern Ireland Assembly in his Ministerial Statement on 24 November 2020.

21. Throughout my tenure the greatest threat to patient safety in providing safe care to urological patients was due to the inadequacy of the service provided by the Trust.

22. I first became aware of the comparative inadequacy of urological consultant staffing in Northern Ireland when co-opted onto the Council of the Irish Society of Urology for the years 1990-9. I learned that the Republic of Ireland, with a consultant / population ratio of 1:240,000, having 15 consultant urologists, had an inadequate staffing complement compared to the UK which had a consultant /

Southern Health and Social Care Trust

CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD
PORTADOWN, BT63 5QQ

UROLOGY DEPARTMENT
Telephone: Personal Information redacted by the USI
E mail: noleen.elliott Personal Information redacted by the USI
Secretary: Mrs N. Elliott

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear

Re: Patient Name: Patient 104
D.O.B.: Personal Information redacted by the USI
Address: Personal Information redacted by the USI
Hospital No: CAHE Personal Information redacted by the USI **H&C No:** Personal Information redacted by the USI

I write to you regarding this Personal Information redacted by the USI year old man recently referred by your colleague, Dr Tracey, for further assessment and management of the recently reported, bilateral renal calculi on ultrasound scanning performed on 13th June 2019. I note that Patient 104 had a relatively large, left ureteric stone managed by ureteroscopic laser lithotripsy and ureteric stenting in 2014. I also note that he was reported to have a smaller left lower ureteric stone on CT scanning performed in 2016.

I have requested the Department of Radiology at South West Acute Hospital to arrange an appointment for Patient 104 to attend to have a further CT scan of his urinary tract performed, and I then hope to review him with the report at my clinic at South West Acute Hospital.

Yours sincerely

Dictated but not signed by

Mr A O'Brien FRCS
Consultant Urological Surgeon

Date Dictated: 26/06/19	Date Typed: 01/07/19-CN

Corrigan, Martina

From: Corrigan, Martina <[redacted]>
Sent: 15 June 2020 19:49
To: Carroll, Ronan
Cc: Haynes, Mark; OKane, Maria; Toal, Vivienne; McClements, Melanie
Subject: FW: AOB
Attachments: AOB emergencies jan 19- june 2020 other issues.xlsx; AOB emergencies jan 19- june 2020 concerned or follow-up.xlsx; AOB emergencies jan 19- june 2020 completed no stents or removed.xlsx; my emergencies OCT 19 - April 20.xlsx

Importance: High

Thanks Ronan

Currently working through rest of Michaels and will send later tonight/first thing tomorrow

I started the elective patients this morning and will spend tomorrow finalising.

The rest is included in the other issues :
6 x elective done on emergency list.
6 x patients who had delay and were not on PAS but added later and since sorted.

Regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
[redacted] (Mobile)

From: Carroll, Ronan
Sent: 15 June 2020 17:03
To: Corrigan, Martina
Cc: McClements, Melanie; Haynes, Mark; OKane, Maria; Toal, Vivienne
Subject: FW: AOB
Importance: High

Martina
Tks for this update & work.
To have a complete picture it would be my view that the elective pts also need to be reviewed – sorry
147 emergencies – 101 good – remaining 46 – 34 area accounted for below, the remaining 12?
The colour key on the SS?
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery/Elective Care

Corrigan, Martina

From: Corrigan, Martina [redacted]
Sent: 18 June 2020 21:36
To: McClements, Melanie; OKane, Maria; Toal, Vivienne; Carroll, Ronan; Haynes, Mark
Subject: AOB
Attachments: AOB elective jan 19- june 2020.xlsx; Summary of exercise done on AOB elective operations 18 june 2020.docx

Dear all

Apologies for delay in sending this to you, I wanted to ensure that I had all the information correct in order to finalise this report.

Attached is the spreadsheet colour-coded of all 334 elective patients, I have also did a summary report with some observations that I thought may be helpful.

I have filtered 18 patients and sent to Mark for a clinical opinion as I have a few concerns with respect to these and I will update the spreadsheet once he has had a chance to consider.

I will also request hospital notes for 15 other patients as I am not sure of what follow-up they are on etc. and again will update when I get these notes.

I trust that this is helpful and I am happy to discuss detail if required and do any further follow-up if required.

Kind regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
[redacted] (Mobile)

Davis, Anita

From: Carroll, Ronan
Sent: 17 December 2021 15:48
To: Davis, Anita
Subject: FW: AOB

Section 21

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

From: Haynes, Mark [Personal Information redacted by USI
Sent: 06 July 2020 12:03
To: Corrigan, Martina; Carroll, Ronan; McClements, Melanie; OKane, Maria; Toal, Vivienne
Subject: RE: AOB

Afternoon

In advance of 2pm, I have been through the cases highlighted to me and a summary of my concerns from these, along with comments on each case are below.

Mark

Summary of my opinion following electronic review of the cases;

1) There is a reliance on planned OP review being the failsafe for patients results being reviewed and actioned.
2) There is concern that there is no process for review of results and communicating findings to patients and GP's, and evidence that as a result at least one patient with a potentially significant finding has had further investigation delayed.
3) There is concern that administratively standard trust failsafe process for results (the DARO list) is not adopted in Mr O'Brien's practice.
4) There is concern that no formal discharge summary is dictated from all inpatient procedures performed as daycases. This risks planned follow-up not being actioned.
5) There is concern of significant delay in post MDM review and 1 patient appears to have had management delayed by 3 months from MDM (and still appears to not have been followed-up).
6) There is ongoing evidence of considerable delay between an outpatient / telephone consultation and subsequent dictation.
7) There is some concern that the intended outcome of a consultation (eg planned review OP WL) has not been actioned in some cases. It is uncertain as to where process has failed, but with delay between the consultations and dictation it is possible that the outcome sheet does not reflect the letter outcome .

Actions required;

1) All MDM outcomes from 2020 need reviewing to ensure that FU has occurred and is documented (and management plan is in line with MDM recommendation).
2) A Consideration to review of all pathology and radiology results for Mr O'Brien over a period of time (?6 months) to ascertain if further patients have not had potentially significant results actioned.
3) Patients with text comments in Red require OP FU with a consultant urologist.
4) Patient highlighted in Red needs an IR1 completed and subsequent investigation (additional to AOB failing to FU, there is a trust process concern as this patient should be on the cancer pathway and being tracked).

The clinical opinions;

Patient 52 – **No issue**

Patient 5 – **CT result not actioned with potential significant finding. Patient was on planned review WL for January but due to backlog not seen. Trust process should be that CT would have been noted on DARO list. Had this been the case the result would have been flagged on the DARO report and action prompted. Concern this illustrates a lack of a robust process for review and acting on results by AOB and a failure to utilise trust failsafe processes. Needs an OPA.**

Personal Information redacted by USI – **No issue (is on WL, check flexible cystoscopy overdue but this is a capacity issue / delays due to cessation of service during COVID).**

Patient 64 – **should be on review WL and is being FU by oncology, no issue**

Personal Information redacted by USI – **Stents are likely long term and failure to review is a capacity issue but good practice would be to put in place a waiting list for planned change at 6 months. He does not appear to be on the waiting list for this. If not risk is he remains in review backlog for years before recognition that stent is in situ. All Consultants should be aware of their review backlog duration and therefore should have made the appropriate stent management arrangements. Needs OP to be assessed and subsequently have stent change.**

Personal Information redacted by USI – **No e-discharge because discharged from recovery or 1west elective. Paper discharge note should detail FU plan. However, good practice would be a dictated discharge note visible on ECR. Would not normally get OP FU with me.**

Personal Information redacted by USI – **Was reviewed in OP 24th Jan although letter only dictated 8/3/20. Is on RV OP WL, but due to backlog / COVID not seen. Has continued oncology review.**

Personal Information redacted by USI – **Patient cancelled follow-up. Good practice would be to document in letter to GP and on ECR, symptomatic management as a decision following discussion with patient.**

Personal Information redacted by USI – **Should be planned for a FU clinic (is detailed in letter) but I don't think is on an OP RV WL. I cannot ascertain if the outcome of planned review was detailed on a clinic outcome sheet, however, if not on the PAS WL either this has not been added by the secretary, or no outcome sheet was provided.**

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

11 July 2020

STRICTLY PRIVATE & CONFIDENTIAL

Mr A O'Brien
Personal Information redacted by the USI

Via E-Mail only Personal Information redacted by the USI

Dear Mr O'Brien

I am writing to advise you of a number of concerns that have arisen in respect of your practice as a Consultant Urologist.

On 7th June 2020 at 22.25, you sent an email which was copied to me, in which you explained that you had added 10 patients to the Trust's list for urgent admission. On my initial review of the list of patients in my capacity as AMD, I noted that 2 of the patients were stated to have been listed on 11th September 2019 and 11th February 2020, both requiring *"Removal/Replacement of Stent and Right Flexible Ureteroscopic Laser Lithotripsy".*

It appeared to me that these patients had been assessed on the dates given by you, but the outcomes of these assessments did not appear to have been actioned by you as required with the patients being added to the inpatient waiting list on the Trust's Patient Administration System. These patients therefore appeared on the face of it to fall outside the Trust's systems with all the potentially very serious clinical risks attendant on that.

Since this has come to light, the Trust has been seeking as a matter of urgency to establish the position in relation to these 2 specific patients and also to clarify whether any other patients are similarly affected. A review of records back to January 2019 has been undertaken.

At this stage, I enclose a summary of the concerns following initial review of patient records dating back to January 2019.

Southern Health & Social Care Trust
Craigavon Area Hospital
68 Lurgan Road, PORTADOWN BT63 5QQ
Personal Information redacted by USI

The concerns identified will be managed in line with the '*Maintaining High Professional Standards in the Modern HPSS*' Framework (MHPS). I have enclosed a copy of this document for your information.

We are at the initial enquiry stage of the process and I would like to offer you the opportunity at this point to make any initial representations on the concerns outlined in the attached document.

Once we have concluded our initial enquiries, a determination will be made about the next steps in the process. The possible actions following initial enquiries are set out in detail within the MHPS Framework at Section I Paragraph 15.

The Medical Director has been in contact with NHS Resolution (formerly National Clinical Assessment service (NCAS)) regarding this matter to seek advice on the management of your case. This is a normal part of any MHPS process. I enclose a copy of the letter received from NHS Resolution, for your information, and would draw to your attention, that you can contact them directly to discuss your case confidentially with an advisor.

In line with MHPS Section I paragraph 18, and following advice from NHS Resolution, the Medical Director and I have considered any necessary restrictions. We believe, that given our level of concern at this stage of preliminary enquiries, that it is necessary to put in place the following restrictions with immediate effect:

1. **That you are no longer to undertake clinical work.**

2. **That you do not access or process patient information either in person or through others either in hard copy or electronically.**

I would invite you to consider the underlying principle in Section II paragraph 22, and request that you voluntarily undertake to refrain from seeing any private patients at your home or any other setting. I would request confirmation of this undertaking, by return, via email.

I would also request that you notify me via email of any patient / clinical related information, reports and files which you have in your possession at home so that we can make the necessary arrangements to have them returned to assist us with our preliminary enquiries, and ensure any appropriate patient follow up.

I must also advise you that given the existing referral to the GMC in respect of the outstanding MHPS case, the Medical Director has informed the GMC's Employment Liaison Officer regarding these most recent concerns.

cystectomies were to take place in CAH, I believe Mr O'Brien admitted a further patient to Craigavon for a cystectomy and had to be prevented from undertaking the surgery with the patient discharged and referred to Belfast Trust. I have no knowledge of what actions were undertaken at this time regarding Mr O'Brien's behaviour but this may be a further example of Mr O'Brien's unwillingness to change his practice in response to instruction / guidance from elsewhere. Penile cancer and Nephron sparing surgery have only been formally commissioned / centralized to a single center since I commenced at NICAN CRG chair.

74. ~~**68.**~~ **Having had the opportunity to reflect, do you have an explanation as to what went wrong within urology services and why?**

74.1 I believe the primary factors which explain the current position are:

a. insufficient capacity to meet demand,
b. failure of the Trust processes to link concerns over time and address concerns when first identified, and
c. the behaviour of Mr O'Brien.

74.2 The capacity:demand mismatch meant it was less likely that Mr O'Brien's colleagues would identify concerns. In addition, the consequences of some of the issues identified with respect to Mr O'Brien's practice may have been rendered more significant because of the long waiting lists. For example, the consequence of a failure to triage a referral (and upgrade it from routine or urgent to red flag) would likely be much less if the waiting times in general were within the access targets set out in 'Health and Social Care Commissioning Plan and Indicators of Performance Direction (CPD)' which states;

'4.11 By March 2020, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.
4.12 By March 2020, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.

Meeting with Mr Mark Haynes AMD SEC and Dr Dermot Hughes Chair of Urology SAI Panel
Note Taker- Mrs Patricia Kingsnorth
Via zoom
18 January 2021 at 11:00

Dr Hughes thanked Mr Haynes for meeting with him a briefly outlined the SAI review and the issues to date.
He advised that Mr OB did not work with specialist nurses and patients did not feel supported in terms of knowledge of their disease. The patients deteriorated in the community with lack of support. In relation to ADT, Dr Hughes advised Mr Haynes that after speaking with the oncologist in Belfast who had known about Mr OB practice for 17 years. . He advised that this practice was off guidance and that patients were treated without informed consent.
Mr OB ignored the recommendations of the MDT and did not bring patients back for discussion.
Dr Hughes asked were there any concerns raised about this practice.
Mr Haynes – advised that he was the person who raised the concerns. He had taken over from AOB as chair of the urology cancer group approx. 3 years ago.
Mr Haynes advised that he works in a different system. He works in a more team based approach with 3 consultants and 5 specialist nurses) Mr AOB worked as more individual. There was non-involvement with any other members of the team which meant that his practice was not scrutinised.
Mr Haynes advised there were a number of concerns about how AOB practiced. But was not acutely aware about his lack of conformities to standard treatments. The benefit from covid is that it encouraged shared working practices.

Dr Hughes advised that cancer care is benchmarked – there is an agreed level of care which is peer reviewed.
Mr Haynes advised that AOB didn't use other people to assist him with his role. He took everything on himself. All queries came to him.
Mr Haynes advised that the MDT did disagree with Mr AOB decision making regarding ADT. He recalled a disagreement with AOB in relation to his use of ADT for a patient he said that Mr AOB became entrenched in his decision making and he never accepted their challenges.