Urology Services Inquiry

UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice Number 20 of 2022

Date of Notice: 29 April 2022

Further Addendum Witness Statement of: Robin Brown

I, Robin Brown will say as follows:-

1 At paragraph 24.2 (WIT -17526) I have stated, **'***The first was in respect of inappropriate disposal of chart material by Mr Aidan O'Brien. I was asked by Zoe Parks (HR) to carry out an investigation. I had training in MHPS investigations delivered by the National Clinical Assessment Service (NCAS) on 27.02.2008'*. On further reading of archived emails, I now know that the Investigation into the disposal of chart material in a bin was carried out using the Trust Disciplinary Policy rather than MHPS as stated in paragraph 24.2 of my Section 21 response. From a practical point of view the process, for me, was identical no matter which protocol was in place. It involved interviewing witnesses, preparing statements, writing a report and issuing a warning. The final report was sent by Zoe Parks to Eamon Mackle and Heather Trouton for approval prior to issue of an informal warning. I was not copied into their responses *(see 1. FW Disciplinary Investigation - STRICTLY PRIVATE AND CONFIDENTIAL FOR ADDRESSEE EYES ONLY, A1-A3*).

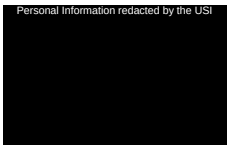
2 **Outstanding Triage - September 2011** Heather Trouton asked me to speak to a Consultant in another specialty (not Urology) in September 2011 regarding outstanding triage. He had 141 letters stretching back 27 weeks. This practitioner was an employee of the Belfast HSC Trust who had an outreach clinic in DHH where he saw patients from the Southern Trust (*see 5.-6. FW demandcapacity, A1*). I have extracted the information relating to outstanding triage and numbers of patients waiting for new and review appointments (*see 7. Appendix 3. Extract - Outstanding Triage and numbers of patients awaiting new and review outpatient*

appointments - 15 Sept 2011). Initially I had difficulty contacting him as his single clinic clashed with my operating list. I did speak to him, and whilst it was 12 years ago, to the best of my recollection, he did complete his outstanding triage. Of note, at that time Aidan O'Brien had 2 patients awaiting triage. I do not recall being informed about Mr.O'Brien having an issue keeping up with triage before 2013. Therefore, when Mr.O'Brien assured me in November 2013 that he would catch up with his triage I accepted that assurance and believed that he would keep it under control.

3 **Triage in Daisy Hill** Triage was an issue in other parts of the Trust. In particular, it was an ongoing issue in Daisy Hill in 2013 and 2014 (*see 8.-9. FW DHH Triage issues, A1 and 10.-11. FW Triage of elective referrals, A1*). The problems there related to new staff appointments and their preferences, i.e. what they wished to undertake in triage and what they did not want to be triaged by others on their behalf. Negotiations were complicated and protracted and I have included two emails referring to the issues.

Statement of Truth

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

Signed: 

Date: 30/10/2023

Section 21 Notice Number 20 of 2022 – Further Addendum Index

Robin Brown

1. FW Disciplinary Investigation - STRICTLY PRIVATE AND CONFIDENTIAL FOR ADDRESSEE EYES ONLY
2. FW Disciplinary Investigation - STRICTLY PRIVATE AND CONFIDENTIAL FOR ADDRESSEE EYES ONLY A1 DRAFT Disciplinary Report - A O'BRIEN JUNE 2011
3. FW Disciplinary Investigation - STRICTLY PRIVATE AND CONFIDENTIAL FOR ADDRESSEE EYES ONLY A2 A O'BRIEN SIGNED STATEMENT
4. FW Disciplinary Investigation - STRICTLY PRIVATE AND CONFIDENTIAL FOR ADDRESSEE EYES ONLY A3 25 July 2011 Draft Letter to Mr A O'Brien
5. FW demandcapacity
6. FW demandcapacity A1 - Demand Capacity Analysis surgical division 15 Sept 2011
7. Appendix 3. Extract - Outstanding Triage and numbers of patients awaiting new and review outpatient appointments - 15 Sept 2011
8. FW DHH Triage issues
9. FW DHH Triage issues A1 - New Outpatient Cases - Consultant preferences
10. FW Triage of elective referrals
11. FW Triage of elective referrals A1 - TRIAGE OF ELECTIVE REFERRALS

From: Brown, Robin
Sent: 26 October 2023 11:21
To: Brown, Robin
Subject: FW: Disciplinary Investigation - STRICTLY PRIVATE AND CONFIDENTIAL FOR ADDRESSEE EYES ONLY
Attachments: DRAFT Disciplinary Report - A O'BRIEN JUNE 2011.doc
A O'BRIEN SIGNED STATEMENT.pdf
25 July 2011 Draft Letter to Mr A O'Brien.docx

Importance: High

-----Original Message-----
From: Parks, Zoe [redacted] >
Sent: 15 August 2011 09:59
To: Mackle, Eamon <[redacted]>; Trouton, Heather <[redacted]>
Cc: Brown, Robin <[redacted]>
Subject: Disciplinary Investigation - STRICTLY PRIVATE AND CONFIDENTIAL FOR ADDRESSEE EYES ONLY
Importance: High

15 August 2011

Mr Mackle / Heather,

Re: Disciplinary Investigation

Please see attached the completed disciplinary investigation report relating to Mr A O'Brien for your comments. I would be grateful if you could come back to me by Friday 19 August if possible. I look forward to hearing from you as Mr Brown will then need to issue the decision letter to Mr O'Brien. (See draft letter attached – this has NOT been issued to date).

If you require any further information, please let me know.

Zoë Parks
Medical Staffing Manager
Southern Health & Social Care Trust
Craigavon Area Hospital
68 Lurgan Road, Portadown

Phone: [redacted]
Mobile: [redacted]

Fax: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

Strictly Private and Confidential

Report of Disciplinary Investigation

Mr Aidan O'Brien, Consultant Urologist, Craigavon Area Hospital

Investigation Team:
Mr Robin Brown, Clinical Director, General Surgery
Mrs Zoe Parks, Human Resources Manager

Date:
June 2011

CONTENTS

Appendices

1.0 INTRODUCTION AND BACKGROUND

Mr Aidan O'Brien has been employed as a Consultant Urologist by the Southern Health and Social Care Trust from 6 July 1992. He was initially employed as a locum consultant from 31 August 1991.

On 16 June 2011, an incident was reported relating to the inappropriate disposal of confidential patient information normally filed in the patient chart. This was initially reported by a nursing assistant to Sharon McDermott, Ward Clerk who advised the ward sister and her line manager. The nursing assistant said that she had found the material in a confidential waste bin and she returned it to the ward clerk for filing in the patient's chart. The materials included fluid balance, Gentamicin charts, drugs kardexes, etc. The incident was reported to Shirley Telford (Ward Sister) and subsequently to Mr Eamon Mackle, Heather Trouton and Helen Walker.

Because of the seriousness of this allegation, a disciplinary investigation was undertaken. I, Mr Robin Brown, Surgical Director and Mrs Zoe Parks, Medical Staffing Manager were appointed to undertake this investigation.

2.0 APPROACH & METHODOLOGY

2.1 Written correspondence to Mr O'Brien dated 22 June 2011

On 22 June 2011, Mr O'Brien was advised in writing of the allegation that had been made against him. The correspondence advised that as the allegation was serious, it would have to be investigated under the remit of the Trust's disciplinary process and he was asked to attend a meeting on 23 June. **Appendix 1**

2.2 Meeting with Mr A O'Brien on 23 June 2011

The Investigation Team met with Mr O'Brien on 23 June 2011, at which stage he was advised that the matter was to be fully investigated under the Trust's Disciplinary Procedures. He was advised that he could be accompanied at this meeting but declined this offer.

The investigation team took a statement from Mr O'Brien in relation to the alleged incident at this meeting. This statement is contained in **Appendix 2.**

2.3 Meeting with Witnesses on 24 June 2011

The investigation team met with the Ward Sister, Shirley Telford on the morning of 24 June 2011 and also with the Ward Clerk, Sharon McDermott. They were asked to provide their comments in relation to the allegation. **Appendix 3**

3.0 ISSUE OF CONCERN/ALLEGATIONS

As a result of the investigation the allegation to be considered is:

That on 15 June 2011, Mr O'Brien disposed in the confidential waste a section of filing from a current patient's chart. This consisted of fluid balance charts, mews charts, TPN prescription forms, Aminoglycosides prescription form and a prescription kardexes.

4.0 FACTS & FINDINGS ESTABLISHED

The findings in relation to the allegations are listed below:

4.1 Zoe Parks and I met with Aidan O'Brien on the afternoon of 24th June 2011. I advised him that there had been a complaint made about the inappropriate disposal of patient confidential information and that the matter was being investigated under the Trust Disciplinary Procedure. I advised him that the material which he had disposed of was not unimportant and the matter was being considered as a case of misconduct. Mr O'Brien agreed that he had acted inappropriately and apologised for his behaviour. He agreed that the material which he had removed from the chart had been of value should a case arise and require subsequent investigation. Further he agreed that he would not act in a similar way in the future. Mr O'Brien went on to describe how he has the utmost respect for patient notes and how he takes a great deal of time filing, reorganising charts and writing lengthy notes in readable handwriting to make sure that there are good and clear patient records. He explained that the reason why he had removed the large amount of material was that the patient's chart had become so bulky that he found it difficult to retrieve important information from the chart and found it difficult to write in the chart. In the end however, he agreed that disposal of the material concerned was inappropriate and that it would not happen again.

Meeting with Shirley Telford 24 June 2011

Zoe Parks and I met with Shirley Telford on the morning of 24t June 2011. Shirley confirmed that materials had been found by a nursing auxiliary in the confidential waste and returned to Sharon (ward clerk) for filing in the patients chart. The materials included fluid balance charts, Gentamicin charts, drugs kardexes etc. Shirley felt that this sort of information would be of use, should there ever be a case of complaint or litigation or the requirement for root cause analysis. Shirley had challenged Mr O'Brien after talking to some of the other nurses and he admitted that he had disposed of the materials in the confidential waste. I invited Shirley to make any other further complaint that she wished to make, but she said that she had nothing further to add. I also

asked if she would require facilitation at the end of the process but she felt that there would be no need for facilitation.

We were subsequently contacted after the meeting by Shirley Telford via email on 27 June 2011 to indicate that her initial intention was that the e-mail should be treated as information and not as a direct complaint.

5.0 CONCLUSION

The investigating team took into account the information provided by Mr O'Brien in relation to this matter and would conclude that the following allegation is proven.

That on 15 June 2011, Mr O'Brien disposed in the confidential waste a section of filing from a patient's chart. This consisted of fluid balance charts, mews charts, TPN prescription forms, Aminoglycosides prescription form and a prescription kardexes.

Mr O'Brien readily admits that he inappropriately disposed of patient information in the confidential waste. He readily admits that this was in error, that he should not have done it and will not do it again. I think that it is also important to note that Mr O'Brien says that he spends more time writing in and filing in charts than probably any other Consultant and from my own personal experience I can confirm that that is the case. Mr O'Brien has the utmost respect for patients, for their information and for the storage of records. This was an unusual behaviour which was the result of frustration from dealing with a large unwieldy chart, difficulties retrieving important information from the chart, and from the difficulty finding anywhere suitable to make good quality records.

The motivation for the incident was honourable in that Mr O'Brien was trying to make an entry in the chart, though the solution to the problem was clearly wrong. I am satisfied that Mr O'Brien has accepted his error and agreed that it will not happen again. I do not think that a formal warning is appropriate to the scale of the case and I would recommend an informal warning, this has effectively already taken place as part of the process.

Mr Robin Brown
Clinical Director
General Surgery

Mrs Zoe Parks
Medical Staffing Manager

Southern Health and Social Care Trust

Appendix Section

APPENDIX ONE

22 June 2011

STRICTLY PRIVATE AND CONFIDENTIAL

Mr Aidan O'Brien
Consultant Urologist
Personal Information redacted by the USI

Dear Mr O'Brien

RE: INVESTIGATION UNDER THE TRUST'S DISCIPLINARY PROCEDURES

I refer to your Contract of Employment with the Southern Health and Social Care Trust as a Consultant Urologist and I wish to confirm that an allegation has been made against you. This allegation relates to a large section of patient filing which you were said to have disposed of in a bin, which was later found and retrieved by an auxiliary on the ward. The filing was reported to have consisted of fluid balance charts, mews charts, TPN prescription forms, Aminoglycosides prescription forms and prescription Kardex, belonging to two current inpatients in Urology.

This allegation is serious and therefore will have to be investigated under the remit of the Trust's Disciplinary Procedure. I will have the responsibility to gather facts in relation to the concerns for possible presentation at a Disciplinary Hearing. I will be supported by Mrs Zoe Parks, Medical Staffing Manager from the Trust's Human Resources Department.

I would like to meet you to discuss this matter as soon as possible and I would be grateful if you could confirm your availability to meet immediately after the MDM on **Thursday 23 June at 4pm in Seminar Room 2, Medical Education Centre**. Please contact me on Personal Information redacted by the USI to confirm if you will be available to attend.

I will keep you advised about the progress of my investigation as per the Disciplinary Procedure which I have enclosed for your information, and would draw to your attention the right to be accompanied at any future meetings by either a trade union representative or work colleague.

Yours sincerely
Mr Robin Brown
Clinical Director General Surgery

APPENDIX TWO

From: Tedford, Shirley
Sent: 27 June 2011 07:32
To: Parks, Zoe
Subject: meeting last friday

Zoe,

I have been thinking over the weekend about our meeting on Friday, if its not too late can I add something to the notes. I would like it recorded that when I emailed this information to Martina it was information and not as a direct complaint although this is how it has been dealt with.

Can you give me a ring if you haven't already met with Aoidan.

Shirley

From: Corrigan, Martina
Sent: 16 June 2011 15:56
To: Mackle, Eamon; Trouton, Heather; Walker, Helen
Subject: FW: Refiling of binned documents

As discussed

Martina

Martina Corrigan
Head of ENT and Urology
Southern Health and Social Care Trust
Craigavon Area Hospital

Tel: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Tedford, Shirley
Sent: 16 June 2011 15:07
To: Corrigan, Martina; Scott, Jane M; McDermott, Sharon
Cc: Trouton, Heather
Subject: filing issue

Hi all,

I have spoken with staff at ward level and have ascertained that the person concerned was Mr O'Brien and he has admitted to disposing of the documentation in the bin. I have addressed the issue with him and pointed out that this information is a legal requirement and if there was cause eg RCA this is our evidence for proving the treatment the patient received by whom and when. He stated that as Fluid balance charts are not a legal document and they take up a lot of room in charts he would remove them as he had other bits he wanted to file.

I hope the fact that this has been highlighted to him will deter any future issues of this kind but it could potentially happen again, as Sharon has pointed out this is not the first time this has happened.
Shirley

From: Tedford, Shirley
Sent: 15 June 2011 12:33
To: McDermott, Sharon; Scott, Jane M
Cc: Corrigan, Martina; Sharpe, Dorothy; Henry, Gillian
Subject: RE: Refiling of binned documents

Sharon,

I will look in to this matter, I think I know who may be responsible. I will speak to you regarding the patient concerned as I am nearly sure It is not nursing staff but medical.

Shirley
From: McDermott, Sharon
Sent: 15 June 2011 11:20
To: Tedford, Shirley; Scott, Jane M
Subject: Refiling of binned documents

Hi Shirley and Jane,

Could you follow up on the following incident?

On arrival to the ward this morning I found a pile of filing (about 3 or 4 cm thick) on my desk for two current inpatients on the urology side of the ward. The pile of filing consisted of fluid balance charts, mews charts, TPN prescription forms, Aminoglycosides prescription form and a prescription cardex. It appeared in the order it would have been in a chart and was already hole-punched.

When I had started to file this into the charts, an auxiliary approached me and indicated that this pile of filing had been retrieved from one of the bins on the ward. This has happened once before when a nurse indicated that a similarly composed pile of filing was retrieved from the bin.

I'm concerned that this may happen again without someone being able to retrieve them and also about the time spent filing these documents only to have to re-file them which in turn delays other duties.

Regards,

Sharon

APPENDIX THREE

Southern Health and Social Care Trust

STRICTLY PRIVATE AND CONFIDENTIAL

On 23 June 2011, I, Mr Aidan O'Brien, Consultant Urologist, met with Mr Robin Brown, Surgical Director and Mrs Zoe Parks, Medical Staffing Manager as part of the disciplinary investigation in respect of myself. I was unaccompanied to this meeting

The following is an accurate account of the information I provided.

Mr Brown advised me the nature of the allegation that had been made against me regarding the inappropriate disposal of patient information in the confidential waste.
I advised that at the time, I didn't appreciate that I was doing anything wrong. I needed to make room for continuation sheets. I now appreciate that the Trust regards it to be wrong. However I would like to add that I spend more time than anyone I know, in writing legibly and putting things in chronological order within patient files. I feel there is misuse of Trust property as many files are in disorder and have a large quantity of loose sheets or dismembered charts. I confirmed that the information that I did put into the confidential waste included fluid balance sheets from months ago. I discussed the patient in question with Mr Brown who has been an inpatient since August of last year, hence why her file had become quite large.

Mr Brown confirmed that the information that was disposed is not without value and would be needed in the event of any look back exercise or root cause analysis. I confirmed that I have no desire to discard of any information as I have more things to do with my time. At the time I was faced with a file of up to 6 inches and I needed to add a new chart.

I have done it before when you have duplication for example three signed copies of the same document. Mr Brown confirmed that this would not be unusual and it would be acceptable to cleanse the files where there are clear duplicates. I advised that I had spent 40 minutes last night sorting a file into order so that I could make sense of it as it had been neglected.

Mr Brown confirmed that there may be an issue of the charts themselves, but the remit of this investigation was to investigate the complaint.

I confirmed that although I have done it before, I have a lot of respect for patient notes and spend a lot of time tidying them so that they can be understood. I didn't think it was wrong but I now realize that it is. It won't ever be a recurrent problem as I will never do it again.

Signed:

_____

Date:

_____

APPENDIX FOUR

Southern Health and Social Care Trust

STRICTLY PRIVATE AND CONFIDENTIAL

On 24 June 2011, I, Shirley Tedford, Ward Sister, met with Mr Robin Brown, Surgical Director and Mrs Zoe Parks, Medical Staffing Manager as part of the disciplinary investigation in respect of Mr A O'Brien.

The following is an accurate account of the information I provided.

I confirmed that Sharon come to me and said that one of the nursing auxiliary's had come to her with filing that she had found in a bin. It was fluid balance charts and drug kardexes. It was in the same order as was filed in the chart. Sharon asked if I could do anything about it and I asked her to put it in writing to me.

The kardexes had been in use. These were filed in a patient's file who has been with us for 10 months. I asked Mr Brown if he was aware of the patient (he confirmed Mr O'Brien had given him an outline of her case) I advised that in my opinion, the information that was binned would be of value if we ever needed to do a root cause analysis. That is the evidence of care that we provided and I feel it would be needed in the event of any complaint.

I work on the basis that if the information is blank then it could be binned if necessary, but if it has a name or anything else, then it needs to be

maintained on the file. This information did not have a duplicate on the file and does therefore have a value. Mr Brown asked me why I think the information was thrown out. He told me it was taking room in the chart and he need to file his information.

When I became aware of the incident, I didn't go directly to Mr O'Brien, I spoke to other members of staff on the ward and then I mentioned to him and he openly said that he had taken the information out and put it into the bin. I said it was a legal document (he said that it wasn't) and then I said that I accepted it was not a "legal" document but that we needed it in case of a root cause analysis.

Mr Brown advised me that Mr O'Brien confirmed to him during his meeting that he hadn't thought of the importance of the information at the time but he does now and that he has a huge regard for patient notes. I confirmed that he is meticulous which is good for patients. He does take time to file loose sheets and time to ensure information is filed properly and in order. I confirmed that I felt Mr O'Brien knew that he was wrong and he admitted he disregarded them. Mr Brown and I had a brief discussion on the nature of patient notes and systems to improve – including reference to the system in Daisy Hill Hospital. I confirmed that I was not aware if Mr O'Brien had ever done anything similar in the past.

Sharon McDermott (Ward Clerk) attended the meeting at this point. She confirmed that she had come onto the ward that morning to a pile of notes on her desk. She lifted them to file them when an auxiliary came to her to say they had been retrieved from the bin.

I emailed Zoe Parks on 27 June to ask that it be recorded that when I emailed this information to Martina it was information and not as a direct complaint although this is how it has been dealt with.

Signed: _____Date: _____

APPENDIX FIVE

Southern Health and Social Care Trust

DISCIPLINARY

PROCEDURE

1. INTRODUCTION

This procedure is designed to help and encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour. The aim of the procedure is to ensure:

- The Trust can operate effectively as an organisation.
- Disciplinary action taken is fair, appropriate and consistent and all who are involved in the process are treated with dignity and respect
- Managers, employees and their representatives are aware of their rights and obligations in matters relating to disciplinary and appeals procedure.

This Procedure applies to all Trust staff. It should be noted that in relation to Medical and Dental staff issues of general/professional misconduct are dealt with under this procedure. Further relevant procedures are contained in circular HSS (TC8) 6/2005 “Maintaining High Professional Standards in the Modern HPSS – a framework for the handling of concerns about doctors and dentists employed in the HPSS”.

This disciplinary procedure should be read in conjunction with the Trust's Disciplinary Rules, which are set out in Appendix 1 of this Procedure.

Issues of competence and job performance or absence will be dealt with under the Trust’s Capability Procedures.

2. GUIDANCE AND DEFINITIONS

"Trust Employee" is anyone employed by the Trust.

"Investigating Officer" is any person authorised to carry out an investigation into alleged breaches of discipline to establish the facts of the case.

“Presenting Officer” is usually the investigating officer and presents the evidence to the Disciplinary Panel

"Employee Representative" is any employee of the Trust who is an accredited representative of a trade union, professional organisation or staff organisation or a full time official of any of the above organisations or a fellow Trust employee. Legal Representation will not be permitted at any stage of this Disciplinary Procedure.

"Disciplinary Panel" is the person or persons authorised to take disciplinary action.

"Misconduct" is a breach of discipline which is considered potentially serious enough to warrant recourse to formal disciplinary action (please refer to Disciplinary Rules).

"Gross Misconduct" is a serious breach of discipline which effectively destroys the employment relationship, and/or confidence which the Trust must have in an employee or brings the Trust into disrepute (please refer to Disciplinary Rules).

3. PRINCIPLES

The following general principles are applicable to all disciplinary cases:-

a. Employees are directed by their contract of employment to ensure they familiarise themselves with these procedures and the consequences of breaching the Trust's Disciplinary Rules.

b. In cases where an investigation is necessary, disciplinary action will not be taken against an employee until such an investigation is completed. However, the Trust reserves the right to proceed with disciplinary action where an employee fails to co-operate with an investigation.

c. Where a case is being investigated under this Disciplinary Procedure, the employee will be provided with a copy of this procedure as soon as possible. At every stage in the procedure the employee will be advised of the nature of the complaint, and will be given the opportunity to state their case before any decision is made.

d. At all stages during the disciplinary procedure, the employee will have the right to be accompanied and/or represented by an employee representative.

e. No employee will be dismissed for a first breach of discipline except in the case of gross misconduct where the disciplinary action may be summary dismissal.

f. An employee will have the right to appeal against any disciplinary action imposed.

g. In deciding upon appropriate disciplinary action, consideration will be given to the nature of the offence, any mitigating circumstances and previous good conduct.

h. The Trust will collect information from relevant witnesses. Trust employees who are witnesses to alleged misconduct will be required to give evidence and may be required to attend disciplinary meetings and/or hearings.

i. At all stages disciplinary proceedings will be completed as quickly as practicable.

j. Any disciplinary action will be appropriate to the nature of the proven misconduct.

4. FAILURE TO ATTEND MEETINGS/HEARINGS

Employees are expected to participate fully with the disciplinary process. If a Trust employee cannot attend a meeting/hearing through circumstances outside her/his control and unforeseeable at the time the meeting/hearing was arranged they must notify the HR Department and provide reasons. The Trust will arrange one further meeting/hearing. Failure to attend this rearranged meeting/hearing may result in the disciplinary process continuing in their absence based on the information available.

5. ACTION IN PARTICULAR CASES

a. Disciplinary action in the case of an employee representative, who is an accredited representative of a Trade Union, Professional Organisation or Staff Organisation

Although normal disciplinary standards apply to the conduct of an employee representative, no disciplinary action beyond the informal stage should be taken until the matter has been discussed with a full-time official of the employee's trade union, professional organisation or staff association.

b. Police enquiries, legal proceedings, cautions and criminal convictions not related to employment

Police enquiries, legal proceedings, caution or a conviction relating to a criminal charge shall not be regarded as necessarily constituting either a reason for disciplinary action or a reason for not pursuing disciplinary action. Consideration must be given as to the extent to which the offence alleged or committed is connected with or is likely to adversely affect the employee's performance of duties, calls into question the ability or fitness of the employee to perform his or her duties or where it is considered that it could bring the Trust into disrepute. In situations where a criminal case is pending or completed the Trust reserves its right to take internal disciplinary action.

c. Trust's duty to make referrals

The Trust is required, under the Protection of Children and Vulnerable Adults (NI) Order 2003, to make a referral to the DHSS&PS if a person working in a child care or vulnerable adults position has been dismissed, would have been dismissed, or considered for dismissal had he/she not resigned, or has been suspended, or transferred from a Child Care or vulnerable adults position.

Further, the Trust has a duty to make referrals to relevant professional bodies e.g. NMC, GMC, NI Social Care Council, HPC and also to the Police Service of Northern Ireland (PSNI) in appropriate cases.

In cases of alleged theft, fraud or misappropriation of funds, action should include consultation with the Director of Finance, DHSSPS and the PSNI as appropriate.

d. Suspension from Work

Management reserves the right to immediately suspend an employee with pay. Precautionary suspension must be authorised by the appropriate senior manager or suitable deputy.

The reason for suspension should be made clear to the employee and confirmed in writing. When the reason for suspension is being conveyed to the employee, where possible, he or she should be accompanied by an employee/trade union representative. Suspension is not disciplinary action, and as a consequence carries no right of appeal. The appropriate senior manager should consider other alternatives, for example transfer of employee, restricted or alternative duties if considered feasible and appropriate.

Any decision to precautionary suspend from work, restrict practice, or transfer temporarily to other duties must be for the minimum necessary period of time. The decision must be reviewed, by the appropriate senior manager, every 4 weeks.

6. DISCIPLINARY PROCEDURE

This section sets out the steps which may be taken following a breach of the Trust's Disciplinary Rules

6.1 COUNSELLING AND INFORMAL WARNINGS

a. The manager has the discretion to address minor issues through either counselling or the issue of an informal warning. At this informal stage matters are best resolved directly by the employee and line manager concerned.

b. Counselling does not constitute formal disciplinary action. Counselling should be conducted in a fair and reasonable manner and the line manager should ensure that confidentiality is maintained. This should take the form of pointing out any shortcomings of conduct or performance and encouraging improvement and may include an agreed training or development plan. It is the line manager's responsibility to ensure that notes of the counselling meeting are shared with the employee, are stored securely and that the situation is monitored. This counselling does not in any way prevent the line manager from instigating formal disciplinary action if appropriate. If the faults are repeated, or the conduct does not improve, the formal disciplinary procedure may be instigated

c. The line manager has the discretion to issue an informal warning. If this is applicable, the manager will follow these steps:

- Manager investigates matter
- Manager meets with employee
- Manager issues informal warning

- Informal warning is confirmed to employee in writing and is deleted from their record after 6 months
- Employee has right to appeal to the next line manager
- Appeal request should be submitted within 7 working days

d. The right to be accompanied by an employee representative will apply throughout the informal process.

e. In the event that issues cannot be resolved with counselling or informal warnings the Formal Disciplinary Procedure should be invoked.

FORMAL DISCIPLINARY PROCEDURE

6.2 INVESTIGATION

a. The Investigating Officer is responsible for establishing the facts of the case. The investigation will be conducted as quickly as is reasonable taking account of the extent and seriousness of the allegations. The Investigating Officer should meet with the employee who may be accompanied and/or represented by an employee representative. The Investigating Officer should explain the alleged misconduct to the employee. The Investigating Officer should ensure that any witnesses are interviewed and that all relevant documentation is examined before a decision is made on the appropriate course of action.

b. It should be noted that, if an issue has already been investigated under another agreed procedure (e.g. harassment and bullying) and disciplinary action has been recommended, then there is no requirement to reinvestigate under this Disciplinary Procedure.

6.3 HEARING

a. If it is considered that there is a case to be answered, the employee should be called to attend a disciplinary hearing before the appropriate Disciplinary Panel. A copy of this Disciplinary Procedure should accompany the letter advising of the hearing. The employee should be informed in writing of the allegation and the right to be represented. Any documentation intended for use by either party at the Disciplinary Hearing should be exchanged no later than 5 working days prior to the hearing.

b. The Disciplinary Panel is made up of 2 managers at an appropriate level.

c. Where an employee's professional competence/conduct is in question the Disciplinary Panel may, if needed, invite a suitably qualified experienced person from the same profession to attend the Hearing as an expert adviser. The adviser does not have a decision-making role.

d. In cases of professional misconduct involving medical or dental staff, the Disciplinary Panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) who is not

currently employed by the Trust (see Maintaining High Professional Standards in the Modern HPSS (Nov 2005) Section III Para 1). The advice of the appropriate local representative body should be sought.

e. The employee shall normally be present during the hearing of all the evidence put before the Panel; however the employee may choose not to attend the hearing. It should be made clear that the hearing will proceed in his or her absence. Any submission by the employee in writing or by his or her representative will be considered. The Trust reserves the right to proceed to hear a disciplinary case in the absence of the employee where no adequate explanation is provided for the employee's absence.

f. Any witnesses required to attend the hearing should be granted the appropriate time off from their work. The employee representative cannot be a witness or potential witness to the disciplinary process.

g. At the Hearing, the case against the employee and the evidence should be detailed by the presenting officer and the employee should set out his/her case and answer the allegations.

h. Witnesses may be called by either party and can be questioned by the other party and/or by the Disciplinary Panel. The presenting officer and the employee / representative will have the opportunity to make a final submission to the Disciplinary Panel at the end of the Hearing with the presenting officer going first. The Disciplinary Panel has the right to recall any witnesses but both sides and their representatives have the right to be present.

6.4 DISCIPLINARY DECISION

a. The Disciplinary Panel will review all the evidence presented before taking its decision. The Disciplinary Panel will determine on a balance of probability whether the allegations were or were not proven. Before deciding on the appropriate disciplinary action, the Disciplinary Panel should consider any mitigating circumstances put forward at the hearing and take account of the employee's record.

b. The decision should be communicated in writing to the employee normally within 7 working days of the date of the hearing. In the case of formal or final written warnings, the timescale of any sanction should be specified. The employee should be advised of the consequences of further breaches of discipline and informed of the right and method of appealing the decision.

c. In the case of dismissal, the employee should be advised that the decision of the Disciplinary Panel will be fully implemented pending appeal. Pay pending appeal will only be paid in the following circumstances (with the exception of summary dismissal):

- In all circumstances an appeal hearing shall be organised within 12 weeks of the original hearing.
- The appeal hearing should be organised in a timescale which allows proper representation to occur, consistent with principles of natural justice.
- Payment will be recommenced at week 6 in circumstances where management alone have failed to convene an appeal hearing within the aforementioned timescale.

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6.5 DISCIPLINARY ACTION

The Disciplinary Panel may impose one or more of the following disciplinary sanctions / actions

a. Formal Warning

A formal warning may be given following misconduct or where misconduct is repeated after informal action has been taken. A formal warning will remain on the employee's record for a period of one year. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction / action.

b. Final Warning

A final warning may be given when the misconduct is considered more serious or where there is a continuation of misconduct which has lead to previous warnings and/or informal action. A final warning will remain on the employee's record for a period of 2 years. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction/action.

c. Transfer and/or Downgrading

The Disciplinary Panel may decide that the most appropriate course of action should be either transfer, downgrading or both. These disciplinary actions may be imposed in addition to either a formal warning or a final warning as appropriate.

d. Dismissal

Dismissal will apply in situations where previous warnings issued have not produced the required improvement in standards or in some cases of Gross Misconduct.

e. Summary Dismissal

In some cases where Gross Misconduct has been established, an employee may be summarily dismissed, i.e. without payment of contractual or statutory notice.

NOTE: If the misconduct is proven the Disciplinary Panel may recommend that any associated financial loss should be recouped from the employee. This should be referred to the Director of Finance for further consideration.

7. DISCIPLINARY APPEALS

a. An employee wishing to appeal disciplinary action should write to the Director of Human Resources stating the grounds of their appeal within 7 working days of receipt of the letter containing the disciplinary decision. The appeal hearing will be arranged as early as practicable and the employee will have the right to be represented. The employee will normally receive 7 working days notice of the date of the appeal hearing.

b. The Appeal Panel, will comprise 2 managers from the Trust who have had no previous involvement in the case and who are normally at a more senior level than the Disciplinary Panel. In professional misconduct appeals involving medical staff and/or dentists, the Appeal Panel will comprise one additional medically/dentally qualified panel member who is not employed by the Trust or has not been previously involved in the disciplinary case. Where the employee's professional competence / conduct is in question, the Appeal Panel may invite a suitably qualified and experienced senior officer in the same profession from the trust or outside the Trust to attend the hearing as an assessor. The assessor has no decision making role. The Appeal Panel will permit additional evidence not available or provided at the Disciplinary Hearing to be considered only if it is considered relevant to the original allegation.

c. The Appeal hearing will be a full rehearing of the case.

d. The Appeal Panel will have the authority to confirm, set aside, or reduce the decision of the Disciplinary Panel. It will not have the right to increase the decision of the Disciplinary Panel. Where the decision of the Appeal Panel involves a variation of the original disciplinary decision, it should state the reasons and any operative date. The decision of the Appeal Panel is final and will be conveyed in writing to the appellant within 7 working after the hearing. In the event of delay a written explanation will be provided.

e. In the event of reinstatement following an appeal the appropriate back payment will be made.

8. REVIEW OF THE PROCEDURES

These procedures should be reviewed periodically in consultation with recognised staff side representatives via the HSC (NI) Joint Negotiation Forum.

Signed on behalf of Staff Side:

Personal Information redacted by the USI

Personal Information redacted by the USI

Kevin McAdam, Staff Side Secretary

Date: 14th September 2007.

Signed on behalf of Trust:

Personal Information redacted by the USI

Kieran Donaghy

Date: 14th September 2007

These procedures are effective from 1 September 2007.

APPENDIX 1 TRUST DISCIPLINARY RULES

In accordance with paragraph 1 of the Trust's Disciplinary Procedure, Disciplinary Rules are set out below. Conduct is categorised under the headings of **"Misconduct**" and **"Gross Misconduct".** This list should not be regarded as exhaustive or exclusive but used simply as a guide.

In determining the appropriate heading, managers are required to carefully consider the circumstances and seriousness of the case.

MISCONDUCT

Listed below are examples of offences of misconduct, other than gross misconduct, which may result in disciplinary action and/or counselling/informal warning in the light of the circumstances of each case. Where misconduct **is** repeated this may lead to dismissal.

- **Inappropriate or unacceptable conduct or behaviour towards employees, patients, residents, clients, relatives or members of the public.**
- **Abuse of employment position and/or authority.**
- **Absenteeism.**
- **Unauthorised Absence.**
- **Insubordination.**
- **Poor Time-keeping.**
- **Dishonesty.**
- **Unsatisfactory Performance and Conduct.**
- **Failure to adhere to contract of employment.**
- **Failure to comply with the responsibilities and duties of employment position.**
- **Failure to comply with Trust Rules and Procedures, Policies and Practices.**
- **Failure to declare outside Employment/Activities**
  - Failure to declare any outside activity which would impact on the full performance of contract of employment.
- **Failure to conform with safety, hygiene, security rules and regulations.**
- **Misuse of Trust Resources**
  - internet, e-mail, telephone, etc (see Trust policies).
- **Misuse of Trust Property**
  - neglect, damage, or loss of property, equipment or records belonging to the Trust, clients, patients, residents or employees.
- **Use of foul language.**
- **Gambling on Trust Premises.**
- **Dangerous horseplay.**
- **Discrimination, victimisation, harassment or bullying on any grounds.**
- **Breach of confidentiality.**
- **Alcohol/Drugs misuse.**
- **Being an accessory to a disciplinary offence.**

GROSS MISCONDUCT

The following are examples of Gross Misconduct offences which are serious breaches of contractual terms which effectively destroy the employment relationship, and/or the confidence which the Trust must have in an employee. Gross misconduct may warrant summary dismissal without previous warnings.

- **Theft -** Theft from the Trust, its employees, patients, clients, residents or the public including other offences of dishonesty.
- **Fraud -** Falsification of documentation or records pertaining to patients, clients, staff, or other persons. Misrepresentation which results, or could result in financial gain (e.g. applications for posts, pre-employment medical forms, time-sheets, clock-cards, subsistence and expenses claims etc.)
- **Being under the influence or misuse of Alcohol or Drugs -** Being under the influence of alcohol, unauthorised consumption while on duty or during working hours. Reporting for duty smelling of alcohol. Misuse of drugs, e.g. through misappropriation or being under the influence of drugs.
- **Breaches of safety, hygiene, security rules and regulations endangering one's own or another's physical well-being or safety.**
- **Issues of probity.**
- **Physical violence / assault or other exceptionally offensive behaviour.**
- **Criminal Conduct** - including failure to notify the Trust of a criminal offence either at work or outside of work. Consideration will be taken of criminal conduct / convictions and relevance to the employee's position.
- **Breaches of Confidentiality.**
- **Discrimination, victimisation, harassment or bullying on any grounds.**
- **Serious Breaches of Trust Rules, Policies, Procedures and Practices.**
- **Malicious or vexatious allegations or intimidation against another employee.**
- **Serious Insubordination.**
- **Ill-treatment or wilful neglect of patients, clients, residents.**
- **Negligence.**
- **Breaches of contract of employment and/or Professional Codes of Conduct.**
- **Some outside Employment/Activities -** Engaging in outside employment / activities that would prevent the efficient performance of duties, adversely affect health, bring into question loyalty and reliability or in any way weaken confidence in the Trust's business. Engaging in outside employment when contracted to work for the Trust unless otherwise agreed or where outside work is undertaken in competition with the Trust.
- **Abuse of sick pay provisions.**
- **Bringing the Trust into Disrepute.**
- **Misuse or unauthorised use of Property -** Unauthorised use or removal of Trust property. Damage caused maliciously or recklessly to property, equipment or records belonging to the Trust, clients, patients, residents or employees.
- **Misuse of Trust resources, including IT resources (see IT policies), or misuse of Trust name.**

- **Serious professional misconduct or negligence.**
- **Unauthorised sleeping on duty.**

APPENDIX 2 – PANELS FOR HEARINGS AND APPEALS

MISCONDUCT		
	Hearing	**Appeal**
Staff at below 4th Level	Level 4 or appropriate delegated level	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2
GROSS MISCONDUCT		
	Hearing	**Appeal**
Staff at below 4th Level	Level 4	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2

Level 1 – Chief Executive
Level 2 – Director
Level 3 – Assistant / Co-Director
Level 4 – Senior Manager

Southern Health and Social Care Trust

STRICTLY PRIVATE AND CONFIDENTIAL

On 23 June 2011, I, Mr Aidan O'Brien, Consultant Urologist, met with Mr Robin Brown, Surgical Director and Mrs Zoe Parks, Medical Staffing Manager as part of the disciplinary investigation in respect of myself. I was unaccompanied to this meeting

The following is an accurate account of the information I provided.

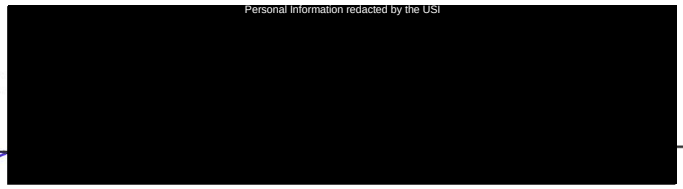
Mr Brown advised me the nature of the allegation that had been made against me regarding the inappropriate disposal of patient information in the confidential waste. I advised that at the time, I didn't appreciate that I was doing anything wrong. I needed to make room for continuation sheets. I now appreciate that the Trust regards it to be wrong. However I would like to add that I spend more time than anyone I know, in writing legibly and putting things in chronological order within patient files. I feel there is misuse of Trust property as many files are in disorder and have a large quantity of loose sheets or dismembered charts. I confirmed that the information that I did put into the confidential waste included fluid balance sheets from months ago. I discussed the patient in question with Mr Brown who has been an inpatient since August of last year, hence why her file had become quite large.

Mr Brown confirmed that the information that was disposed is not without value and would be needed in the event of any look back exercise or root cause analysis. I confirmed that I have no desire to discard of any information as I have more things to do with my time. At the time I was faced with a file of up to 6 inches and I needed to add a new chart.

I have done it before when you have duplication for example three signed copies of the same document. Mr Brown confirmed that this would not be unusual and it would be acceptable to cleanse the files where there are clear duplicates. I advised that I had spent 40 minutes last night sorting a file into order so that I could make sense of it as it had been neglected.

Mr Brown confirmed that there may be an issue of the charts themselves, but the remit of this investigation was to investigate the complaint.

I confirmed that although I have done it before, I have a lot of respect for patient notes and spend a lot of time tidying them so that they can be understood. I didn't think it was wrong but I now realize that it is. It won't ever be a recurrent problem as I will never do it again.

Signed: 

Date: 12.08.11

DATE

STRICTLY PRIVATE AND CONFIDENTIAL

Mr A O'Brien
Consultant Urologist
Personal Information redacted by the USI

Dear Mr O'Brien

RE: ISSUE OF INFORMAL WARNING

I refer to our meeting on 23 June 2011 with regard to the following concern:

1. You disposed of a large section of patient filing in a bin, which was later found and retrieved by an auxiliary on the ward. The filing consisted of fluid balance charts, mews charts, TPN prescription forms, Aminoglycosides prescription forms and prescription Kardex for an inpatient on the Ward.

I now write to confirm to you that as part of the Trust's Disciplinary Procedure, you will be issued with an informal warning in respect of this concern. This warning will remain valid for a period of six months. It is noted that during our meeting, you confirmed that you accepted your action was wrong and that it would not occur again.

You have the right to appeal this decision. Should you wish to appeal you must write to Mr E Mackle, Associate Medical Director within seven working days of receipt of this letter, stating the grounds of your appeal.

Yours sincerely

Mr R Brown
Surgical Director

Copy to: Mr E Mackle Associate Medical Director

From: Brown, Robin
Sent: 26 October 2023 12:47
To: Brown, Robin
Subject: FW: demand/capacity
Attachments: Demand Capacity Analysis surgical division 15 Sept 2011.doc

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-----Original Message-----
From: Trouton, Heather <Personal Information redacted by the USI>
Sent: 16 September 2011 16:00
To: Devlin, Louise <Personal Information redacted by the USI>; Corrigan, Martina <Personal Information redacted by the USI>; Reid, Trudy <Personal Information redacted by the USI>; Brown, Robin <Personal Information redacted by the USI>
Subject: FW: demand/capacity

Louise

Can you please chase up on those for orthopaedics waiting triage?

Martina same for Urology

Trudy same for CAH G/S

Robin, did you ever get a chance to talk to Mr Page as discussed re his long triage list?

Heather

From: Robinson, Katherine
Sent: 16 September 2011 14:39
To: Reid, Trudy; Corrigan, Martina; Devlin, Louise; Murray, Eileen; Burke, Mary; McStay, Patricia; Clayton, Wendy; McAreavey, Lisa
Cc: Trouton, Heather; Conway, Barry; McVey, Anne; Carroll, Ronan; Carroll, Anita; Forde, Helen; Rankin, Gillian
Subject: demand/capacity

Please find enclosed demand/capacity. Any queries please let me know.

Regards

Katherine

Katherine Robinson
Booking & Contact Centre Manager

Ramone Building
Craigavon Area Hospital
ext Personal Information

Demand Capacity Analysis - SURGERY

Month: **Sept - Oct 2011** **Source of Information: Ref & Booking Centre, PAS & PTL**

Date Prepared: **15 Sept 2011** **Prepared by: Referral & Booking Centre**

O/PAEDIC	Total on PTL *Needing to be seen*	Capacity	Month	Upper Limb	Lower Limb	Named	Total	Comments
	430	1	Sept	-172	-108	JB -44 LW/MN -42 BM -1 SP -7 MM -1 RMcK -54	-429	
	154	127	Oct	-18	-2	RMcK -7	-27	
Total				-190	-110	JB -44 LW/MN -42 BM -1 SP -7 MM -1 RMcK -61	-456	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – Sept/Oct 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr J Bunn	Orthopaedics	CAH	0	7 (longest waiter 20/07/11)	17 (earliest d/r Aug 11)
Ms L Wilson/ Mr M Neill			0	0	7 (earliest d/r Sept 11)
Mr B Mockford			0	1 (longest waiter 23/08/11)	10 (earliest d/r Sept 11)
Mr S Patton			0	2 (longest waiter 06/07/11)	0
Mr M Murnaghan			0	0	0
Mr R McKeown			0	2 (longest waiter 21/07/11)	41 (earliest d/r Apr 11)
Un-named			0	2 (longest waiter 03/06/11)	n/a

O/PAEDIC ICATS	Total on PTL *Needing to be seen*	Capacity	Month	GPSWI	Physio	Total not incl Podiatry		Podiatry	Comments
	21	63	Sept	+4	-2	+2		+40	Podiatry NR patients have been brought forward and reviews are up to date – What should we do with the additional slots?
	293	312	Oct	+33	-54	-21		+60	
Total						-19		+100	

Received from Robin Brown on 31/10/2023. Annotated by the Urology Services Inquiry.

UROLOGY SPECIALTY

UROLOGY	Total on PTL *Needing to be seen*	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
			Sept			+5			+5	
	109		Oct							Cannot give figures, rejigging of job plans
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – Aug/Sept 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr O'Brien	Urology	CAH	2 (9/8/11)	5 (15/8/11)	57 (Aug 2011)
Mr Young		CAH	4 (11/8/11)	3 (22/8/11)	52 (Aug 2011)
Mr Akhtar		CAH	1 (10/8/11)	7 (22/8/11)	0
Mr O'Brien		BBPC			26 (May 2011)
Mr O'Brien		ACH			9 (June 2011)
Mr Young		BBPC			3 (July 2011)
Mr Young		ACH			4 (June 2011)
Mr Akhtar		STH			
Dr Rogers		CAH			
GURO		CAH			

UROLOGY ICATS	Total on PTL *Needing to be seen*	Capacity	Month	ICGPUNDA	ICGPUPR2	ICSNURSA	ICSNULUP/ ICSNULUP5	Total	Comments
			Sept	+4	+8	+3	-30		
			Oct	+7	+14	+4	+4		
Total									

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – Aug/Sept 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Dr Rodgers CURPR2N	Urology Icats	CAH			
Dr Rodgers Uro-oncology Rev					Some movement on Uro Oncology reviews to help with backlog of 63 identified on 1/9/11
Nurse L Prostate				3 (16/8/11)	
Nurse L Luts					
Andrology					

GENERAL SURGERY SPECIALTY

GENERAL SURGERY 9 weeks	**Total on PTL** *Needing to be seen*	**Capacity**	**Month**	**ACH**	**BBH**	**CAH**	**DHH**	**STH**	**Total**	**Comments**
		Sept		+5	+4	+5	+35	+19	+68*	2 of Mr Mackle named referrals have to be seen. Scanned to him awaiting instruction.
		Oct							650 on PTL	Can't give figures – awaiting some rotas – To follow
Total										

GENERAL SURGERY 13 weeks	**Total on PTL** *Needing to be seen*	**Capacity**	**Month**	**ACH**	**BBH**	**CAH**	**DHH**	**STH**	**Total**	**Comments**
		Sept							+75	
		Oct								Can't give figures – awaiting some rotas – To follow
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – Sept/October 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr Mackle	Surgical	CAH	2 (5/8/11)		2 (Sept 2011)
Mr Hewitt			3 (11/8/11)		0
Mr Lewis			1 (19/8/11)		0
Mr Epanomeritakis			1 (2/8/11)		3 (Sept 2011)
Ms Sloan			0		4 (Sept 2011)
Mr Weir			6 (15/8/11)		0
Mr Yousaf			0		1 (Sept 2011)
Gen Surgery		CAH	7 (6/8/11)		
Gen Surgery		BBPC	0		
Gen Surgery		STH	0		0
Mr Weir		ACH	0		0
Mr Lewis		STH	1 (16/8/11)		0
Mr Hewitt		BBH	0		
General	Surgery	DHH	0		
Mr Gilpin		DHH	0		
Mr Brown		DHH	0		1 (Sept 2011)
Mr Blake		DHH	0		0
Mr Hannon		DHH	0		8 (Aug 2011)
Mr Cranley		DHH	0		0
Mr Neil		DHH	0		0

Triage in DHH is carried out daily and all patients added to one general list
*86 NU in DHH but rota for last 2 weeks not through yet.

ORAL SURGERY SPECIALTY

ORAL SURG	Total on PTL *Needing to be seen*	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
41 Weeks			Sept			-178	-112		-290	These figures are 26 wk for DHH
			Oct			-38	-16			
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – Aug/Sept 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Miss Garraghy	Oral Surgery	CAH	0	33	0
Mr Ramsey-Baggs		DHH	0	10 (5/8/11)	1 (9/2/11 upgraded in Aug)
Mr Ramsey-Baggs	Minor ops	DHH	0		

ORTHODONTIC SPECIALTY

ORTHO-DONTICS	Total on PTL *Needing to be seen*	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
		Sept							ok	
		Oct							+24	
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – Aug/Sept 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr Connolly	Orthodontics	CAH	0	0	0

ENT

	Total on PTL *Needing to be seen*	**Capacity**	**Month**	**ACH**	**BBH**	**CAH**	**DHH**	**STH**	**Total**	**Comments**
ENT 9wks	768	143	SEPT	-57	+9	-314	-153	-110	-625	
	664	712	OCT	-12	+43	+44	-53	+26	+48	
Total	1432	855							-577	
ENT	189	143	SEPT	-23	+9	-22	-11	-1	-46	Need additionality to meet Sept, 13 week target. This figure has increased because NU patients being seen quicker.
13wks	585	712	OCT	-1	+9	+81	-15	+19	+127	
Total	774	855							+81	

Received from Robin Brown on 31/10/2023. Annotated by the Urology Services Inquiry.

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
September/October - 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
MR MCNABOE	ENT	DHH			2 sept
		CAH			OK
MR LEYDEN		CAH			6 sept
		DHH			OK
Mr Farnon		CAH		ok	
		DHH		ok	

MR KORDA	ENT	CAH/STH			8 SEPT
		DHH			OK
MR HALL		ACH			OK
		CAH			4 SEPT
		STH			
MR REDDY		CAH			0
		DHH/ACH/STH			NO UR ACH.STH

REV' S NOT PUT ON UNTIL SEPT

OPTHALMOLOGY SPECIALTY

OPHTHAL	Total on PTL *Needing to be seen*	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
26 Weeks										
	1066	10	Sept	-101		-516	-220	-219	-1056	SELECTED NU ONLY FOR OCT
	361	69	Oct	-17		-134	-74	-67	-292	
Total									-1348	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – JULY 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
General	Opthalmology		0	9 (19/7/11)	
Mr Best	Glauc 0	CAH	0	1 (12/9/11)	0
Mr Murphy	" 38 Sept 11	CAH	0	1 (2/9/11)	0
Mr Page	" 3 Oct 11	DHH	141 (27 weeks)	4 (4/3/11))	0
Mr McIlwaine	" 85 Jan 11	DHH	32 (33 weeks)	1 (24/5/11)	22 (May 09)
Miss Knox	" 10 Aug 11	STH	1 (21 weeks)	3 (18/7/11)	0
Miss Knox	" 0	ACH	0	4 (10/8/11)	0

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
Orthopaedics – Sept/Oct 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr J Bunn	Orthopaedics	CAH	0	7 (longest waiter 20/07/11)	17 (earliest d/r Aug 11)
Ms L Wilson/ Mr M Neill			0	0	7 (earliest d/r Sept 11)
Mr B Mockford			0	1 (longest waiter 23/08/11)	10 (earliest d/r Sept 11)
Mr S Patton			0	2 (longest waiter 06/07/11)	0
Mr M Murnaghan			0	0	0
Mr R McKeown			0	2 (longest waiter 21/07/11)	41 (earliest d/r Apr 11)
Un-named			0	2 (longest waiter 03/06/11)	n/a

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
Urology – Aug/Sept 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr O'Brien	Urology	CAH	2 (9/8/11)	5 (15/8/11)	57 (Aug 2011)
Mr Young		CAH	4 (11/8/11)	3 (22/8/11)	52 (Aug 2011)
Mr Akhtar		CAH	1 (10/8/11)	7 (22/8/11)	0
Mr O'Brien		BBPC			26 (May 2011)
Mr O'Brien		ACH			9 (June 2011)
Mr Young		BBPC			3 (July 2011)
Mr Young		ACH			4 (June 2011)
Mr Akhtar		STH			
Dr Rogers		CAH			
GURO		CAH			

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
General Surgery - Sept/October 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr Mackle	Surgical	CAH	2 (5/8/11)		2 (Sept 2011)
Mr Hewitt			3 (11/8/11)		0
Mr Lewis			1 (19/8/11)		0
Mr Epanomeritakis			1 (2/8/11)		3 (Sept 2011)
Ms Sloan			0		4 (Sept 2011)
Mr Weir			6 (15/8/11)		0
Mr Yousaf			0		1 (Sept 2011)
Gen Surgery		CAH	7 (6/8/11)		
Gen Surgery		BBPC	0		
Gen Surgery		STH	0		0
Mr Weir		ACH	0		0
Mr Lewis		STH	1 (16/8/11)		0
Mr Hewitt		BBH	0		
General	Surgery	DHH	0		
Mr Gilpin		DHH	0		
Mr Brown		DHH	0		1 (Sept 2011)
Mr Blake		DHH	0		0
Mr Hannon		DHH	0		8 (Aug 2011)
Mr Cranley		DHH	0		0
Mr Neil		DHH	0		0

Triage in DHH is carried out daily and all patients added to one general list
*86 NU in DHH but rota for last 2 weeks not through yet.

Received from Robin Brown on 31/10/2023. Annotated by the Urology Services Inquiry.

ORAL SURGERY SPECIALTY

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS - ORAL SURGERY - Aug/Sept 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Miss Garraghy	Oral Surgery	CAH	0	33	0
Mr Ramsey-Baggs		DHH	0	10 (5/8/11)	1 (9/2/11 upgraded in Aug)
Mr Ramsey-Baggs	Minor ops	DHH	0		

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – Ophthalmology – JULY 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
General	Opthalmology		0	9 (19/7/11)	
Mr Best	Glauc 0	CAH	0	1 (12/9/11)	0
Mr Murphy	" 38 Sept 11	CAH	0	1 (2/9/11)	0
Mr Page	" 3 Oct 11	DHH	141 (27 weeks)	4 (4/3/11))	0
Mr McIlwaine	" 85 Jan 11	DHH	32 (33 weeks)	1 (24/5/11)	22 (May 09)
Miss Knox	" 10 Aug 11	STH	1 (21 weeks)	3 (18/7/11)	0
Miss Knox	" 0	ACH	0	4 (10/8/11)	0

From: Brown, Robin
Sent: 25 October 2023 17:28
To: Brown, Robin
Subject: FW: DHH Triage issues
Attachments: New Outpatient Cases - Consultant preferences.docx

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-----Original Message-----
From: Brown, Robin <Personal Information redacted by the USI>
Sent: 15 October 2014 11:16
To: Robinson, Katherine <Personal Information redacted by the USI>; Kernaghan, Doris <Personal Information redacted by the USI>; Nelson, Amie <Personal Information redacted by the USI>; Brown, Robin <Personal Information redacted by the USI>; Gilpin, David <Personal Information redacted by the USI>; Gudyma, Jaroslaw <Personal Information redacted by the USI>; Hurreiz, Hisham <Personal Information redacted by the USI>; McArdle, Gerarde <Personal Information redacted by the USI>; McKay, Damian <Personal Information redacted by the USI>; Neill, Adrian <Personal Information redacted by the USI>; Doran, Leon <Personal Information redacted by the USI>; Hamill, Marion <Personal Information redacted by the USI>; Marmion, Catherine <Personal Information redacted by the USI>; McCrum, Gillian <Personal Information redacted by the USI>; OBrien, Joanne <Personal Information redacted by the USI>; Rafferty, Lauri <Personal Information redacted by the USI>
Cc: Trouton, Heather <Personal Information redacted by the USI>
Subject: DHH Triage issues

I am aware that there has been a lot of anxiety in relation to new OPD appointments with both the booking staff and the consultants.
I believe that this has, at least in part, been due to the excessive numbers of cases designated colorectal and the relatively few people designated to see them.
I guess that this led to some colorectal stuff having to go to general clinics, and unfortunately there was sometimes a mismatch.
I think I have a solution in the attached table.

Can I encourage all Consultants to triage the colorectal cases appropriately If it is not specialist colorectal or red flag please just designate it as general The specialist colorectal conditions are defined in the attachment (obviously discretion applies to individual cases).

As regards booking staff.
I trust that this “easing” of the definition of colorectal and the clarity around vasectomies etc. will make your task easier.

In exchange, if you like, we would then have a reasonable expectation that letters designated to a particular specialty would not be sent to a general clinic.

Finally the DHH stamp (I hopeyou have one) was redesigned very recently and we would prefer that all our patients are triaged on this stamp alone.
The CAH stamp doesn't work very well for us and even when it has been completed by a CAH consultant, that triage decision may not be appropriate for our site.
Best for DHH consultants to triage all our own cases on our own stamp to a time scale that gives you, in the booking centre, enough time to book appointments appropriately.

I do hope this table solves a lot of the issues with new patient booking.

Robin Brown

Surgery DHH:- New cases – Consultant preferences

The shaded areas denote the types of patients NOT seen by that particular consultant

CONDITION	BROWN	GILPIN	NEILL	McKAY	HURREIZ	GUDYMA	McARDLE
SPECIALIST COLORECTAL							
GENERAL COLORECTAL							
RED FLAG COLORECTAL							
UROLOGY							
CARPAL TUNNEL							
VASECTOMY							

Specialist colorectal includes:

- Fistula-in-ano
- Faecal incontinence
- New IBD cases

Received from Robin Brown on 31/10/2023. Annotated by the Urology Services Inquiry.

From: Brown, Robin
Sent: 25 October 2023 16:56
To: Brown, Robin
Subject: FW: Triage of elective referrals
Attachments: TRIAGE OF ELECTIVE REFERRALS.docx

-----Original Message-----
From: Brown, Robin <Personal Information redacted by the USI>
Sent: 09 September 2013 14:25
To: Finnerty, Fiona <Personal Information redacted by the USI>; Robinson, Katherine <Personal Information redacted by the USI>; Kernaghan, Doris <Personal Information redacted by the USI>; OBrien, Joanne <Personal Information redacted by the USI>; Hamill, Marion <Personal Information redacted by the USI>; Rafferty, Lauri <Personal Information redacted by the USI>
Cc: Nelson, Amie <Personal Information redacted by the USI>; Trouton, Heather <Personal Information redacted by the USI>; Gilpin, David <Personal Information redacted by the USI>; Neill, Adrian <Personal Information redacted by the USI>; McKay, Damian <Personal Information redacted by the USI>; Hurreiz, Hisham <Personal Information redacted by the USI>
Subject: Triage of elective referrals

Please see attached new protocol for triage of elective referrals in DHH

Robin Brown

TRIAGE OF ELECTIVE REFERRALS

Principles

1. Triage to be completed within 2 working days
2. Named referrals to go to named consultants
3. Triage of specialist letters by appropriate specialists
4. Triage to "Any Consultant" where possible to prevent excessive individual waiting lists

Steps:

1. Primary Triage - by SOW rather than current practice. Letters to be sorted into 3 piles
   - Colorectal, anaemia and named referrals to Neill/McKay
   - Urology, Andrology, PEG's and named letters to Brown
   - Everything else and named letters to Gilpin and Hurreiz
2. Secondary Triage - Letters handed over to appropriate consultants for triage by specialty. At secondary triage some letters will be allocated to specific named consultants and some to "Any consultant"
3. If secondary team not available within 2 working days, the primary triage consultant to proceed to secondary triage.
4. Letters forwarded to booking team within 48 hrs (usually)

Other referrals

Varicose Veins – go to vascular

Head and neck lymph – go to ENT

Ganglia, trigger fingers etc. - go to plastic/Ortho hand surgeons

Received from Robin Brown on 31/10/2023. Annotated by the Urology Services Inquiry.