



## UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice Number 16 of 2023

Date of Notice: 6<sup>th</sup> July 2023

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**Addendum Witness Statement of: David Cardwell**

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I, David Cardwell, will say as follows:-

I wish to make the following amendments to my existing response, dated 15<sup>th</sup> August 2023, to Section 21 Notice number 16 of 2023:

Throughout my Section 21 response I have referred to other paragraphs within my response. However, due to the formatting process, these references are incorrect. I would therefore seek to amend the following paragraphs:

1. At paragraph 7.5 (WIT-99192), I have stated *'Since April 2019 it is the multi-disciplinary screening team listed at my response to point 15 above,'* This should state *'Since April 2019 it is the multi-disciplinary screening team listed at my response to paragraph 7.4 above,'*

2. At paragraph 7.13(c) (WIT- 99194), I have stated *'Those who carried out this role before I commenced my Clinical Governance Manager role in 2019 are listed at point 13.* This should state *'Those who carried out this role before I commenced my Clinical Governance Manager role in 2019 are listed at paragraph 7.2.'*

3. At paragraph 8.1 (WIT-99197), I have stated *'This role would have taken up at least 80% of my time. I was also required to provide governance training, referenced in point 28, (circulating dates of training, keeping an attendance register, delivering a 2 hour training session, follow up with staff afterwards and circulation of training material) to staff and ensure that regular reports in relation to complaints, incidents and risks were being produced.'* This should state *'This role would have taken up at least 80% of my time. I was also required to provide governance training, referenced in paragraph 7.14,*



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*(circulating dates of training, keeping an attendance register, delivering a 2 hour training session, follow up with staff afterwards and circulation of training material) to staff and ensure that regular reports in relation to complaints, incidents and risks were being produced.'*

4. At paragraph 8.4 (WIT-99198), I have stated '*In my opinion, I do not consider the issue was successfully addressed or the dashboards developed to their full potential for the reasons outlined at point 34 above.*' This should state '*In my opinion, I do not consider the issue was successfully addressed or the dashboards developed to their full potential for the reasons outlined at paragraphs 8.1 and 8.2 above.*'

5. At paragraph 9.4 (WIT-99201), I have stated '*The monthly reports described at 44, 45, and 46 were circulated to the Director and all Assistant Directors and these would have been the subject of discussion at the monthly Directorate Governance Meeting.*' This should state '*The monthly reports described at paragraphs 9.1, 9.2 and 9.3 were circulated to the Director and all Assistant Directors and these would have been the subject of discussion at the monthly Directorate Governance Meeting.*'

6. At paragraph 9.6 (WIT-99201), I have stated '*Information was extracted from the Datix system and reports formulated. The weekly and monthly reports noted at 44, 45 and 46, were communicated by email.*' This should state '*Information was extracted from the Datix system and reports formulated. The weekly and monthly reports noted at paragraphs 9.1, 9.2 and 9.3, were communicated by email.*'

7. At paragraph 11.3 (WIT-99207), I have stated '*I am unable to answer this question given my response at point 78.*' This should state '*I am unable to answer this question given my response at paragraph 11.2*'

8. At paragraph 13.3 (WIT-99210-99211), I have stated '*As detailed in my response at paragraph 6, in my role as Patient/Client Liaison Manager Band 6 in 2008, I was responsible for the management of patient/client complaints, user views and patient/client liaison for the Directorate of Acute Services. I led a team of complaints staff for the Directorate of Acute Services.*' This should state '*As detailed in my response at paragraph 5.2, in my role as Patient/Client Liaison Manager Band 6 in 2008, I was responsible for the management of patient/client complaints, user views*



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*and patient/client liaison for the Directorate of Acute Services. I led a team of complaints staff for the Directorate of Acute Services.'*

9. At paragraph 7.14 (WIT-99195), I have stated '*In 2018 a number of specific training sessions (15. Incident Management) were organised and delivered for staff who had responsibility for the investigation of incidents. Staff who attended the generic Incident, Risk and Complaints Training, post 2016 would also have access to a prompt sheet (16. Acute Services Incidents) which they could use as an aide memoir to investigation.*' This should state '*In 2018 a number of specific training sessions (15. Incident Management) were organised and delivered for staff who had responsibility for the investigation of incidents. Staff who attended the generic Incident, Risk and Complaints Training, post 2016 would also have access to a prompt sheet (16. Acute Services Incidents) which they could use as an aide memoire to investigation.*'

10. At paragraph 10.2 (WIT-99203), I have stated '*An audit trail of the incident on Datix indicates that I logged onto the incident on 26 November 2015 and moved it from the Surgery and Elective Care Division to the Functional Support Services Division to allow Mrs Forde, Head of Health Records, to investigate it as she would not have had access to this Datix.*' Please see attached audit trail referred to at this paragraph (1. Datix\_SHSCT GOVERNANCE TEAM (IR2) Form - NEW June 2018 Personal Information redacted by the USI with audit details)

11. At paragraph 10.3 (WIT-99201), I have stated '*Often this was not followed by the operational teams and I would have received an email asking me to move an incident from one area to another for investigation.*' This should state '*Often this was not followed by the operational teams and I would have received an email asking me to move an incident from one area to another for investigation.*'

### **Statement of Truth**

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

Signed: Personal Information redacted by the USI

Date: 7<sup>th</sup> September 2023



## SHSCT GOVERNANCE TEAM (IR2) Form - NEW June 2018.

### Incident Details ID & Status

Incident Reference ID Personal Information

Submitted time (hh:mm) 20:25

### Incident IR1 details

Notification email ID number Personal Information

Incident date (dd/MM/yyyy) 20/11/2014

Time (hh:mm) 17:00

Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)

Does this incident involve a Staff Member?

Description  
Enter facts, not opinions. Do not enter names of people

Patient discussed at Urology MDM on 20th November 2014. Recorded outcome Patient 102's Re-staging MRI scan has shown organ confined prostate cancer for direct referral to Dr H for Radical Radiotherapy. For OP Review with Mr O'B.' Was reviewed by Mr O'B in OP on 28th November 2014. No correspondence created from this appointment. Referral letter from GP received 16th October 2015 stating that Patient 102 had not received any appointments from oncology.

Connie Connolly 18/11/2015 14:31:09 PATIENT DISCUSSED AT UROLOGY M

Action taken  
Enter action taken at the time of the incident

Patient 102 has now been referred to Oncology. This has been done by email and letter. Investigation with MDM team, direct referral was generated at CAH but no record of being received in Belfast.

Learning Initial

Reported (dd/MM/yyyy) 21/10/2015

Reporter's full name Mark Haynes

Reporter's SHSCT Email Address

Opened date (dd/MM/yyyy) 18/11/2015

Were restrictive practices used?

Does this incident involve a safeguarding concern which is alleged/confirmed?

Has safeguarding been considered?

Has an APP1 been completed?

Last updated Andrew Noble 01/31/2023 13:50:39

Andrew Noble 31/01/2023 13:50:39 David Cardwell 06/17/2016 09:17:40

Name  
This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.

Patient 102

### Location of Incident

Site	Craigavon Area Hospital
Loc (Type)	Outpatient Clinic
Vivienne Kerr 22/03/2016 11:58:29	Support Area
Loc (Exact)	Urology Clinic
Vivienne Kerr 22/03/2016 11:58:29	MEC
Directorate	Acute Services
Division	Surgery and Elective Care
Connie Connolly 18/11/2015 11:37:22	Surgery and Elective Care
Connie Connolly 18/11/2015 14:30:36	Functional Support Services
David Cardwell 26/11/2015 16:24:31	Surgery and Elective Care
David Cardwell 11/12/2015 14:54:04	Functional Support Services
Service Area	General Surgery
Connie Connolly 18/11/2015 11:37:22	General Surgery
Connie Connolly 18/11/2015 14:30:36	Booking / Admin
David Cardwell 26/11/2015 16:24:31	General Surgery
David Cardwell 11/12/2015 14:54:04	Booking / Admin
Speciality / Team	Urology Surgery
Connie Connolly 18/11/2015 11:37:22	Urology Surgery
Connie Connolly 18/11/2015 14:30:36	Secretarial
David Cardwell 26/11/2015 16:24:31	Urology Surgery
David Cardwell 11/12/2015 14:54:04	Secretarial

#### Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title	Originated from
No details found for the contact with ID <small>Personal Information redacted by the USI</small>	sharon.kennedy <small>Personal Information redacted by the USI</small>	21/10/2015 20:26:07	<small>Personal Information redacted by the USI</small>			Level 1 Form
No details found for the contact with ID <small>Personal Information redacted by the USI</small>	Eamon.Mackie <small>Personal Information redacted by the USI</small>	21/10/2015 20:26:07				Level 1 Form
Connolly, Connie	connie.connolly <small>Personal Information redacted by the USI</small>	21/10/2015 20:26:06			Acting Acute Governance	Level 1 Form

					Co-Ordinator	
Mackin, Dawn	dawn.mackin [Personal Information redacted by the USI]	21/10/2015 20:26:06	[Personal Information redacted by the USI]		Nursing Governance CoOrdinator	Level 1 Form
Young, Michael	Michael.Young [Personal Information redacted by the USI]	21/10/2015 20:26:05			Consultant	Level 1 Form
Smyth, Paul	paul.smith [Personal Information redacted by the USI]	21/10/2015 20:26:05			Head of Unscheduled Care	Level 1 Form
Trouton, Heather	heather.trouton [Personal Information redacted by the USI]	21/10/2015 20:26:05			Executive Director of N&M and AHP's	Level 1 Form
Glenny, Sharon	sharon.glenny [Personal Information redacted by the USI]	21/10/2015 20:26:04			Operational Support Lead	Level 1 Form
Nelson, Amie	amie.nelson [Personal Information redacted by the USI]	21/10/2015 20:26:04			Head of Service	Level 1 Form
Corrigan, Martina	martina.corrigan [Personal Information redacted by the USI]	21/10/2015 20:26:03			Head of ENT and Urology	Level 1 Form

### Management of Incident

Handler Martina Corrigan  
Enter the manager who is handling the review of the incident

Connie Connolly 18/11/2015 11:42:01 <no value>

Anita Carroll 18/11/2015 14:01:24 Anita Carroll

Connie Connolly 18/11/2015 14:30:36 Andrea Cunningham

David Cardwell 26/11/2015 16:24:31 Connie Connolly

Katherine Robinson 22/03/2016 11:20:22 <no value>

Vivienne Kerr 22/03/2016 12:26:55 Martina Corrigan

Vivienne Kerr 22/03/2016 12:27:33 Vivienne Kerr

Vivienne Kerr 22/03/2016 12:28:10 Martina Corrigan

Vivienne Kerr 22/03/2016 12:28:54 Vivienne Kerr

Additional/dual handler  
If it is practice within your team for two managers to review incidents together use this field to record the second handler

Escalate  
You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication section to notify the manager the

incident has been escalated to them.

Date of final approval (closed date) (dd/MM/yyyy)	17/06/2016
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David Cardwell 17/06/2016 09:17:40	<no value>
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Incident Grade

Date Notification Sent to External Agency

Date Terms of Reference Due

Date SAI Report Due

SAI Level (1,2 or 3)

External Agency SAI Ref No.

Date SAI Report Sent to External Agency

Date SAI Report Shared with Family/NOK

Date HSCB/RQIA/Coroner Queries Received

#### Reasons for Rejection - History

No records to display.

#### Linked records

No Linked Records.

#### Coding

#### Datix Common Classification System (CCS)

Category	Access, Appointment, Admission, Transfer, Discharge
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Andrew Noble 31/01/2023 13:50:39	<no value>
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Sub Category	Transfer
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Andrew Noble 31/01/2023 13:50:39	<no value>
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Detail	Transfer - delay/failure
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Andrew Noble 31/01/2023 13:50:39	<no value>
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#### Datix CCS2

Type	Patient Incidents
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Andrew Noble 31/01/2023 13:50:39	<no value>
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Category	Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)
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Andrew Noble 31/01/2023 13:50:39	<no value>
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Sub-Category	Monitoring/On-going Assessment of Patient Status
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Andrew Noble 31/01/2023 13:50:39	<no value>
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Detail	Incorrect/insufficient handover
Andrew Noble 31/01/2023 13:50:39	<no value>
Is this a Haemovigilance /Blood Transfusion or Labs-related Incident?	No
Is this an incident relating to confidentiality? This may include inappropriate access / disclosure, loss or theft of records etc	No

**SAI / RIDDOR / NIAIC?**

Click [here](#) To Help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.

SAI?

Click [To help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.](#)

Is this incident RIDDOR reportable?

Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition):

1. Employee or self-employed person working on Trust premises is killed or suffers a [major injury](#).
2. A member of the public on Trust premises is killed or taken to hospital
3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work)
4. [Dangerous Occurrence](#) attributable to the work of the Trust
5. A doctor has notified you in writing that a Trust employee suffers from a [reportable work-related disease](#)

Is this a NIAIC Incident  
NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify



if the incident is NIAIC reportable;

- design or manufacturing problems
- inadequate servicing and maintenance
- inappropriate local modifications
- unsuitable storage and use conditions
- selection of the incorrect device for the purpose
- inappropriate management procedures
- poor user instructions or training (which may result in incorrect user practice)

### Investigation

Investigator	Andrea Cunningham
Connie Connolly 18/11/2015 14:30:36	<no value>
David Cardwell 26/11/2015 16:24:31	Andrea Cunningham, Connie Connolly
Date started (dd/MM/yyyy)	18/11/2015
Connie Connolly 18/11/2015 14:30:36	<no value>
Actual Impact/Harm This has been populated by the reporter. To be quality assured by the investigating manager.	Major

Risk grading  
Click [here](#)

When the incident has a Severity (actual impact/harm, grading of insignificant to moderate, you need to plot on the matrix opposite the Potential impact/harm. Deciding what are the chances of the incident happening again under similar circumstances. (Likelihood) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting: consequence multiplied by likelihood = risk grading. Refer to impact table here:

	Consequence				
Likelihood of recurrence	Insignificant	Minor	Moderate	Major	Catastrophic
<b>Almost certain (Expected to occur daily)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Likely (Expected to occur weekly)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Possible (Expected to occur monthly)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Unlikely (Expected to occur annually)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Rare (NOT expected to occur for years)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Grade: <input type="text"/>				

Action taken on review  
Enter here any actions you have taken as a result of the incident occurring; e.g. communicating

181115cc- preliminary review by FSS established that there was no dictation done on this patient. Incident returned to SEC and will be escalated to HOS and AMD

with staff / update care plan /  
review risk assessment  
(corrective and preventative  
action)

Connie Connolly 18/11/2015 <no value>  
14:30:36

Action Plan Required?  
A formal action plan is required  
for all Moderate to Catastrophic  
incidents. If you tick yes an  
"Action plan" section will appear  
below. Use this to create your  
action plan.

### Action Plan

No actions

### Lessons learned

Lessons learned  
If you think there are any  
lessons from an incident which  
could be shared with other  
teams please record here. If not  
please type "none".

Date investigation completed  
(dd/MM/yyyy)

Was any person involved in the incident? No

Was any equipment involved in the incident? No

### Notepad

Notes  
Use this section to record any  
efforts you have made as part of  
your investigation e.g. phonecalls  
/ requested patient / client's  
chart / awaiting staff to return  
from sick leave. This will inform  
Governance staff who will be  
monitoring timescales for the  
completion of investigations etc,  
and reduce the amount of phone  
calls/emails to you requesting  
same information

### Communication

#### Recipients

#### Message

Message history				
Date/Time	Sender	Recipient	Body of Message	Attachments
22/03/2016 12:08:10	Kerr, Vivienne	martina.corri gan <small>Personal Information redacted by the USI</small>	This is a feedback message from Vivienne Kerr. Incident form reference is <small>Personal Information redacted by the USI</small> . The feedback is: Please see Datix which is now coded under urology. Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=</a> <small>Personal Information redacted by the USI</small> to view the incident	
11/12/2015 14:55:26	Cardwell, David	martina.corri gan <small>Personal Information redacted by the USI</small>	This is a feedback message from David Cardwell. Incident form reference is <small>Personal Information redacted by the USI</small> . The feedback is: Hi Martina, Helen Ford has asked me to send this to you with the following message: <small>Personal Information redacted by the USI</small> – I think it should go to Martina Corrigan as it say	

			s there was no correspondence for the appointment – so it wasn't that the secretary didn't type it – I think it was that it wasn't dictated so that would need to go to Head of Service for urology to discuss with consultant. Regards David Cardwell Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	
18/11/2015 14:29:44	Connolly, Connie	Carroll, Anita	This is a feedback message from Connie Connolly. Incident for m reference is [redacted]. The feedback is: Martina- i have taken this back to SEC as it appears no dictation was done. Will need review by yourself and governance will support if needed. Connie Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	
18/11/2015 14:29:44	Connolly, Connie	Mark.Haynes	This is a feedback message from Connie Connolly. Incident for m reference is [redacted]. The feedback is: Martina- i have taken this back to SEC as it appears no dictation was done. Will need review by yourself and governance will support if needed. Connie Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	
18/11/2015 14:29:43	Connolly, Connie	Corrigan, Martina	This is a feedback message from Connie Connolly. Incident for m reference is [redacted]. The feedback is: Martina- i have taken this back to SEC as it appears no dictation was done. Will need review by yourself and governance will support if needed. Connie Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	
18/11/2015 14:29:43	Connolly, Connie	Robinson, Katherine	This is a feedback message from Connie Connolly. Incident for m reference is [redacted]. The feedback is: Martina- i have taken this back to SEC as it appears no dictation was done. Will need review by yourself and governance will support if needed. Connie Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	
18/11/2015 11:41:44	Connolly, Connie	Mark.Haynes	This is a feedback message from Connie Connolly. Incident for m reference is [redacted]. The feedback is: Hi all- i have moved this to FSS for investigation and close. There may be 2 teams which cross over in relation to this issue. I wasn't sure so i gave access to all. Moved to review Connie Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	
18/11/2015 11:41:43	Connolly, Connie	Robinson, Katherine	This is a feedback message from Connie Connolly. Incident for m reference is [redacted]. The feedback is: Hi all- i have moved this to FSS for investigation and close. There may be 2 teams which cross over in relation to this issue. I wasn't sure so i gave access to all. Moved to review Connie Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	
18/11/2015 11:41:43	Connolly, Connie	Forde, Helen	This is a feedback message from Connie Connolly. Incident for m reference is [redacted]. The feedback is: Hi all- i have moved this to FSS for investigation and close. There may be 2 teams which cross over in relation to this issue. I wasn't sure so i gave access to all. Moved to review Connie Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	
18/11/2015 11:41:42	Connolly, Connie	Carroll, Anita	This is a feedback message from Connie Connolly. Incident for m reference is [redacted]. The feedback is: Hi all- i have moved this to FSS for investigation and close. There may be 2 teams which cross over in relation to this issue. I wasn't sure so i gave access to all. Moved to review Connie Please go to <a href="http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]">http://vsrdatixweb/Datix/Development/index.php?action=incident&amp;recordid=[redacted]</a> to view the incident	

## Medication details

Stage

Prescriber Name

Medication error

Medication involved  
If multiple medications involved  
enter the primary medication  
affecting the incident, and record  
the others in the description

Correct medication

Form administered

Correct form

Dose and strength involved

Correct dose

Route involved

Correct route

### Falls Information

**Please Quality Assure all information as part of your investigation**

Did the fall occur in Hospital or  
Community Setting?

Specific Location of Fall

Exact location of Fall  
Please describe in free-text  
exactly where the fall occurred

Injury Suspected?

Harm?

Buzzer / bell available within  
reach before fall?

Floor surface

Footwear suitable?

Walking aid in use / reach?

Mental State

First fall this admission or  
repeat?

Days since admission

Was the patient receiving  
medication which may affect the  
risk of falling?

Family informed of fall?

Outcome of Bedrails Assessment

### Pressure Ulcers

Was this incident in respect of a  
Pressure Ulcer?

### Equipment details

Product type

Brand name

Serial no

Description of device

Current location

CE marking?


Description of defect

Model/size





#### Documents added

No documents.

#### People Affected

	ID	Title	Forenames	Surname	Type	Approval status
	Personal Information redacted by the USI		Patient 102		Patient/Client/Service User	Approved

#### Employees

	ID	Title	Forenames	Surname	Type	Approval status
	Personal Information redacted by the USI	Mr	Mark	Haynes		Approved
			Marie	Dabbous	Staff - Administrative and Clerical	Approved
			Shauna	McVeigh	Staff - Administrative and Clerical	Approved
		Mr	Aidan	O'Brien	Staff - Medical and Dental	Approved

#### Other Contacts

No Other Contacts