



Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
T: 02890 251005 | E: info@usi.org.uk | W: www.urologyservicesinquiry.org.uk

Mr. Ted McNaboe
Surgical Clinical Director
Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

29 April 2022

Dear Sir,

Re: The Statutory Independent Public Inquiry into Urology Services in the
Southern Health and Social Care Trust

**Provision of a Section 21 Notice requiring the provision of evidence in the
form of a written statement**

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 23 of 2022]

pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

Mr. Ted McNaboe
Surgical Clinical Director
Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 10th June 2022**.

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 3rd June 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 29th April 2022

Signed:

Personal Information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry



SCHEDULE
[No 23 of 2022]

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.
2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"), except where those documents have been previously provided to the USI by the SHSCT. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you are in any doubt about the documents previously provided by the SHSCT you may wish to discuss this with the Trust's legal advisors, or, if you prefer, you may contact the Inquiry.

Your position(s) within the SHSCT

4. Please summarise your qualifications and your occupational history prior to commencing employment with the SHSCT.
5. Please set out all posts you have held since commencing employment with the Trust. You should include the dates of each tenure, and your duties and responsibilities in each post. Please provide a copy of all relevant job descriptions and comment on whether the job description is an accurate reflection of your duties and responsibilities in each post.
6. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.
7. With specific reference to *the operation and governance of urology services*, please set out your roles and responsibility and lines of management.
8. It would be helpful for the Inquiry for you to explain how those aspects of your role and responsibilities which were *relevant to the operation and governance of urology services*, differed from and/or overlapped with, for example, the roles of the Director of Acute Services, Assistant Directors, the Medical Director, Associate Medical Director and Head of Urology Service or with any other role which had governance responsibility.

Urology services/Urology unit - staffing

9. The Inquiry understands that a regional review of urology service was undertaken in response to service concerns regarding the ability to manage growing demand, meet cancer and elective waiting times, maintain quality standards and provide high quality elective and emergency services. This review was completed in March 2009 and recommended three urology centres, with one based at the Southern Trust - to treat those from the Southern

catchment area and the lower third of the western area. As relevant, set out your involvement, if any, in the establishment of the urology unit in the Southern Trust area.

10. What, if any, performance indicators were used within the urology unit at its inception?
11. Was the '*Integrated Elective Access Protocol*' published by DOH in April 2008, provided to or disseminated in any way by you or anyone else to urology consultants in the SHSCT? If yes, how and by whom was this done? If not, why not?
12. How, if at all, did the '*Integrated Elective Access Protocol*' (and time limits within it) impact on the management, oversight and governance of urology services? How, if at all, were the time limits for urology services monitored as against the requirements of the protocol? What action, if any, was taken (and by whom) if time limits were not met?
13. The implementation plan, *Regional Review of Urology Services, Team South Implementation Plan*, published on 14 June 2010, notes that there was a substantial backlog of patients awaiting review at consultant led clinics at that stage and included the Trust's plan to deal with this backlog.
 - I. What is your knowledge of and what was your involvement with this plan?
 - II. How was it implemented, reviewed and its effectiveness assessed?
 - III. What was your role in that process?
 - IV. Did the plan achieve its aims in your view? OR Please advise whether or not it is your view that the plan achieved its aims? If so, please expand stating in what way you consider these aims were achieved.
14. Were the issues raised by the *Implementation Plan* reflected in any Trust governance documents or minutes of meetings, and/or the Risk Register? Whose role was to ensure this happened? If the issues were not so reflected,

can you explain why? Please provide any documents referred to in your answer.

15. To your knowledge, were the issues noted in the *Regional Review of Urology Services, Team South Implementation Plan* resolved satisfactorily or did problems persist following the setting up of the urology unit?
16. Do you think the unit was adequately staffed and properly resourced from its inception? If that is not your view, can you please expand noting the deficiencies as you saw them?
17. Were you aware of any staffing problems within the unit since its inception? If so, please set out the times when you were made aware of such problems, how and by whom.
18. Were there periods of time when any posts within the unit remained vacant for a period of time? If yes, please identify the post(s) and provide your opinion of how this impacted on the unit. How were staffing challenges and vacancies within the unit managed and remedied?
19. In your view, what was the impact of any staffing problems on, for example, the provision, management and governance of urology services?
20. Did staffing posts, roles, duties and responsibilities change in the unit during your tenure? If so, how and why?
21. Has your role changed in terms of governance during your tenure? If so, explain how it has changed with particular reference to urology services, as relevant?
22. Explain your understanding as to how the urology unit and urology services were supported by non-medical staff. In particular the Inquiry is concerned to understand the degree of administrative support and staff allocation provided to the medical and nursing staff. If you not have sufficient understanding to address this question, please identify those individuals you say would know.

23. Do you know if there was an expectation that administration staff would work collectively within the unit or were particular administration staff allocated to particular consultants? How was the administrative workload monitored?
24. Were the concerns of administrative support staff, if any, ever raised with you? If so, set out when those concerns were raised, what those concerns were, who raised them with you and what, if anything, you did in response.
25. Who was in overall charge of the day to day running of the urology unit? To whom did that person answer, if not you? Give the names and job titles for each of the persons in charge of the overall day to day running of the unit and to whom that person answered throughout your tenure. Identify the person/role to whom you were answerable.
26. What, if any role did you have in staff performance reviews?
27. Was your role subject to a performance review or appraisal? If so, please explain how and by whom and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

Engagement with unit staff

28. Describe how you engaged with all staff within the unit. It would be helpful if you could indicate the level of your involvement, as well as the kinds of issues which you were involved with or responsible for within urology services, on a day to day, week to week and month to month basis. You might explain the level of your involvement in percentage terms, over periods of time, if that assists.
29. Please set out the details of any weekly, monthly or daily scheduled meetings with any urology unit/services staff and how long those meetings typically lasted. Please provide any minutes of such meetings.

30. During your tenure did medical and professional managers in urology work well together? Whether your answer is yes or no, please explain by way of examples regarding urology.

Governance – generally

31. What was your role regarding the consultants and other clinicians in the unit, including in matters of clinical governance?
32. Who oversaw the clinical governance arrangements of the unit and how was this done? As relevant to your role, how did you assure yourself that this was being done appropriately?
33. How did you oversee the quality of services in urology? If not you, who was responsible for this and how did they provide you with assurances regarding the quality of services?
34. How, if at all, did you oversee the performance metrics in urology? If not you, who was responsible for this overseeing performance metrics?
35. How did you assure yourself regarding patient risk and safety in urology services in general? What systems were in place to assure you that appropriate standards were being met and maintained?
36. How could issues of concern relating to urology services be brought to your attention? The Inquiry is interested in both internal concerns, as well as concerns emanating from outside the unit, such as from patients. What systems or processes were in place for dealing with concerns raised? What is your view of the efficacy of those systems?
37. Did those systems or processes change over time? If so, how, by whom and why?
38. How did you ensure that you were appraised of any concerns generally within the unit?

39. How did you ensure that governance systems, including clinical governance, within the unit were adequate? Did you have any concerns that governance issues were not being identified, addressed and escalated as necessary?
40. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register? Please provide any documents referred to.
41. What systems were in place for collecting patient data in the unit? How did those systems help identify concerns, if at all?
42. What is your view of the efficacy of those systems? Did those systems change over time and, if so, what were the changes?
43. During your tenure, how well do you think performance objectives were set for consultant medical staff and for specialty teams? Please explain your answer by reference to any performance objectives relevant to urology during your time, providing documentation or sign-posting the Inquiry to any relevant documentation.
44. How well did you think the cycle of job planning and appraisal worked and explain why you hold that view?
45. The Inquiry is keen to learn the process, procedures and personnel who were involved when governance concerns having the potential to impact on patient care and safety arose. Please provide an explanation of that process during your tenure, including the name(s) and role of those involved, how things were escalated and how concerns were recorded, dealt with and monitored. Please identify the documentation the Inquiry might refer to in order to see examples of concerns being dealt with in this way during your tenure.
46. Did you feel supported in your role by the medical line management hierarchy? Whether your answer is yes or no, please explain by way of examples, in particular regarding urology.

Concerns regarding the urology unit

47. The Inquiry is keen to understand how, if at all, you, as Clinical Director, liaised with, involved and had meetings with the following staff (please name the individual/s who held each role during your tenure):

- (i) The Chief Executive(s);
- (ii) the Medical Director(s);
- (iii) the Director(s) of Acute Services;
- (iv) the Assistant Director(s);
- (v) the Associate Medical Director;
- (vi) the Clinical Lead;
- (vii) the Head of Service;
- (viii) the consultant urologists.

When answering this question, the Inquiry is interested to understand how you liaised with these individuals in matters of concern regarding urology governance generally, and in particular those governance concerns with the potential to impact on patient care and safety. In providing your answer, please set out in detail the precise nature of how your roles interacted on matters (i) of governance generally, and (ii) specifically with reference to the concerns raised regarding urology services. Where not previously provided, you should include all relevant documentation, dates of meetings, actions taken, etc.

48. Following the inception of the urology unit, please describe the main problems you encountered or were brought to your attention in respect of urology services? Without prejudice to the generality of this request, please address the following specific matters: -

- (a) What were the concerns raised with you, who raised them and what, if any, actions did you or others (please name) take or direct to be taken as a result of those concerns? Please provide details of all meetings, including dates, notes, records etc., and attendees, and

detail what was discussed and what was planned as a result of these concerns.

- (b) What steps were taken (if any) to risk assess the potential impact of the concerns once known?
- (c) Did you consider that any concerns which were raised may have impacted on patient care and safety? If so, what steps, if any, did you take to mitigate against this? If not, why not.
- (d) If applicable, explain any systems and agreements put in place to address these concerns. Who was involved in monitoring and implementing these systems and agreements?
- (e) How did you assure yourself that any systems and agreements that may have been put in place to address concerns were working as anticipated?
- (f) If you were given assurances by others, how did you test those assurances?
- (g) Were the systems and agreements put in place to rectify the problems within urology services successful?
- (h) If yes, by what performance indicators/data/metrics did you measure that success? If not, please explain.

49. Having regard to the issues of concern within urology services which were raised with you or which you were aware of, including deficiencies in practice, explain (giving reasons for your answer) whether you consider that these issues of concern were -

- (a) properly identified,
- (b) their extent and impact assessed,
- (c) and the potential risk to patients properly considered?

50. What, if any, support was provided to urology staff (other than Mr O'Brien) by you and the Trust, given any of the concerns identified? Did you engage with other Trust staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not. (Q64 will ask about any support provided to Mr O'Brien).
51. Was the urology department offered any support for quality improvement initiatives during your tenure?

Mr. O'Brien

52. Please set out your role and responsibilities in relation to Mr. O'Brien. How often would you have had contact with him on a daily, weekly, monthly basis over the years (your answer may be expressed in percentage terms over periods of time if that assists)?
53. What was your role and involvement, if any, in the formulation and agreement of Mr. O'Brien's job plan(s)? If you engaged with him and his job plan(s) please set out those details in full.
54. When and in what context did you first become aware of issues of concern regarding Mr. O'Brien? What were those issues of concern and when and by whom were they first raised with you? Please provide any relevant documents. Do you now know how long these issues were in existence before coming to your or anyone else's attention? Please provide full details in your answer.
55. Please detail all discussions (including meetings) in which you were involved which considered concerns about Mr. O'Brien, whether with Mr. O'Brien or with others (please name). You should set out in detail the content and nature of those discussions, when those discussions were held, and who else was involved in those discussions at any stage.
56. What actions did you or others take or direct to be taken as a result of these concerns? If actions were taken, please provide the rationale for them. You should include details of any discussions with named others regarding

concerns and proposed actions. Please provide dates and details of any discussions, including details of any action plans, meeting notes, records, minutes, emails, documents, etc., as appropriate.

57. Did you consider that any concerns raised regarding Mr O'Brien may have impacted on patient care and safety? If so:

- (i) what risk assessment did you undertake, and
- (ii) what steps did you take to mitigate against this? If none, please explain. If you consider someone else was responsible for carrying out a risk assessment or taking further steps, please explain why and identify that person.

58. If applicable, please detail your knowledge of any agreed way forward which was reached between you and Mr. O'Brien, or between you and others in relation to Mr. O'Brien, or between Mr O'Brien and others, given the concerns identified.

59. What, if any, metrics were used in monitoring and assessing the effectiveness of the agreed way forward or any measures introduced to address the concerns? How did these measures differ from what existed before?

60. How did you assure yourself that any systems and agreements put in place to address concerns (if this was done) were sufficiently robust and comprehensive and were working as anticipated? What methods of review were used? Against what standards were methods assessed?

61. Did any such agreements and systems which were put in place operate to remedy the concerns? If yes, please explain. If not, why do you think that was the case? What in your view could have been done differently?

62. Did Mr O'Brien raise any concerns regarding, for example, patient care and safety, risk, clinical governance or administrative issues or any matter which might impact on those issues? If yes, what concerns did he raise and with whom, and when and in what context did he raise them? How, if at all, were

those concerns considered and what, if anything, was done about them and by whom? If nothing was done, who was the person responsible for doing something?

63. Did you raise any concerns about the conduct/performance of Mr O'Brien. If yes:

- (a) outline the nature of concerns you raised, and why it was raised
- (b) who did you raise it with and when?
- (c) what action was taken by you and others, if any, after the issue was raised
- (d) what was the outcome of raising the issue?

If you did not raise any concerns about the conduct/performance of Mr O'Brien, why did you not?

64. What support was provided by you and the Trust specifically to Mr. O'Brien given the concerns identified by him and others? Did you engage with other Trust staff to discuss support option, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not.

65. How, if at all, were the concerns raised by Mr. O'Brien and others reflected in Trust governance documents, such as the Risk Register? Please provide any documents referred to. If the concerns raised were not reflected in governance documents and raised in meetings relevant to governance, please explain why not.

Learning

66. Are you now aware of governance concerns arising out of the provision of urology services, which you were not aware of during your tenure? Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why.

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

68. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and the unit, and regarding the concerns involving Mr. O'Brien in particular?
69. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.
70. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?
71. Do you think, overall, the governance arrangements were fit for purpose? Did you have concerns about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?
72. Given the Inquiry's terms of reference, is there anything else you would like to add to assist the Inquiry in ensuring it has all the information relevant to those Terms?

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

UROLOGY SERVICES INQUIRY

USI Ref: Notice Number 23 of 2022

Date of Notice: 29th April 2022

Witness Statement of: Edward J McNaboe FRCS -24

I, Edward J McNaboe, will say as follows:

General

Q1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.

1.1 My name is Edward (Ted) J McNaboe. I am a Consultant ENT Surgeon in the Southern Health and Social Care Trust. I was Clinical Director for ENT and Urology between 1/12/2018 – 1/3/2020 and again from 1/11/20 – 1/12/2021. I am presently the Interim Medical Director for Surgery and Elective Care.

1.2 (20181000 - REF2b - CD SEC DHH Job Description) *bates reference TRU-02327 – TRU- 02332*. My post as Clinical Director was a part time post with a commitment of 1PA, one half day per week. During my tenure I worked as part of the Divisional Medical team, with the Head of Service for ENT/Urology, the Assistant Director and the Director of Acute services. My role was as part of the collective leadership of the division for the duration of my tenure. I had a break in service from 1/3/20 until 1/11/2020 due to Personal Information redacted by the USI.

1.3 My role was to assist the Divisional management team in the delivery of a high quality service across ENT/Urology within the Surgery and elective care division. I worked closely with the Associate Medical Director and the Head of Service to help deliver on these aims. Within my role, I had specific responsibility to assist with the job planning process for the two ENT and Urology teams. I carried out appraisals for some members of the ENT and Urology teams. I was a member of the divisional panel that had responsibility for screening Datix submissions to see if they met the criteria for a Serious Adverse Events (SAI) Investigation. I represented the Trust on the Regional Prioritisation oversight Group (RPOG).

1.4 The investigation into Urology services was established before my tenure. The Head of service at that time (December 2018,) Mrs Martina Corrigan and the Associate Medical Director, Mr Mark Haynes made me aware of the investigation on taking up the post. I was made aware that there was on-going monitoring of issues around Mr O'Brien's practice. I was asked to continue the process of job planning for



Urology Services Inquiry

the team which had been started by my predecessor Mr Colin Weir. This request was not formally made in any communication but was made as part of a conversation around my role in the clinical managerial team. I worked closely with the Head of Service on this and took direction from the Associate Medical Director as he himself was a Consultant Urologist. I had ad hoc meetings and email communications with the consultant team and met with some of the members to help agree job plans. I had a dedicated time in my weekly job plan for this, usually a Thursday morning, and would tend to do job planning in that time.

1.5 During my tenure, I was aware of, but not directly involved with issues directly related to Urological cancer care. As I was already a member of the screening panel that looked at cases for potential SAI's across the surgical division I also was involved in screening of urology cases highlighted by Professor Sethia in his look back case review.

Q2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"), except where those documents have been previously provided to the USI by the SHSCT. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.

2.1 Relevant Documents.

I do not hold any other relevant documents. Specific meetings re job planning were not minuted as they involved using the zircadian job planning software program to run drafts of job plans.

Documents already submitted by the trust.

Clinical Director – Job plan 2018 (20181000 - REF2b - CD SEC DHH Job Description) *bates reference TRU-02327 – TRU- 02332.*

Email log of relevant communications I made or was copied in to 20200114-email response meeting request. *This document is located in Relevant to PIT, Evidence after 4 November 2021 PIT, Reference 77, Reference 77 – Ted McNaboe CD, 20200114-email response meeting request.*

Q3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you are in any doubt about the



Urology Services Inquiry

documents previously provided by the SHSCT you may wish to discuss this with the Trust's legal advisors, or, if you prefer, you may contact the Inquiry.

3.1 N/A

Position within the SHSCT.

Q4 Please summarise your qualifications and your occupational history prior to commencing employment with the SHSCT.

4.1

Graduated MB, BCH BAO Queens University Belfast	1989
Fellow of Royal College of Surgeons FRCS	1993
Completion of Specialist training in ENT Surgery	1999

4.2 Previous employment:

ENT Surgical trainee on the Northern Ireland Specialist Registrar rotational program 1993 – 2000.

Commenced employment on 1/11/2000 with the original legacy trust which preceded the Southern Trust,

Q5 Please set out all posts you have held since commencing employment with the Trust. You should include the dates of each tenure, and your duties and responsibilities in each post. Please provide a copy of all relevant job descriptions and comment on whether the job description is an accurate reflection of your duties and responsibilities in each post.

5.1

Consultant ENT Surgeon Southern HSCT	2000 – Present.
Clinical Director ENT/Urology	December 2018–March 2020

5.2 From March 2020 – November 2020 I was relieved of any managerial duties in relation to urology due to my own personal [redacted] circumstances. [redacted]

[redacted] Any relevant Directorate issues were addressed by Mr Mark Haynes, the Associate Medical Director.

Clinical Director ENT/Urology	Nov. 2020 – Dec. 2021
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Interim Div. Medical Director /Surgery and Elective Care	Dec.2021 – present.
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See Q2.1 for Job description. The job description is a true description of duties and responsibilities of the post.

Q6. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.



Urology Services Inquiry

6.1

ROLE

Consultant ENT Surgeon

REPORTED TO:

Prior to becoming CD I reported to Mr SJ Hall Consultant ENT Surgeon. He was CD until his retirement in 2017.

When I became Clinical Director, I reported directly to the Associate Medical Director (AMD) for Surgery and Elective Care, Mr Mark Haynes. I did not have any other AMD when in this post.

Clinical Director (CD)

In this role I reported directly to Mr Haynes, Associate Medical Director (AMD) for Surgery and Elective Care.

Div. Medical Director

In this role I reported directly to the Medical Director
Dr. Maria O'Kane.

6.2 In my role as a Consultant ENT Surgeon (2000 – Present) I work in a 7 Consultant team. During my tenure as Clinical Director ENT/ Urology from December 2018-March 2020, and following my return Personal Information redacted by the USI in November 2020 – December 2021 I had responsibility for a seven Consultant ENT team and a six Consultant Urology team.

Consultant Urologists

Mr Aidan O'Brien (retired Oct 2020)
Mr Mark Haynes (Div. Med. Director Urology improvement)
Mr Michael Young (Lead Clinician Urology)
Mr John O'Donaghue
Mr Tony Glackin
Mr Omar Shawgi (locum 21/9/20- 30/6/21 and 16/8/21 – 30/10/21)
Mr Nasir Khan Locum 22/11/21 – present)

Q7. With specific reference to *the operation and governance of urology services*, please set out your roles and responsibility and lines of management.

7.1 As Clinical Director my role was predominantly centred around Job planning within the two teams. I worked closely with the Head of Service, presently Wendy Clayton (Oct.2020-present) and prior to her appointment, Mrs Martina Corrigan. Operational issues in Urology were dealt with by the Head of Service in close consultation with the Lead Clinician Mr Michael Young and the Div. Medical Director (Urology) Mr Mark Haynes who himself is a Urologist and better placed to assist with operational decisions. I had no other line management responsibilities for Urology prior to or within the role of CD.

7.2 As a member of the serious adverse incident (SAI) screening team, I assisted with the decision-making around which cases met the criteria for SAI review. DATIX's, which are a proforma filled out by any member of staff alerting



Urology Services Inquiry

management to the possibility of a potential incident that may need further investigation, were submitted from SEC. These were screened by a panel of clinicians and members of the managerial team. This role was extended to include the urology cases highlighted by Professor Sethia after his look back review. This review was over an eighteen month period from January 2019 until June 2020. I also attended the monthly acute governance meeting chaired by the Director of Acute services, Mrs Melanie McClements. At these meetings I presented any completed SAI reports from my division.

7.3 Job planning – I conducted the job planning review for the ENT and Urology teams. This entailed a look back at the previous year's job plan, agreeing any new changes in the working week for the Consultant, adding in any new additional responsibilities, making sure adequate time for in the job plan for administration, supporting professional activities and education. Some job plans were straightforward and could be agreed in one meeting or discussion. Others were more complex and required additional time and meetings to get agreement.

7.4 I was not involved in the specialty patient safety meetings for urology but I attended the combined surgical and anaesthetics patient safety meeting which occurred once every three months

Q8. It would be helpful for the Inquiry for you to explain how those aspects of your role and responsibilities which were *relevant to the operation and governance of urology services*, differed from and/or overlapped with, for example, the roles of the Director of Acute Services, Assistant Directors, the Medical Director, Associate Medical Director and Head of Urology Service or with any other role which had governance responsibility.

8.1 As a clinician my role was different from the Head of Service, Assistant Director and Director of Acute services. They are all nonclinical managers and deal with the operational side Urology services. My role was to work within the clinical managerial team. This team is made up of the Lead Clinician, the Clinical Director, the Associate Medical Director/ Divisional Medical Director. We all report to the Medical Director.

8.2 During my tenure. I was able to assist with service delivery through my role in the Regional Prioritisation oversight group (RPOG). The COVID pandemic presented a major challenge to the already stretched urology service. Through this work I was able to help secure additional operating capacity for urology in the Independent sector and in the regional elective care centre.

8.3 My main role involved assisting with the job planning process, presenting any Urology SAI reports at the monthly governance meeting, dealing with all levels of staff educational and study leave, approving claims for waiting list and locum work. I also did some Consultant Appraisal work.

8.4 My role frequently overlapped with the work of the Associate Medical Director, Mr Haynes. As Mr Haynes was a Consultant Urologist issues relating to Urology tended to be brought directly to his attention rather than mine. He was often better placed than I was to answer questions on Urology specific issues.



Urology Services Inquiry

Urology Services -staffing

Q9. The Inquiry understands that a regional review of urology service was undertaken in response to service concerns regarding the ability to manage growing demand, meet cancer and elective waiting times, maintain quality standards and provide high quality elective and emergency services. This review was completed in March 2009 and recommended three urology centres, with one based at the Southern Trust - to treat those from the Southern catchment area and the lower third of the western area. As relevant, set out your involvement, if any, in the establishment of the urology unit in the Southern Trust area

9.1 I was not in post and had no involvement in the initial setting up of the Urology unit in the Southern Trust.

Q10. What, if any, performance indicators were used within the urology unit at its inception?

10.1 I was not in post and had no involvement in the initial setting up of the Urology unit in the Southern Trust. I am unaware of what performance indicators were used at that time.

Q11. Was the '*Integrated Elective Access Protocol*' published by DOH in April 2008, provided to or disseminated in any way by you or anyone else to urology consultants in the SHSCT? If yes, how and by whom was this done? If not, why not?

11.1 I am aware of the "The Integrated Elective Access Protocol" as it was the basis for the triage system used today by all specialties. I am unaware if it was disseminated to me, the Urology or the ENT Consultant group in the SHSCT at the time of its publication. It is likely it was discussed at specialty meetings. Mrs Martina Corrigan who was Head of Service at that time, should hold more specific information from minutes of those specialty meetings.

Q12 How, if at all, did the '*Integrated Elective Access Protocol*' (and time limits within it) impact on the management, oversight and governance of urology services? How, if at all, were the time limits for urology services monitored as against the requirements of the protocol? What action, if any, was taken (and by whom) if time limits were not met?

12.1 I am unable to comment on the impact on management, oversight and governance of Urology services as I was not in post.

Q13. The implementation plan, *Regional Review of Urology Services, Team South Implementation Plan*, published on 14 June 2010, notes that there was a substantial backlog of patients awaiting review at consultant led clinics at that stage and included the Trust's plan to deal with this backlog.

I. What is your knowledge of and what was your involvement with this plan?



Urology Services Inquiry

II. How was it implemented, reviewed and its effectiveness assessed?

III. What was your role in that process?

IV. Did the plan achieve its aims in your view? OR Please advise whether or not it is your view that the plan achieved its aims? If so, please expand stating in what way you consider these aims were achieved.

13.1 I do not have any knowledge or involvement in the “ *Regional Review of Urology Services, Team South implementation plan*” as I was not in post.

Q14 Were the issues raised by the *Implementation Plan* reflected in any Trust governance documents or minutes of meetings, and/or the Risk Register? Whose role was to ensure this happened? If the issues were not so reflected, can you explain why? Please provide any documents referred to in your answer.

14.1 I do not have any knowledge of the issues raised in the “ *Regional Review of Urology Services, Team South implementation plan*” as I was not in post.

Q15 To your knowledge, were the issues noted in the *Regional Review of Urology Services, Team South Implementation Plan* resolved satisfactorily or did problems persist following the setting up of the urology unit?

15.1 I am unable to comment on this question as I was not in post.

Q16 Do you think the unit was adequately staffed and properly resourced from its inception? If that is not your view, can you please expand noting the deficiencies as you saw then?

16.1 The Urology unit began as a small two Consultant unit and steadily grew over the past 20+ years. Mr O'Brien and Mr Young worked very hard to provide a service in those early years. I am unable to comment on the adequacy, staffing requirements or resource requirements of the unit to meet the demand at it's inception as I was not in any clinical managerial post at that time.

Q17 Were you aware of any staffing problems within the unit since its inception? If so, please set out the times when you were made aware of such problems, how and by whom.

17.1 I am unable to comment on the adequacy, staffing requirements or resource requirements of the unit to meet the demand at it's inception as I was not in any clinical managerial post at that time.

17.2 During my tenure as Clinical Director the Urology unit had vacancies as the unit was funded for six Consultants. A business case was agreed for a seventh Consultant in June 2020, the department has maintained the seventh post as an on call locum post pending appointment. Mr Tyson was appointed from February 2019 but was released to take up a fellowship in New Zealand. Mr Tyson was on fellowship August 2019 and returned to the Southern Trust in October 2021. There



Urology Services Inquiry

were short-term locums throughout that that period. Mr O'Brien retired in June 2020. Mr Shawg replaced Mr O'Brien as a locum in September 2020.

17.3 The Head of service would be in a better position than I would be to advise on the historical staffing deficiencies in the Urology department.

Q18 Were there periods of time when any posts within the unit remained vacant for a period of time? If yes, please identify the post(s) and provide your opinion of how this impacted on the unit. How were staffing challenges and vacancies within the unit managed and remedied?

18.1 Yes see Q17. A filled post was made vacant due to appointed Consultant being on Fellowship in New Zealand. Short term Locums were in post throughout this time.

18.2 There was difficulty finding a suitable locum to fill the post despite a number of advertisements. Unfilled posts placed extra strain on the unit. The burden of that extra strain was shared among the other Consultants

Q19. In your view, what was the impact of any staffing problems on, for example, the provision, management and governance of urology services?

19.1 In my opinion, lack of staff will have had a negative impact on the ability of the department to deliver its commissioned service. The commissioned numbers for Urology, outpatients and procedures, will have reflected what could be realistically delivered by the department based on its staffing at a time, for example if staffing decreased mid year then extra pressure was placed on the remainder of the team to help deliver the commissioned numbers.

19.2 I can relate staffing shortages in Urology to similar experiences in other specialties. Governance structures were negatively impacted by these staffing shortages. An example would be the ability to run completely valid MDT's. It is extremely difficult to have a Radiologist, a Pathologist and an Oncologist at all cancer MDT's. The unavailability at times of staff from other specialties is outside the control of the Urology service.

19.3 Operational and managerial issues were the responsibility of the Heads of Service/Assistant Director/Director of acute services who work closely with the clinicians to help deliver a safe service. I am unaware if there were any staffing issues in the non-clinical managerial structure to cause any problems with the service. Information on this can be obtained from the Head of Service.

19.4 The Trust governance structures evolved over the years.

Q20. Did staffing posts, roles, duties and responsibilities change in the unit during your tenure? If so, how and why?

20.1 In October 2021 the Head of Service changed from Martina Corrigan to Wendy Clayton. Mrs Corrigan became Assistant Director for the Urology public



Urology Services Inquiry

inquiry. In December 2021 Mr Mark Haynes took up a temporary two-year post as Divisional Medical Director for Urology improvement. At that time I became Interim Divisional Medical Director for Surgery and Elective Care to fill the post Mr Haynes vacated. The Clinical Director post for Urology/ENT remains unfilled.

20.2 In September 2021 a Physician's Assistant (PA) was appointed to work between ENT and Urology this had a positive impact on the department. The Physician's assistant supports the inpatients by attending the daily ward rounds and making sure that actions decided at ward level happen. Urology does not have FY1 doctors therefore the PA's role greatly assists with the ongoing care of urology inpatients. I am unaware of any other staffing role change during my tenure.

Q21. Has your role changed in terms of governance during your tenure? If so, explain how it has changed with particular reference to urology services, as relevant?

21.1 During my tenure, governance structures across the trust have continued to develop. Over the past number of years, everyone has become much more governance aware. Any new Complaints or datix submissions within the surgical and elective care directorate are circulated to the screening team for their information and discussion at the weekly screening meeting. There are monthly acute governance meetings chaired by the Director of Acute Services Mrs Melanie McClements, where submissions, SAI draft reports, finalised SAI recommendations from completed investigations and learning points are discussed and approved for dissemination. Any specific urology issues are included in these discussions and meetings.

21.2 Personally I do not sit on all of these groups however within all the directorates, there is a strong commitment to robust governance structures.

Q22. Explain your understanding as to how the urology unit and urology services were supported by non-medical staff. In particular the Inquiry is concerned to understand the degree of administrative support and staff allocation provided to the medical and nursing staff. If you not have sufficient understanding to address this question, please identify those individuals you say would know.

22.1 The day to day operational support of Urology services is carried out by the Head of service (HOS). All aspects of the service are managed by the HOS. The HOS supports the Medical and Nursing staff.

22.2 Individual Consultants have individual secretarial support to help deal with clinical enquiries, outpatient clinics, results, scheduling of patients, waiting lists and general queries. The Secretaries are supported by audio typists and the scheduling department.

22.3 Details around the specifics of each role and how they may have changed or evolved over the years would be best answered by the Head of Service



Urology Services Inquiry

Q23. Do you know if there was an expectation that administration staff would work collectively within the unit or were particular administration staff allocated to particular consultants? How was the administrative workload monitored?

23.1 Consultants have their own individual secretaries. Some secretaries work with one Consultant, others may have had responsibility for more than one Consultant. Some Secretaries work part time and therefore cross cover is common practice within the secretarial pool. Cross cover occurs within the specialty pool.

23.2 Audio typists support all of the secretaries with clinic typing. They are not allocated to individuals as far as I am aware. A more detailed breakdown of workload sharing and monitoring of this would be available from the Head of Service. The Secretaries line manager is Ms Katherine Robinson Administration Manager who reports to Mrs Anita Carroll, the Assistant Director for Functional Services.

Q24. Were the concerns of administrative support staff, if any, ever raised with you? If so, set out when those concerns were raised, what those concerns were, who raised them with you and what, if anything, you did in response.

24.1 No concerns were ever raised with me.

Q25. Who was in overall charge of the day to day running of the urology unit? To whom did that person answer, if not you? Give the names and job titles for each of the persons in charge of the overall day to day running of the unit and to whom that person answered throughout your tenure. Identify the person/role to whom you were answerable.

25.1 The day to day running of the service was the responsibility of the Head of Service. During my tenure Mrs Martina Corrigan was Head of Service for Urology services. She was replaced by Ms Wendy Clayton in October 2020. The Head of Service answered to the Assistant Director of Acute Services, Mr Ronan Carroll.

25.2 Clinical day to day running was the remit of the Lead Clinician, Mr Michael Young. He was answerable to me as Clinical Director. I answered to the Associate Medical Director, Mr Mark Haynes. As Mr Haynes was also a Consultant Urologist, He was often better placed than I was, as a non Urologist to assist with any day to day clinical issues.

Q26. What, if any role did you have in staff performance reviews?

26.1 In my role as a clinical appraiser I carried out some Consultant Urologists appraisals. Consultants in previous years could choose their own appraiser from the pool. In the past two years appraisers have been allocated to individual Doctors.

Q27. Was your role subject to a performance review or appraisal? If so, please explain how and by whom and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.



Urology Services Inquiry

27.1 My managerial role was included as part of my annual appraisal. I had some concerns around how this role fitted in with my full time clinical commitment. My appraisals are behind due to Personal information redacted by the USI. As part of my personal development plan I had undertaken a management course. The excess workload placed on the Clinical Directors and the Divisional Medical Directors continues to be a concern I will be raising this again with my appraiser. My Appraiser for 2019, 2020 was Mr EK Reddy. My 2021 appraisal is outstanding

Engagement with unit staff

Q28. Describe how you engaged with all staff within the unit. It would be helpful if you could indicate the level of your involvement, as well as the kinds of issues which you were involved with or responsible for within urology services, on a day to day, week to week and month to month basis. You might explain the level of your involvement in percentage terms, over periods of time, if that assists.

28.1 The role of Clinical Director was additional to my role as a full time Consultant ENT Surgeon. My time allocation to this role was one 1 PA which equates to one half day / week.

28.2 To carry out this role it was important to have a close working relationship with the Head of service for Urology services. The role also benefitted from the Associate Medical Director, Mr Haynes, being a Consultant Urologist.

23.1 During my tenure, I worked with the Head of Service on getting the job plans of individual members of the Urology team up to date. I gave approval for any locum work carried out and I also approved any waiting list work being carried out.

Q29. Please set out the details of any weekly, monthly or daily scheduled meetings with any urology unit/services staff and how long those meetings typically lasted. Please provide any minutes of such meetings.

29.1 I met with the Head of Service, usually once per week. The meeting would last for approximately one hour. We would discuss any issues that needed my attention which were related to Urology or ENT.

29.2 These were informal meetings. Prior to the COVID epidemic these meetings would take place in the Head of service's office or my office. During COVID and during COVID recovery the meetings took place via Zoom. At other times, if there were any issues that needed discussion I made myself available to be contacted by telephone or email. The monthly Urology departmental meeting was attended by the Head of Service and the Associate Medical Director. I did not attend this meeting.

Q30. During your tenure did medical and professional managers in urology work well together? Whether your answer is yes or no, please explain by way of examples regarding urology.

30.1 Medical and professional managers did work well together. There was excellent communication between everyone. The two Heads of service in post during



Urology Services Inquiry

my tenure had a wealth of experience dealing with urology issues as both had been involved with the urology department for many years. They, along with the Assistant Director, were very committed to their work. This commitment far exceeded their contracted 9am-5pm workday. If a pressing issue required attention out of hours or at weekends, they had no issue addressing it.

30.2 Examples of out of hours issues would be making sure the unit was safely covered if there was an unexpected sick leave, sorting out outpatient and theatre cover if extra theatre capacity became available and helping the clinicians to recruit suitable locums if gaps in service occurred.

Governance – General

Q31. What was your role regarding the consultants and other clinicians in the unit, including in matters of clinical governance?

. 31.1 During my tenure as Clinical Director I worked with the Head of Service and Associate Medical Director to help update the Urology Consultants job plans. We met weekly over 2019 and early 2020 to work through the job plans and any other departmental issues that required the input of the clinical and non-clinical managers. Our aim was to insure that the job plans reflected the work done and as far as possible kept up to date. We aimed to make sure that there were no conflicts of interest and to make sure that appropriate time was allocated for supporting professional activity and administration. When job plans were agreed with the Consultant, myself and the Head of Service the job plan was signed off. I would refer you to my response to Q32.

Q32. Who oversaw the clinical governance arrangements of the unit and how was this done? As relevant to your role, how did you assure yourself that this was being done appropriately?

32.1 During my tenure as Clinical Director and on into my role as interim Divisional Medical Director the oversight of governance became a shared role. A collective leadership model was adopted.

32.2 Different elements of the governance arrangements were overseen by the Head of Service, myself and the Associate medical Director. The Medical Director ultimately had responsibility for all elements of clinical governance.

32.3 I assured myself that structures were in place to address all elements of clinical governance. Monthly patient safety meetings were in place. Complaints were dealt with in a professional way and responded to by the Director of Acute services following investigation. Screening of adverse incidents took place on a weekly basis to determine if the threshold for a formal SAI investigation was required. Monthly Audit meetings took place and service issues were discussed at the monthly urology departmental meeting. Multi disciplinary meetings were in place where case based discussions took place overseen by the MDT chairperson.



Urology Services Inquiry

Q33. How did you oversee the quality of services in urology? If not you, who was responsible for this and how did they provide you with assurances regarding the quality of services?

33.1 During my tenure as CD and interim Div.MD I was not directly responsible for quality assurance. The oversight of this fell mainly to the Head of Service. Any concerns are brought to the attention of the Clinical team. Performance figures for the department were discussed at the monthly departmental meetings. Monthly reports on dictation/typing back logs are made available to inform all where the pressures lay. Triage of letters has moved to electronic triage and any delays in triage are highlighted. The Discharge Awaiting results (DARO) system has been adopted by the department to insure results are acted upon. Red flag letters that are not triaged within an acceptable time frame are highlighted to the team and dealt with as a priority. Enhanced triage has been adopted to allow patients to go "straight to test". This means patients investigations get under way in a timely manner. Routine new and review outpatient face to face consultations continue to suffer from significant delays due to lack of capacity versus the demand. There is constant monitoring of the waiting times for assessment and procedures and attempts to improve this are both local and regional. During my tenure the quality of the service was being constantly monitored and all efforts were being made to deliver a good a service as possible within the constraints placed upon it. With all of the above systems in place and the information being fed back regularly to the Urology team I felt that as far as possible quality assurance within the Urology team was being delivered.

Q34. How, if at all, did you oversee the performance metrics in urology? If not you, who was responsible for this overseeing performance metrics?

34.1 This was the responsibility of the Head of Service. The performance figures were shared with the Urology clinical team on a regular basis.

Q35. How did you assure yourself regarding patient risk and safety in urology services in general? What systems were in place to assure you that appropriate standards were being met and maintained?

35.1 During my tenure I was assured about patient safety issues by the processes that the trust had in place to monitor risk. Specialty patient safety meetings (PSM) occur monthly. Cases are presented discussed and learning agreed.

35.2 Surgery and elective care combine with ATICS every 3 months for a combined PSM. Cases with common learning for both directorates are presented and discussed openly. A typical combined PSM meeting covers the following topics.

- (i). Verification of M&M meeting report
- (ii) Outstanding actions from last M&M meeting
- (iii) Mortality & Morbidity (M&M) review of deceased patients
- (iv) Review of Safety Graphs
- (v) Crash Call Review
- (vi) Safety graphs
- (vii) Shared learning from Complaints / Serious Adverse Incidents / other



Urology Services Inquiry

M&M meeting / any other source.

(viii) Shared learning from Litigation / Coroner Cases

(ix) Safety Alerts – DoH, HSCB, PHA, Trust

(x) Medication issues

(xi) NCEPOD / National / Speciality

(xii) Consultant Outcome data.

Significant events related to urology cases will be discussed at this forum.

35.3 The Trust has systems in place to manage risk and safety in all services. These systems would appear to work well for all services. During my tenure I have been part of the Datix screening team. We meet weekly to review any Datix's submitted from Surgery and elective care. We screen the submissions to see if they meet the criteria for a serious adverse incident (SAI) investigation. Datix submissions related to Urology will be screened and discussed at these meetings. There are monthly Governance oversight meeting. Completed SAI reports are presented. The learning points from the SAIs are discussed and when agreed the reports are issued. Any learning gained is disseminated to be actioned at a service level.

35.4 At a managerial level the complaints position was reported on a monthly basis. Complaints trends are analysed. Quality assurance and performance figures were presented. Datix's submitted were reviewed. More detail on the structure and content of the Head of service meetings can be obtained from the HOS. I did not attend Senior Management (SMT) meetings therefore I am not familiar with the exact content of these meetings.

35.5 In addition to the acute clinical governance reports, regular PSM meetings, HOS governance meetings clinical governance is also measured by the performance of the service.

Q36 How could issues of concern relating to urology services be brought to your attention? The Inquiry is interested in both internal concerns, as well as concerns emanating from outside the unit, such as from patients. What systems or processes were in place for dealing with concerns raised? What is your view of the efficacy of those systems?

36.1 Any internal issues of concern relating to urology would come through the Head of service. If the issue raised was purely an operational issue the Head of service would normally deal with that directly. If the HOS felt an operational issue needed to be escalated then they would escalate it to the Assistant Director of acute services.

36.2 Clinical process issues were brought to the attention of the Urology Consultants and discussed at their monthly meeting. As the Associate Medical Director was also a Consultant Urologist, most issues raised could be sorted out directly by the urology team without need for my attention.

36.3 Complaints, both verbal and written, were dealt with by the Trust's complaints procedure. Written complaints were fully investigated. The patient's Consultant



Urology Services Inquiry

would review the clinical aspects of the case and provide a written response. This response plus a response from the HOS around any systems and process issues formed the basis for the Trust's response to the complaint. The Trusts' response would then be finalised and signed off by the Director of Acute Services Mrs Melanie McClements.

Q37 Did those systems or processes change over time? If so, how, by whom and why?

37.1 During my short tenure the system and process of triage has changed. There has been a move away from paper triage to electronic triage, which I believe to be a safer and more efficient system. This change came about as Northern Ireland adapted the Electronic care record and the process of electronic triage could be supported by this new system.

37.2 This system has in-built checks to ensure that triage has been completed in a timely way and patients that are on a red flag pathway continue on a monitored timeline from referral to treatment. This system has been rolled out across all specialties in the Trust.

Q38. How did you ensure that you were appraised of any concerns generally within the unit?

38.1 This was achieved through good communication with the Head of Service and the Associate Medical Director. The Head of service and I generally met on a Thursday morning to discuss any issues that had arisen that week. She highlighted anything that needed my opinion or approval. This was generally around staffing issues or service delivery. Informal ad hoc meetings took place with the Associate Medical Director. The AMD being a Consultant Urologist frequently addressed queries issues arising in the Urology department as he was often best placed to take these decisions.

Q39. How did you ensure that governance systems, including clinical governance, within the unit were adequate? Did you have any concerns that governance issues were not being identified, addressed and escalated as necessary?

39.1 During my tenure I believed that the governance structure within urology met the requirements as laid out by the trust across all departments. The governance systems and processes in urology were no different than any other department. The process included monthly patient safety meetings. A monthly performance position for the department was drawn up by the head of service, Outpatient waiting times, urgent /red flag review positions where documented and presented. The actual position on the delivery of service against the commissioned service was presented. Relevant learning events from the PSM and SAI reviews were discussed. More detail on these metrics can be obtained from the Head of Service.



Urology Services Inquiry

This content of these meetings was put together by the Head of Service and presented to the teams on a monthly basis.

39.2 I did not have any concerns that governance issues were not being identified.

Q40. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register? Please provide any documents referred to.

40.1 I never raised or identified any concerns during my tenure.

Q41. What systems were in place for collecting patient data in the unit? How did those systems help identify concerns, if at all?

41.1 Patient's data is collected by a number of systems. The urology department's first contact with a patient is now via e-triage. Prior to March 2017 triage was by a paper referral. Missing or delayed triage is picked up by this system and alerts sent to the clinical teams and Heads of service for investigation. Patient consultations and investigations are recorded in the hospital notes and electronically on NIECR. Patients on red flag pathways are recorded and tracked by the CaPPs system which alerts the clinical team when defined time lines are breached.

41.2 Concerns about potential adverse incidents are recorded by the DATIX system which informs the governance office about which incidents need screening for potential SAI's.

41.3 Data used to assist with analysis of hospital processes and systems is collected by the Business services organisation and is accessed via the PAS and BOXI portals.

Q42. What is your view of the efficacy of those systems? Did those systems change over time and, if so, what were the changes?

42.1 The systems as they stand at present are designed to monitor a patient's journey from referral to assessment/ treatment on to discharge/follow up. The present systems have evolved as the health service moves away from a paper based system to an IT based system.

42.2 During my tenure, I feel the systems in place have worked efficiently. Operational teams know where the bottle necks and priorities are. This information aids the decision making on where the clinical focus needs to be to help keep the system moving for patients. The shortage of capacity and staff has made this very challenging for all.

Q43. During your tenure, how well do you think performance objectives were set for consultant medical staff and for specialty teams? Please explain your



Urology Services Inquiry

answer by reference to any performance objectives relevant to urology during your time, providing documentation or sign-posting the Inquiry to any relevant documentation.

43.1 During my tenure, I did not deal directly with the performance objectives of the urology Department. At the monthly urology team meeting, the Head of Service presented the performance position. In attendance was the Associate Medical Director, Mr Haynes, in his capacity as a Consultant urologist therefore it was unnecessary for me to attend.

43.2 Capacity dictated what the team could realistically deliver. The focus was on trying to get new red flag referrals triaged, investigated and seen within a reasonable timeframe. Biopsies for suspected cancers and lithotripsy for kidney and ureteric stones are time sensitive and these presented major challenges as capacity did not meet the demand on the service. The COVID pandemic added an additional layer of complexity as capacity further decreased.

43.3 During my tenure, focus also turned to regionalisation of investigations and treatments in an attempt to deal with the backlogs. The Regional Prioritisation Oversight group (RPOG) was set up to see how capacity could be best utilised across Northern Ireland for all surgical specialties. This group was set up due to the immense additional pressure on the system caused by the COVID pandemic. For the first time the Health and social care board (HSCB) were able to get a weekly view of the pressures on the acute surgical service across Northern Ireland. The aim was to ensure parity of access to time sensitive surgery across the province. FSAA guidelines were used to grade each operation. This process did shine a light on the needs of the acute surgical service however the limiting factor in the whole process was the lack of capacity, to deal with the numbers of cases. This was particularly evident for urology cases across all of Northern Ireland and especially within the Southern Trust. Any suitable additional capacity we could get was utilized. Southern Trust Urology cases were carried out in Lagan Valley Hospital the private hospitals, the South eastern Trust and in The Belfast Trust.

Q44. How well did you think the cycle of job planning and appraisal worked and explain why you hold that view?

44.1 Keeping job plans updated and adjusting them as individuals work patterns change was a significant part of my job as clinical director. It is a much easier process within one's own specialty. It requires significant support from others when dealing with other specialties.

44.2 The time allocated to the post of Clinical Director is one half day per week. There were over 20 doctors to be job planned and reviewed therefore this took up quite a proportion of my time. The software system used to do this, Zircadian, took me some time to get used to. Getting an agreed job plan with an individual doctor requires the drafts to go back and forth a number of times so the process is slow and time consuming as it needs to be carried out alongside your other clinical and managerial commitments.



Urology Services Inquiry

44.3 My personal view is that if the process works but to make it work requires a lot of time and effort that is not always possible due to so many other demands on a CD's time. It is not a full time job. Done well it allows for the person being job planned to have a frank discussion about their working week and it assists with transparency as it allows a doctors whole practice to be documented.

44.3 The appraisal system has evolved over the years from a paper based system which was not user friendly to its present digital version. This has made it a little easier to manage documents and, in theory the process should work better. Like job planning however it is time consuming and doctors can get behind in the process. It gives a whole practice view and does allow for any issues that are concerning the doctor to be reflected on and discussed with their appraiser.

44.4 My personal view is that elements of the appraisal system could be managed at a team level e.g. mandatory training. This could be done collectively rather than leaving it up to individuals. This would allow the system to be more efficient for all and allow the process to work better for everyone. Personal development plans (PDPs) would then be more meaningful as they would be more likely to be completed prospectively.

Q45. The Inquiry is keen to learn the process, procedures and personnel who were involved when governance concerns having the potential to impact on patient care and safety arose. Please provide an explanation of that process during your tenure, including the name(s) and role of those involved, how things were escalated and how concerns were recorded, dealt with and monitored. Please identify the documentation the Inquiry might refer to in order to see examples of concerns being dealt with in this way during your tenure.

45.1 The DATIX system is a proforma based system that can be filled out by any member of staff where there is concern about an incident. This system alerts any issues of clinical concern to the SAI screening team who will then look at the information provided by the DATIX and make a decision on the need for further investigation. I became a member of the Screening team in February 2022. The team included the Assistant Director of acute services, Mr Ronan Carroll, The Divisional Medical Director for ATICS. This post was held by Dr.Damien Scullion up until February 2022. He has now been replaced by Dr.Raymond McKee who is the current Div. MD for ATICS. Mr Adrian Neil, the Clinical Director for General Surgery appointed in April 2022. The review team is supported by Ms Carly Connolly Acute Clinical Governance manager.

Q46. Did you feel supported in your role by the medical line management hierarchy? Whether your answer is yes or no, please explain by way of examples, in particular regarding urology.

46.1 During my tenure as Clinical Director and recently as Interim Divisional Medical Director I felt very well supported by the medical line management hierarchy. When I was Clinical Director my Associate Medical Director, Mr Mark Haynes was very helpful. As he was also a Consultant Urologist most issues directly



Urology Services Inquiry

relating to the urology service would go directly from his colleagues to him or via the head of service. During 2019, he and the head of service. Mrs Martina Corrigan were very helpful and assisted me with updating the job plans for the Urology team. More recently, the finalising of the job plans in 2021 was undertaken by Mr Haynes.

46.2 [REDACTED] Personal Information redacted by the USI [REDACTED]

[REDACTED] The Head of Service and Mr Haynes as AMD and a Urologist dealt with any urology issues directly until my return in November 2020.

46.3 During my tenure as Clinical Director and more recently as interim Divisional Medical Director I found the Medical Director Dr Maria O’Kane to be an excellent communicator with her managerial team she was very accessible via email, telephone, zoom and in person if needed. She always answered promptly any queries I had no matter how small. Any issues needing discussed were always addressed.

Concerns regarding the urology unit

Q47. The Inquiry is keen to understand how, if at all, you, as Clinical Director, liaised with, involved and had meetings with the following staff (please name the individual/s who held each role during your tenure):

- (i) The Chief Executive(s);**
- (ii) the Medical Director(s);**
- (iii) the Director(s) of Acute Services;**
- (iv) the Assistant Director(s);**
- (v) the Associate Medical Director;**
- (vi) the Clinical Lead;**
- (vii) the Head of Service;**
- (viii) the consultant urologists.**

When answering this question, the Inquiry is interested to understand how you liaised with these individuals in matters of concern regarding urology governance generally, and in particular those governance concerns with the potential to impact on patient care and safety. In providing your answer, please set out in detail the precise nature of how your roles interacted on matters (i) of governance generally, and (ii) specifically with reference to the concerns raised regarding urology services. Where not previously provided, you should include all relevant documentation, dates of meetings, actions taken, etc.

47.1 During my tenure the following people were in post:

- (i) The Chief Executive Mr Shane Devlin



Urology Services Inquiry

(ii)	The Medical Director	Dr Maria O'Kane
(iii)	The Director of Acute services	Mrs Esther Gishkhori, Mrs Melanie McClements
(iv)	The Assistant Director	Mr Ronan Carroll
(v)	The Associate Medical Director	Mr Mark Haynes
(vi)	The Clinical Lead	Mr Michael Young
(vii)	The Head of Service	Mrs Martina Corrigan Ms Wendy Clayton
(viii)	The Consultant Urologists	Mr Mark Haynes Mr Aidan O'Brien Mr Michael Young Mr Anthony Glackin Mr John O'Donoghue Mr Matthew Tyson

47.2 During my tenure as Clinical Director. I would have interacted mainly with the Head of Service and The Associate Medical Director. Meetings were on a weekly basis with the HOS and I was available for consultation by telephone or email. When needed I had ad hoc meetings with the AMD Mr Haynes. As CD, I did not have regular meetings with the Medical Director but I did find Dr O'Kane to be very approachable and if I had any concerns that I felt needed her attention or advice I could call her or email her. She always responded promptly. I did not have any meetings or interaction with the Chief executive. My meetings with the acute services Director Mrs Melanie McClements and the Assistant Director for acute services Mr Ronan Carroll were arranged as required. These were not regular meetings however I found everyone very approachable and I felt all had an open door approach.

47.3 At the commencement of my tenure as Clinical Director, Mr Haynes and Mrs Corrigan made me aware that there were governance issues relating to urology, specifically around triage and patient follow up. Trust investigation into these issues had been on-going for some time. My understanding was that steps had been taken to address these issues and monitoring of compliance was in place. The operational issues around the systems and processes in place to deal with patient pathways were also being investigated. I was not directly involved in any of the decisions around these issues as they were at an advanced stage before my tenure commenced.

47.3 I was tasked with reviewing the job plans of all the Consultants and Specialty doctors in my Directorate. This included Urology and ENT doctors and totalled 20 doctors across the directorate. I did this over the course of 2019 with the assistance of Mrs Corrigan and Mr Haynes for the Urology doctors. I did not do the job plans for all the Urology doctors as Mr Haynes had already completed some of them.

47.4 During my tenure electronic triage was becoming well established. The process was also being monitored. If there were any concerns that triage was falling behind, the Head of Service informed me and I did remind Consultants to try to get up to date. This was always done informally.



Urology Services Inquiry

47.5 The job planning process allowed consultants to raise any issues around governance. There was a general feeling amongst Consultants in all departments in my directorate that the paperwork, manual and electronic was increasing and there were concerns that time taken to complete this work was eating into clinical time. It frequently needed to be completed outside working hours. This issue varied between consultants with some finding it more of a problem than others. We tried to address it in job planning however it was important that the time allocated to the task was balanced and equal for all.

Q48 Following the inception of the urology unit, please describe the main problems you encountered or were brought to your attention in respect of urology services? Without prejudice to the generality of this request, please address the following specific matters:

(a) What were the concerns raised with you, who raised them and what, if any, actions did you or others (please name) take or direct to be taken as a result of those concerns? Please provide details of all meetings, including dates, notes, records etc., and attendees, and detail what was discussed and what was planned as a result of these concerns.

48(a)(i) The Urology unit was established over 20 years before my tenure as Clinical Director. Specific concerns about the urology unit after its inception were therefore not brought to my attention.

48(a)(ii) From late 2018 I became aware that the capacity of the urology unit to deal with the volume of referrals was a significant problem. This was not a problem unique to urology. The concerns were on-going and not a new issue. The urology team was updated by the Head of service at the monthly meetings. Performance figures were presented each month by the head of service. Any potential excess capacity to see patients, expedite investigations, utilise waiting list initiatives or capacity in the private sector was explored.

48(a)(iii) See Q47.2. I was informed of these concerns on commencement of my tenure as CD but as in 47.2 processes were well established in investigating these concerns therefore I did not feel that I needed to do anything additional to that was already in place.

48(a)(iii) Enhanced triage was becoming established. This allowed patients to be sent directly to tests at the triage stage. This helped to speed up the assessment process and allowed for a more efficient filtering of which patients needed physically seen first. Capacity never reached a level to meet demand.

48(a)(iv) During my tenure and a direct result of the COVID epidemic, The Regional Prioritisation oversight group (RPOG) was set up. This group was set up by the Department of Health and coordinated by the Health and social care board (HSCB). I represented the Southern Trust on this group. Mr Haynes was also a member. RPOG was updated weekly on the FSAA Priority 2 patient waiting list.



Urology Services Inquiry

48(a)(v) This priority list contained the numbers for each trust in each speciality of patients awaiting surgery for confirmed cancers, patients with a suspicion of cancer that needed biopsies or urgent benign cases from all the surgical subspecialties, including urology. This data informed the group and assisted with the allocation of additional surgical time in the private sector and in the day elective unit at Lagan Valley Hospital. Southern trust Urology continues to benefit from this receiving regular additional sessions in the private sector and in the regional elective day unit in Lagan Valley Hospital.

(b) What steps were taken (if any) to risk assess the potential impact of the concerns once known?

48(b)(i) I am not aware of the details on any specific risk assessments carried out over the years. I am not best placed to answer this question and would refer you to the Head of Service and Assistant Director for more specific information on this point.

(c) Did you consider that any concerns which were raised may have impacted on patient care and safety? If so, what steps, if any, did you take to mitigate against this? If not, why not.

48(c)(i) I would refer you to my comments in section (a) of this question.

48(c)(ii) The concerns raised around patient delay due to the demand versus capacity mismatch were and continue to be concerning for all. Focus centred on the most at risk patients.

48(c)(iii) Patients with less urgent problems needed to wait for longer periods for their procedures. In some cases this resulted in this group of patient's problems becoming more acute or they developed a complication, needing acute intervention rather than the original planned elective treatment. The pressure in the system will have impacted on patient care and safety however all avenues that were available at the time to try and mitigate this risk were taken up.

(d) If applicable, explain any systems and agreements put in place to address these concerns. Who was involved in monitoring and implementing these systems and agreements?

48(d)(i) I would refer you to my answer in section (a) of this question

(e) How did you assure yourself that any systems and agreements that may have been put in place to address concerns were working as anticipated?

48(e)(i) The systems and processes described in section (a) of this question helped but in no way fully addressed the problem. Extra resources that became available within the trust and in the region needed to be spread amongst all the specialties as similar demands were present within all the other specialties.



Urology Services Inquiry

48(e)(ii) During my tenure, my involvement focused on helping to deliver the extra resource that became available regionally. Through RPOG we tried to deliver, in a fair and equitable way any additionality that the HSCB could secure. In my opinion Urology in the Southern trust received its fair share of this allocation with regular lists in the Ulster Clinic, Kingsbridge clinic and the regional elective care centre in Lagan Valley Hospital.

(f) If you were given assurances by others, how did you test those assurances?

48(f)(i) Assurances were never given to me by others. Everyone involved on the clinical and managerial side continued to be concerned about the demand far exceeding the capacity available.

(g) Were the systems and agreements put in place to rectify the problems within urology services successful?

48(g)(i) During my tenure the systems and agreement that I was involved in to help deal with the problems in urology services was confined to my work with the RPOG group. The work of this group was attempting to deal with waiting times for treatment in all surgical specialties across the region. It was dealing with historical excess waiting times further complicated by the emerging COVID epidemic. The numbers in urology did continue to rise but in my opinion, as a result of this group's work the rate of rise in urology cases in the Southern Trust was reduced.

(h) If yes, by what performance indicators/data/metrics did you measure that success? If not, please explain.

48(h)(i) See section (g) of this question.

Q49. Having regard to the issues of concern within urology services which were raised with you or which you were aware of, including deficiencies in practice, explain (giving reasons for your answer) whether you consider that these issues of concern were -

- (a) properly identified,**
- (b) their extent and impact assessed,**
- (c) and the potential risk to patients properly considered?**

49(a)(i) Issues concerning Urology services were never raised directly with me. The concerns within the urology department had been raised to others long at a before my tenure. Processes to investigate these concerns were well established and steps to address the issues raised were in place at the commencement of my tenure.

49(a)(ii) I am unable to comment on whether the issues were properly identified as I was not involved with the initial investigations into the concerns in the urology department.



Urology Services Inquiry

49(a)(iii) My knowledge of the issues around demand versus capacity came about after my tenure began as Clinical Director in December 2018. I became aware of the performance figures for the department as part of familiarising myself with my new responsibilities.

49(a)(iv) My knowledge of any Issues directly relating to Mr O'Brien were restricted to being made aware that investigations were on-going and being conducted by others.

49(b)(i) On commencement of my tenure as Clinical Director, my understanding was that the extent and impact of deficiencies in the urology department were being fully investigated.

49(c)(i) On commencement of my tenure as Clinical Director, my understanding was that the extent of any risks to patients posed by the deficiencies in the urology department were the principal focus of the on-going investigations.

Q50. What, if any, support was provided to urology staff (other than Mr O'Brien) by you and the Trust, given any of the concerns identified? Did you engage with other Trust staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not. (Q64 will ask about any support provided to Mr O'Brien).

50.1 During my tenure I was always available to address any concerns the urology team brought to my attention. Operational concerns were normally brought directly to the Head of Service. Clinical concerns tended to go directly to Mr Haynes as he was a urologist as well as the AMD.

50.2 I did not attend departmental meetings but I am aware that advisory support was given to the Urology Team from senior management at the following Departmental meetings.

- 21 October 2021 Dr Maria O'Kane (Medical Director)
- 16 December 2021 Dr Maria O'Kane (Medical Director)
- 24 March 2022 Jane Mc Kimm, (Director of the Public Inquiry)
- 24 March 2022 Melanie McClements, (Director for Acute Service)
- On the 7 April 2022 a General Medical Council representative and Nursing Medical Council representative attended the meeting. The Urology Consultant team also attended. I do not know the names of the GMC or NMC representatives.

50.3 Members of the Senior Managerial team and the Head of Service for Urology gave constant operational and managerial support to the urology team and continue to do so.

Q51. Was the urology department offered any support for quality improvement initiatives during your tenure?



51.1 I am unaware if any Quality improvement (QI) support was offered during my tenure as Clinical Director. The present clinical lead for quality improvement projects within the Urology team is Mr Matthew Tyson, Consultant Urologist.

51.2 In January 2022 QI team supported the development of the Urology pathway processing mapping and currently they are supporting the female lower urinary tract symptoms (LUTS) pathway between the Gynaecology and Urology departments

Mr O'Brien

Q52. Please set out your role and responsibilities in relation to Mr. O'Brien. How often would you have had contact with him on a daily, weekly, monthly basis over the years (your answer may be expressed in percentage terms over periods of time if that assists)?

52.1 During my tenure December 2018 –March 2020, I was Mr O'Brien's Clinical Director. I was relieved of my CD managerial duties in March 2020 due to Personal Information redacted. I did not return to the role of CD until November 2020. Mr O'Brien had retired Personal Information redacted by the USI

52.2 During my tenure I continued with the job planning process begun by my predecessor Mr Colin Weir, trying to get an agreed Job plan with Mr O'Brien. I did not have planned regular meetings with Mr O'Brien but I was always available if he needed to discuss anything in person or by email. An email log of our exchanges is available for review in the document cache. I recall meeting Mr O'Brien for a job plan meeting on 2 occasions in late 2019 and early 2020.

20200114-email response meeting request. *This document is located in Relevant to PIT, Evidence after 4 November 2021 PIT, Reference 77, Reference 77 – Ted McNaboe CD, 20200114-email response meeting request.*

Q53 What was your role and involvement, if any, in the formulation and agreement of Mr. O'Brien's job plan(s)? If you engaged with him and his job plan(s) please set out those details in full.

53.1 During my tenure I met with Mr O'Brien to review his job plan and to agree a new plan going forward. The process had been started by my predecessor Mr Colin Weir but never signed off. We have a number of email correspondences about his job plan and met informally on one or two occasions to go over the drafts. I set it out in a number of ways to try to accommodate his rota which was complex as it had many variations from week to week.

53.2 Mr O'Brien had clinical commitments in three of the Southern Trust Hospitals as well as clinical activity in the South West acute Hospital in the Western Trust. Mr O'Brien's clinical work generated a lot of administrative work which he needed time



Urology Services Inquiry

to complete therefore I tried to give him time in his job plan for patient administration after a busy clinical day. I learned from Mr O'Brien that he would frequently do a lot of his patient administration in the evenings and weekends. He seemed to be doing a lot of work outside of office hours in an attempt to keep up with his administration work.

Q54 When and in what context did you first become aware of issues of concern regarding Mr. O'Brien? What were those issues of concern and when and by whom were they first raised with you? Please provide any relevant documents. Do you now know how long these issues were in existence before coming to your or anyone else's attention? Please provide full details in your answer.

54.1 I was first made aware of concerns regarding Mr O'Brien shortly after I took up post as Clinical Director (December 2018). Mrs Martina Corrigan was Head of Service at that time. She informed me that there was an on-going investigation into how Mr O'Brien handled his patient administration. I was made aware that the issues involved the triage of urology referral letters, backlog in dictation of clinic letters and results and concerns around retention of patient's notes inside and outside of Trust property.

54.2 I was not directly involved in this investigation and I am unsure of the exact duration of these investigations prior to commencement of my tenure as Clinical Director. I am aware that Dr Ahmed Khan was the Interim Medical Director at the time and I understand that an agreed process was in place to monitor Mr O'Brien's administration. Mr Mark Haynes was my Associate Medical Director and, as he was also a Consultant Urologist, questions about any Urology issues tended to go directly to him for an opinion as he was best placed to make appropriate decisions that involved any Urology issues.

54.3 During my tenure my role was mainly centred on the Job planning process for ENT, Orthodontics and Urology. This was done using Zircadian, an on line job planning software. I was assisted in this process by Mrs Martina Corrigan.

Q55 Please detail all discussions (including meetings) in which you were involved which considered concerns about Mr. O'Brien, whether with Mr. O'Brien or with others (please name). You should set out in detail the content and nature of those discussions, when those discussions were held, and who else was involved in those discussions at any stage.

55.1 I would refer you to file on log of email exchanges:

20200114-email response meeting request. *This document is located in Relevant to PIT, Evidence after 4 November 2021 PIT, Reference 77, Reference 77 – Ted McNaboe CD, 20200114-email response meeting request.*



Urology Services Inquiry

55.2 During my tenure my only meeting with Mr O'Brien was in the course of the job planning process. We met in my office and went over an initial draft of his job plan. During these discussions Mr O'Brien made me aware that he was finding the administration work load difficult requiring him to work in the evenings and weekends to keep on top of it. We talked about ways we could keep time free within his job planned working week to address this issue.

55.3 As in Q54, during my tenure I was not directly involved in any formal meetings to discuss concerns around Mr O'Brien. I can recall an informal discussion with the Head of Service Mrs Martina Corrigan around delays in dictation. Each month a report is issued by the Medical Records department outlining the notes awaiting dictation by each individual Consultant.

55.4 Mr O'Brien's dictation had been well up to date over the preceding months but it had begun to drift again. I recall that this was in September/ October 2019. A meeting was planned to discuss this lapse however this meeting never took place (see email file). I was asked by Mrs Corrigan to have a word with him to encourage him to keep his dictation up to date. I did talk to Mr O'Brien about this, very informally in the hospital corridor and he assured me that he would catch very soon. I never had to speak to him again about this issue.

55.5 In early 2020 The Medical Director, Dr Maria O'Kane asked me to arrange a formal monthly meeting with Mr O'Brien to help encourage him to keep up to date with administration tasks and to feedback to him if there were any identified outstanding delays in triage or dictation. These meetings never happened as shortly after that **Personal Information redacted by the USI**.

Q56. What actions did you or others take or direct to be taken as a result of these concerns? If actions were taken, please provide the rationale for them. You should include details of any discussions with named others regarding concerns and proposed actions. Please provide dates and details of any discussions, including details of any action plans, meeting notes, records, minutes, emails, documents, etc., as appropriate

56.1 I would direct you to my answer in Question 55. During my tenure I had no further involvement other than that referred to in the question above.

Q57. Did you consider that any concerns raised regarding Mr O'Brien may have impacted on patient care and safety? If so:

- (i) what risk assessment did you undertake, and**
- (ii) what steps did you take to mitigate against this? If none, please explain. If you consider someone else was responsible for carrying out a risk assessment or taking further steps, please explain why and identify that person.**



Urology Services Inquiry

57.1 An Investigation into concerns raised regarding Mr O'Brien and the potential impact of those concerns on patient care and safety had already been established before I came into post. I did not feel that it was necessary or appropriate for me to undertake any individual independent risk assessment.

57.2 The Trust's Chief Executive Mr Shane Devlin and the Medical Director Dr Maria O'Kane had a team in place dealing with the issues, they were already well advanced with their investigation at the time of my appointment.

Q58. If applicable, please detail your knowledge of any agreed way forward which was reached between you and Mr. O'Brien, or between you and others in relation to Mr. O'Brien, or between Mr O'Brien and others, given the concerns identified.

58.1 I would refer you to my answer to Question 55.

Q59 What, if any, metrics were used in monitoring and assessing the effectiveness of the agreed way forward or any measures introduced to address the concerns? How did these measures differ from what existed before?

59.1 The Monthly report on clinics and charts awaiting dictation provided a measurable parameter of performance and acted as an early warning if paperwork was getting behind.

59.2 The DARO (discharge awaiting results) system is a system that helps prevent patients being lost to follow up. It ensures that patients awaiting results of investigation are documented in a file. Patients come off this list after their results are actioned by the ordering Clinician or their clinical team. The list is regularly checked by the secretaries

59.3 The e- triage system and red flag pathway provide a mechanism to monitor referrals. The system also provides the booking centre with alerts if red flags referrals have not had an appointment arranged within an agreed timeframe. This system has replaced the paper triage system and is a much safer system.

59.4 Cancer trackers have become an integral part of all MDTs. Their input allows patients cancer pathway to be closely monitored.

59.5 The CaPPs system for documentation of a patient's cancer journey has been invaluable and insures that decisions are documented and agreed plans are actioned.

59.6 In the past responsibility lay solely with the Consultant, his team and secretarial support.



Urology Services Inquiry

Q60 How did you assure yourself that any systems and agreements put in place to address concerns (if this was done) were sufficiently robust and comprehensive and were working as anticipated? What methods of review were used? Against what standards were methods assessed?

60.1 Over the past number of years the administrative systems described in Question 59 have been introduced across all specialties. If used properly they appear to be robust. From my own experience the numbers of lost triage forms, results missed, and follow up delays have reduced. The above systems can be easily audited.

60.2 With regard to Mr O'Brien I would refer you to my answer in 70.3. The monitoring of any agreements reached were carried out by Mrs Corrigan (HOS). If there was any non-compliance by Mr O'Brien this non-compliance was addressed by the Head of Service Mrs Corrigan

Q61 Did any such agreements and systems which were put in place operate to remedy the concerns? If yes, please explain. If not, why do you think that was the case? What in your view could have been done differently?

61.1 If adopted by the clinical teams the systems the systems described in my answer to Question 59 were very effective. The adoption of these systems by clinical teams happened over time. All departments and teams did not adopt these systems at the same time. With regards to specific issues around Mr O'Brien. The systems and agreements put in place to address these issues did remedy the concerns but did require monitoring of compliance.

61.2 The e -triage system further evolved over the past five years into a system of enhanced triage, where some patients are triaged straight to diagnostic tests before being seen. It improves the efficiency of the system when there is such a high demand on the system and present capacity is unable to meet that demand. Enhanced triage was particularly suitable for urology. It is however time consuming as tests need to be ordered for patients at point of triage.

61.3 The present job planning process attempts to address this in different ways in different specialties. An example of this would be the Surgeon or Urologist of the week (SOW or UOW) system where the SOW/UOW is responsible for emergencies and triaging all new referrals during that week. Their routine clinical work is suspended or reduced during that week.

61.4 There are adaptations of these systems in different specialties but overall they are designed to insure a patient's progress through the system is smoother, safer and more efficient.

Q62 Did Mr O'Brien raise any concerns regarding, for example, patient care and safety, risk, clinical governance or administrative issues or any matter which might impact on those issues? If yes, what concerns did he raise and with whom, and when and in what context did he raise them? How, if at all,



Urology Services Inquiry

were those concerns considered and what, if anything, was done about them and by whom? If nothing was done, who was the person responsible for doing something?

62.1 In the course of job planning Mr O'Brien did raise with me that the administrative work load was excessive and that he often found himself working in the evenings and at weekends.

62.2 I tried to make sure he had enough administrative time within his job plan to manage his workload. During my tenure and to my knowledge, Mr O'Brien did not raise any other concerns directly to me. I am assuming that any concerns Mr O'Brien had with patient care, safety and risk were raised directly within his urology team.

Q63 Did you raise any concerns about the conduct/performance of Mr O'Brien? If yes:

(a) outline the nature of concerns you raised, and why it was raised

(b) who did you raise it with and when?

(c) what action was taken by you and others, if any, after the issue was raised

(d) what was the outcome of raising the issue?

If you did not raise any concerns about the conduct/performance of Mr O'Brien, why did you not?

63.1 At no time did I raise any concerns about Mr O'Brien.

63.2 Any concerns about Mr O'Brien had already been raised in other forums before my tenure as Clinical Director. I had no direct knowledge of any new concerns, therefore I had no reason to raise any.

Q64 What support was provided by you and the Trust specifically to Mr. O'Brien given the concerns identified by him and others? Did you engage with other Trust staff to discuss support option, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not.

64.1 Through the job planning process, I tried to support Mr O'Brien having adequate time to manage his administrative workload. I did not finish this process as I went off Personal Information redacted by the U before the process was completed.

Q65 How, if at all, were the concerns raised by Mr. O'Brien and others reflected in Trust governance documents, such as the Risk Register? Please provide any documents referred to. If the concerns raise were not reflected in governance documents and raised in meetings relevant to governance, please explain why not.

65.1 Personally I am not aware of the extent of all the concerns raised by Mr O'Brien. These were not raised directly to me but may have been to others. During the course of my discussions with him whilst trying to agree a job plan for Mr O'Brien he did raise the issue of his administration workload. In my draft job plans I tried to



Urology Services Inquiry

address this issue. It was however necessary for me to allocate administrative time fairly, proportionately and equally to all the Consultants I was job planning. I did this with the assistance of the Head of Service Mrs Martina Corrigan and the Associate Medical Director Mr Mark Haynes.

Learning

Q66 Are you now aware of governance concerns arising out of the provision of urology services, which you were not aware of during your tenure? Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why.

66.1 I am now aware that there were governance concerns around the treatment and follow up of urological cancer patients. I was not aware of these concerns during my tenure.

66.2 The outcomes of patient's MDT discussions and the agreed plans for treatment and follow up were within the control of the members of the urological cancer MDT. I was never aware that there were any specific concerns. The concerns around urological cancer patients follow up and treatments have been highlighted by the look back exercise conducted by Professor Sethea.

66.3 My understanding is that the look back exercise highlighted Mr O'Brien's practice differed in some cases from what was considered to be best practice at that time. If these concerns had been highlighted and internal agreement had not been reached on the best way forward to manage these concerns, the Clinical Director for Cancer Services or myself as Clinical Director for Urology at that time would have needed to investigate them further.

Q67 Having had the opportunity to reflect, do you have an explanation as to what went wrong within urology services and why?

67.1 The demand placed on the service out stripped the department's ability to deliver a timely service. As the demand grew the urology department wasn't able to expand rapidly enough to cope with this demand. Access to theatre time was inadequate to meet this increased demand. The Trust was unable to provide the theatre capacity required to address the expanding waiting list. This is a trust wide and province wide issue affecting everyone.

67.2 The system of enhanced triage needed better job planning to take account of the time needed to complete the task properly. Different members of the Urology Consultant team had differing abilities to handle the enhanced triage system. Over all it should be acknowledged that the enhanced triage system was a time consuming process and time in the Urologist of the week (UOW) schedule should have been protected to allow the UOW to carry out the task as comprehensively as possible. Enhanced triage is an efficient way to help process the high numbers of referrals.



Urology Services Inquiry

67.3 The governance processes in place to ensure that a patient's progression through the system was safe and timely did not cope well with the excessive surgical waiting lists and outpatient backlogs.

67.4 The system for ensuring that actions agreed at MDT meetings or protocols for follow up of cancer patients was not robust enough.

Q68 What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and the unit, and regarding the concerns involving Mr. O'Brien in particular?

68.1 The learning around the governance issues in Urology is equally applicable to all departments within the trust. Processes are required to track a patient's journey through the system with alerts being raised when problems or delays occur. The alerts need to be to the appropriate persons both clinical and managerial so that action can be taken swiftly to make sure that no harm results or compromise occurs to a patient's outcome. This is particularly important when there are long waiting lists.

68.2 I believe that these systems are largely in place now. The work of the booking centre, e-triage, red flag pathways deals effectively with a patient's entry into the system. The 31 and 62 day treatment targets, the work of the cancer trackers have gone a long way to improving the system. The reform of the MDT system which is in progress at present will be effective in ensuring actions agreed are completed and follow up plans for patients are robust. The Cancer Patient Pathway system (CaPPS) system ensures good communication and clarity between members of the patient's team as all patient encounters are captured in this format.

68.3 Mr O'Brien had been a Consultant in the Southern Trust for close to 30 years. He was in post at a time when all the above structures were evolving. The evolution of governance structures to help improve patient safety was not unique to the southern trust as all trusts were evolving better structures. It can be difficult to change your way of working and adapt to change. If however the systems and processes lead to better patient safety then a way needs to be found to make them part of your practice.

68.4 Over the years Mr O'Brien's practice had not fully embraced these newer ways of working. Concerns around delays and early warning of noncompliance needed to be actioned at an earlier stage. We have learned that effective support teams give us a much better awareness of where problems are. Effective teams lead to less reliance on the actions of one individual spreading the responsibility for a patient's care journey.

Q69 Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.



Urology Services Inquiry

69.1 My personal opinion is that the managerial team and clinical colleagues within urology did engage with the problems within the urology department once they were known about. Problems around capacity were very difficult to resolve as the resources needed to deliver on all aspects of the service that needed improvement were not easily attained.

69.2 Issues around patient care did not come to light at an early enough stage. Historically Consultants had their own way of doing things and individual patient care was the direct responsibility of the named Consultant. It was often difficult to get a consensus opinion from the Consultant body hence the evolution of the MDT which helped to get collective decisions on the best way forward for individual patients and helped ensure standardisation of care.

69.3 I do not believe any specific individual was at fault.

Q70 Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

70.1 I do not believe that I personally made any specific mistakes in handling concerns during my tenure. The issues had all been highlighted and were being addressed before my tenure.

70.2 I assisted, where it was appropriate for me to do so. I was focused on the process of job planning. I did not do this alone. I carried on with the work of my predecessor Mr Colin Weir and handed it over to my AMD, Mr Mark Haynes for completion when I went off Personal Information redacted by the U.

70.3 I am not aware of others making any specific mistakes. They dealt with the issues as they came to light. A plan to deal with specific issues that directly related to Mr O'Brien's practice had been put in place prior to my tenure and it is my understanding that Mr O'Brien had been given support to try to resolve these issues. Monitoring took place on a weekly basis by the Head of Service Mrs Martina Corrigan. Monitoring covered four areas:

- (i) Triage was to be kept up dated and targets met. Mr O' Brien got an extension on the timescales. He had until the Thursday of his on call week to complete triage of the Red Flag referrals. He had until the Monday morning after the Thursday he came off on call to do the rest.
- (ii) Digital dictation needed done straight after clinic (Mr O'Brien got concession that it was completed within the week of the clinic)
- (iii) Patient notes not stored at home or in his office (adhered to)
- (iv) No private patients listed on his theatre lists (adhered to)



Urology Services Inquiry

The arrangements put in place appeared to me to be fair and set achievable goals for Mr O'Brien.

Q71 Do you think, overall, the governance arrangements were fit for purpose? Did you have concerns about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

71.1 With the passage of time, professional medical governance structures within the Southern trust had evolved. In the early years, as in many large organisations, governance structures and processes were not as robust as they are now.

71.2 During my tenure I feel that the Trust's governance arrangements and structures, were fit for purpose. Staffing, Performance management, Patient safety processes, Coronial matters, Complaints, Appraisal and revalidation were all in place.

71.3 I did not raise any specific concerns to anyone about governance arrangements.

71.4 The investigations into a patients process through urology MDT has highlighted that the robustness of the MDT system needs to be improved. The highlighted deficiencies including, MDT membership, decision pathways and assurances around agreed actions accountability and the role of the MDT lead clinician are all under review at present.

Q72. Given the Inquiry's terms of reference, is there anything else you would like to add to assist the Inquiry in ensuring it has all the information relevant to those Terms?

72.1 I have nothing else that I feel I need to add to the assist the inquiry.

Statement of Truth

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

Personal Information redacted by the USI

Signed:

Date: _____ 14/06/22 _____