



## Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB  
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Anne McVey  
Southern Health and Social Care Trust  
Craigavon Area Hospital,  
68 Lurgan Road, Portadown,  
BT63 5QQ

29 April 2022

Dear Madam,

**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 18 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:**

**Anne McVey  
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 10<sup>th</sup> 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 3<sup>rd</sup> 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 29<sup>th</sup> April 2022

Signed

Personal Information redacted by the USI

**Christine Smith QC**

Chair of Urology Services Inquiry



**SCHEDULE**  
**[No 18 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 Medical Director, Clinical 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.
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 Assistant 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 other Assistant Director (s);
- (v) the Associate Medical Directors;
- (vi) the Clinical Director(s);
- (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 No 18 of 2022

**Date of Notice:** 29<sup>th</sup> April 2022

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**Witness Statement of: Anne McVey,**

**Assistant Director Acute Services, Medicine Division.**

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I, Anne McVey, Assistant Director of Acute Services, will say as follows:-

**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 will provide this narrative in numbered paragraphs and in chronological order.**

1. I have worked as Assistant Director of Acute Services since 23 April 2007 with responsibility for Integrated Maternity and Women's Health, Medicine and Unscheduled Care Divisions and COVID-19 Lead for Acute Directorate. I was not privy to concerns or circumstances that would have suggested to me that there were concerns regarding urology that the Trust needed to instigate a thorough investigation.
2. My operational and governance role as Assistant Director of Acute Services included oversight of the following specialties – Maternity/Obstetrics, Gynaecology, Genito-urinary Medicine, Medicine (Gastroenterology, Respiratory, Cardiology, Renal, Dermatology, Neurology, Rheumatology, Diabetes/Endocrine, Stroke/Rehabilitation, Frailty and Haematology) Unscheduled Care (Emergency Departments, Minor Injuries Unit) and Patient Flow. My operational and governance role did not include oversight of the urology services. Consequently, I am unable to provide a detailed description of actions or decisions taken by me to address concerns relating to the urology service. The Assistant Director of Surgery and Elective Care, namely, Mrs Heather Trouton and now Mr Ronan Carroll, and the Head of Service for Urology, Mrs Martina Corrigan and now Ms Wendy Clayton are the operational leads best placed to comment on whether actions and/or decisions were taken to address concerns regarding urology. The Associate Medical Director (now Divisional Medical Director), Mr Eamon Mackle, Mr Mark Haynes and now Mr Edward McNaboe, and the Clinical Director Mr Colin Weir, Mr Mark Haynes and now Mr Adrian Neill, are the professional and clinical governance



## Urology Services Inquiry

leads who can advise if any actions or decisions were taken to address professional and clinical concerns raised regarding the urology service.

3. On 24 January 2017, the Director of Acute Services, Mrs Esther Gishkori had a verbal discussion with me that I may have to attend a meeting on 26 January 2017 on her behalf as she was on leave. This discussion was followed up by an email on 25 January 2017 16:24 seeking confirmation that I would attend an Oversight Meeting re Mr Aidan O'Brien, Consultant Urologist. In that email, she explained the rationale for asking me to deputise for her by stating that my colleagues Dr Tracey Boyce, Mr Ronan Carroll and Mrs Heather Trouton had all been previously involved and I was one of the few who hadn't. This email advised me that Mr O'Brien had hand delivered his response to a Serious Adverse Incident (SAI) to her office that day and asked that I bring it to the meeting the following day. She also instructed her personal secretary, Ms Emma Stinson, to scan Mr O'Brien's response and send it to Mrs Vivienne Toal's office, Director of Human Resources and Organisational Development. She also asked Ms Stinson to pull together the information to date for me so I could quickly brief myself in advance of the meeting. Mrs Gishkori apologised but stated that her leave the following day was unavoidable. A copy of this email is **located at S21 18 of 2022 Appendix Q1.1 pages 3-6- 20172501 Q1.3.1 email on 25 January 2017 16:24** of my response. I responded on 25 January 2017 17:06 by email indicating that I would attend the Oversight Committee as her representative, a copy of which **is located at S21 18 of 2022 Appendix Q1.2 pages 7-10 20172501 Q1.3.2 email of 25 January 2017 17:06 re: Oversight Committee** of my response.
4. On the morning of the 26 January 2017, Emma Stinson handed me a copy of Mr Aidan O'Brien's response to the Serious Adverse Incident Review referred to by Mrs Gishkori in her email on 25 January 2017. At 13:10, I received an email from Heather Mallagh Cassells, Personal Assistant to Mrs Vivienne Toal, Director of Human Resources and Organisational Development, advising that the venue for the Oversight Committee would be in the Board Room, Trust Headquarters and advising that Dr Richard Wright, Medical Director would participate by teleconference. A copy of Mr O'Brien's response that was handed to me by Ms Stinson is **located at S21 18 of 2022 Appendix Q1.4 pages 15-26 Appendix 20172501 Q1.4.2** of my response as well as the email correspondence **cited located at S21 18 of 2022 Appendix Q1.3 pages 11-14 20172501 Q1.4.1**.
5. On 26 January 2017 at 13:13, Siobhan Hynds, Head of Employment Relations, emailed a report for discussion at the Oversight Committee entitled "*Strictly Private and Confidential: Preliminary Report from Case Investigator for Consideration by Case Manager/ Case Conference Thursday 26 January 2017 Mr Aidan O'Brien*". At the Oversight Meeting on 26 January 2017, this draft report was discussed and some amendments were made to the Section entitled "*An Initial Scoping of Mr O'Brien's Administrative Practice Identified*" a copy of the amended draft report was distributed via email during the meeting at 14:40 by Mrs Hynds. Copies of the initial draft report and the revised draft report and the relevant emails are located at **(S21 18 of 2022 Appendix Q1.5 pages 27-30 20172601 Q1.5.1), (S21 18 of 2022 Appendix Q1.6 20172601 Q1.5.2 pages 31-36), (S21 18 of 2022 Appendix Q1.7 20172601 Q1.5.3 pages 37-38) and (S21 18 of 2022 Appendix Q1.8 20172601 Q1.5.4 pages 39-50)** of my response.



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6. The Oversight Committee (Case Conference) on 26 January 2017 was attended by Mrs Vivienne Toal, Chair and Director of Human Resources and Organisational Development, Dr Richard Wright, Medical Director (via teleconference), myself, Anne McVey, Assistant Director of Acute Services (on behalf of Mrs Esther Gishkori), Dr Ahmed Khan, Case Manager, Mr Colin Weir, Clinical Director and Case Investigator, Mrs Siobhan Hynds, Head of Employee Relations and Mr Simon Gibson, Assistant Director Medical Director's Office. The Oversight Committee was convened in accordance with page 15, Section 2, para. 10 of GMC Maintaining High Professional Standards. The Oversight Committee considered the preliminary report of Mr Colin Weir, Case Investigator, regarding the issues of concern relating to Mr Aidan O'Brien, Consultant Urologist.
7. The details of the deliberations and the decisions/agreed actions of the Oversight Committee are summarised in the document entitled "*Southern Health and Social Care Trust. Case Conference 26 January 2017*". A copy of this document is located at **(S21 18 of 2022 Appendix Q1.9 pages 51-52 20172701 Q1.7.1), (S21 18 of 2022 Appendix Q1.10 pages 53-58 20172701 Q1.7.2), and (S21 18 of 2022 Appendix Q1.11 pages 59-60 20172701 Q1.7.3)** of my response.
8. On 27 January 2017 at 15:30, I informed the members of the Oversight Committee (Case Conference) that I had provided Mrs Esther Gishkori with an update that morning regarding yesterday's meeting. I also stated that the assurance arrangements would be agreed by Mrs Gishkori in consultation with Mr Ronan Carroll, Assistant Director of Acute Services, Surgery and Elective Care. This email ended my involvement in the management of the recommendations/actions to be taken forward following the Oversight Committee (Case Conference). I handed the responsibility for the governance oversight of the service back to Mrs Esther Gishkori, Director of Acute Services. A copy of this email is at **located at S21 18 of 2022 Appendix Q1.12 pages 61-62 20172701 Q1.8**.

**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.**

**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**



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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

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

#### 9. Qualifications

- Student Nurse – January 1980 – January 1983
- Registered Nurse – 24 January 1983 (NMC Pin 80Y0094N)
- Registered Midwife – June 1985 (Lapsed)
- Diploma in Nursing
- BSc (Honours) Professional Development in Nursing, University of Ulster, date obtained 30 June 1993
- MSc in Health and Social Services Management, University of Ulster, date obtained 30 June 1999

#### 10. Occupational History

- Student Nurse, Belfast Northern College of Nursing based at Mater Infirmorum Hospital based at Crumlin Road Belfast, January 1980 – January 1983
- Registered Nurse, Medical Wards (rotational post day and night duty, and 6 months in operating theatre department), Mater Infirmorum Hospital, January 1983 – December 1983
- Student Midwife, Bedford General Hospital, Kimbolton Road, Bedford, January 1983 – June 1985
- Registered Midwife, June 1985
- Staff Nurse, Mater Infirmorum Hospital, July 1985
- Ward Sister, Mater Infirmorum Hospital (6 months in a medical convalescence ward and 6 months night sister)
- Palliative Care Project Lead, Mater Infirmorum Hospital, to establish a palliative care service
- Assistant Director of Nursing and Quality, Mater Infirmorum Hospital, 1 July 1994
- Seconded to post of Clinical Services Manager for Surgery, Mater Infirmorum Hospital, 7 January 1999 – 25 July 1999
- Acted up as Director of Nursing and Quality, Mater Hospital Trust, 26 July 1999 – 19 March 2000
- Assistant Director of Nursing and Quality, Mater Hospital Trust, 20 March 2000 – 30 September 2000
- Nursing Officer for Acute Services, Department of Health, Social Services and Public Safety, 2 October 2000 – 30 April 2003
- Assistant Director of Nursing and Quality, Craigavon Area Hospital Group Trust, 5 May 2003 – 31 March 2007



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My evidence of my tenure at the Southern Health and Social Care Trust is **located at S21 18 of 2022 Appendix Q4.1 page 2 20221105 Q4.10**

**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 for each post. Please a copy of all relevant job descriptions and comment whether the job description is an accurate reflection of your duties and responsibilities in each post.**

**11. Assistant Director of Acute Services, Integrated Maternity and Women's Health Division, Southern Heath and Social Care Trust, 23 April 2007 – 31 March 2016**

**Duties and Responsibilities –**

12. In summary my role and responsibilities were to lead and manage in collaboration with; the Associate Medical Director, Dr Martina Hogan, Clinical Director, Dr Ian Hunter, Dr Harmini Sidhu, Mr Geoff McCracken (respectively), Head of Midwifery, Mrs Patricia McStay and Lead Midwives, Brenda Kelly, Joanne McGlade, Patricia Kingsnorth and Wendy Clarke in a range of key areas; finance, performance, governance, human resources, patient safety, and patient/client experience – in particular, the safety of mothers and babies before, during and after child birth. I engaged with a range of internal and external stakeholders to plan, and to deliver the services in line with professional standards, regulatory requirements, Trust objectives and regional priorities. The Royal College of Obstetrician and Gynaecologists have a trigger list for clinical incidents. I led the above team to implement this trigger list and develop the rationale for the appointment of a designated Risk Management Midwife, Patricia Kingsnorth, and the appointment of a CardioTocograph Coordinator (CTG). The risk management midwife liaised with consultant obstetricians to review datix incidents, identify incidents that required significant event audits or met the criteria for serious adverse incident. The implementation of the trigger list in the screening of datix incidents has led to the roll out and implementation of electronic datix system.

13. With respect to my tenure in Integrated Maternity and Women's Health Division, I led on a precautionary review of gynaecology services. I met with the Medical Director, Dr Paddy Loughran, and the Lead Clinician, Mr David Sim, to invoke the review. I kept the Director of Acute Services, Miss Joy Youart, informed, established a Helpline, trained staff to triage the calls, drafted guidance for staff, coordinated the case note review, engaged admin/clerical, IT, and health records staff. I had oversight of the patients who were recalled and the individualised letters issued to patients. The precautionary review of patients was brought about because it had come to the Trust's attention that a healthcare professional temporarily employed in the Obstetrics and Gynaecology Department at Daisy Hill Hospital may not have provided the standard of care expected. The review focused on 300 women seen by the healthcare professional between 31 December 2007 and 16 May 2008. The professional was involved in a range of gynaecological procedures ranging from routine cervical smear test to sterilisation and hysterectomy. The review process was conducted by Professor William Thompson, former Professor of Obstetrics and Gynaecology at Queen's University Belfast.

14. I led on a Review of Maternity Services. In October 2007, I put together a presentation regarding the pressures/challenges in maternity services which detailed the profile of



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maternity services and put it on the radar of corporate senior management and Southern Health and Social Services Board as the commissioner. It detailed staffing, estates, equipment and activity.

15. I, in collaboration with the Head of Midwifery, Patricia McStay, established the Maternity Services Liaison Committee. This Committee provided a forum for feedback from women and families about current service delivery and opportunities to discuss and agree improvements in the planning and delivery of maternity services. There are a number of partner organisations involved, i.e., SureStart, Still Birth and Neonatal Deaths Society, and Twins and Multi Births Association.
16. I, in collaboration with the obstetrics/ midwifery teams, led on the Southern Trust preparation for the Regional RQIA Review of Maternity Services. In March 2009, RQIA completed a review of interpartum maternity services in the Southern Trust. The RQIA review team assessed the quality and safety of intrapartum care using the "Safer ChildBirth: Minimum Standards for the Organisation and Delivery of Care in Labour". RQIA brought to the attention of the Chief Executive, Mrs Mairead McAlinden, a number of concerns including some issues they regarded as serious with respect to staffing levels in obstetrics and anaesthetics in the Delivery Suites in Daisy Hill Hospital and Craigavon Area Hospital. The Southern Trust engaged in discussions with the Regional Health and Social Care Board and Public Health Agency representatives to highlight the safety and quality issues raised in the draft report and the financial implications associated with meeting the 37 recommendations of the RQIA. These recommendations were fully implemented through engagement with the commissioner, DHSSPS and the corporate senior management team within the Trust.
17. Recruitment, development and retention of midwives was an important part of my remit. I engaged with the Chief Nursing Officer, Mr Martin Bradley, Executive Director of Nursing, Mr Francis Rice, to address staffing deficits. I secured a unique initiative to train midwives to be employed in SHSCT. This was agreed and implemented in collaboration with the Chief Nursing Officer, Executive Director of Nursing. It involved the recruitment of 12 nurses who worked or lived in SHSCT area to complete an 18-month midwifery training programme and to be employed as midwife in the Southern Trust upon completion of their training.
18. I collaborated with DHSSPS, SHSSB and NVQ Centre to obtain funding for a pilot of 10 maternity support workers. This skill mix initiative in maternity has continued to the present day.

### Job Description

19. A copy of the my job description as Assistant Director of Acute Services, Integrated Maternity and Women's Health is located at **S21 18 of 2022 Appendix Q5.1 pages 3-10 20072304 Q5.19** of my response.

### Comment whether the Job Description is an accurate reflection of your duties and responsibilities

20. I can confirm that the job description does accurately reflect my role and responsibilities. There was significant input to the development of job descriptions at the implementation



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of the Review of Public Administration. The Review of Public Administration (RPA) was launched by the Northern Ireland Executive in June 2002. Its terms of reference were to review the existing arrangements for the accountability, administration and delivery of public services in Northern Ireland and to bring forward options for reform which were consistent with the arrangements and principles of the Belfast Agreement, within an appropriate framework of political and financial accountability. RPA established new structures and relationships, key amongst them were the development of the Health and Social Services Board, the amalgamation of Legacy Trusts into 5 Regional Health and Social Care Trusts, and the Northern Ireland Ambulance Service, the 6<sup>th</sup> Trust. In the Southern Board Area, the amalgamation comprised of Craigavon Area Hospital Group Trust, Newry and Mourne Trust, Armagh and Dungannon Trust, and Craigavon and Banbridge Trust. Managerial structures were streamlined and as a result job descriptions were developed to reflect the new structures and the wider operational, human resources, performance, governance and finance remit.

21. **Assistant Director of Acute Services, Medicine and Unscheduled Care Division, Southern Health and Social Care Trust, 1 April 2016 – 18 March 2020. This post did not include operational and governance oversight of the urology service.**

### Duties and Responsibilities

22. In summary my role and responsibilities were to lead and manage the Medicine and Unscheduled care Division in collaboration with the Associate Medical Director, Dr Philip Murphy, Clinical Director, (Dr Una Bradley (Medicine), Dr Gareth Hampton (Unscheduled Care), Dr Patricia McCaffrey (Frailty/Stroke/Geriatrics)) Heads of Service, (Mary Burke, Catherine Carroll, Louise Devlin, Kathleen McGoldrick, Ruth Donaldson, Florence Fegan, Mary Haughey, Patricia Loughan), Lead Nurses (Patricia Loughan, Connie Connolly, Margaret Markey, Chris Wamsley, Laura McAuliffe, Eileen Donnelly, Trudi Kelly) and Operational Support Lead (Lisa McAreavey). There were a range of key delivery areas; finance, performance, governance, human resources, patient safety, and patient/client experience – in particular, there was a focus on emergency and unscheduled care, patient flow, and ensuring elective performance targets were met across a range of medical specialties. I engaged with a range of internal and external stakeholders to plan, and deliver the services in line with professional standards, regulatory requirements, Trust objectives and regional priorities to meet the needs of the population of the Southern Trust. An example of this was the development of a Cardiology Service in Daisy Hill. Upon the retirement of a General Physician with special interest in Cardiology. There was a recognised need to provide cardiology service to patients in Daisy Hill. An investment proposal template (IPT) was developed in line with NICE Guidelines and in partnership with service user groups, i.e., Daisy Hill Pathfinder. Over a period of time, 4 additional cardiology consultants were recruited and appointed. They provide cross site cover as consultant cardiologists of the week in Daisy Hill Hospital and contribute to the Cardiology rota and Cardiology specialist services in Craigavon Area Hospital.
23. With respect to my tenure in Medicine and Unscheduled Care Division, I was responsible for the implementation of DHSSPS and commissioning priorities and targets with a particular emphasis on those relating to waiting times in the Emergency Department and for elective care standards across a range of medical specialties for outpatients and day case procedures.



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24. I with other Assistant Directors (Mr Ronan Carroll, Mr Barry Conway, Mrs Anita Carroll, Dr Tracey Boyce, now Ann McCorry, and Mrs Helen Walker now Fiona Stevenson) attended a weekly meeting chaired by the Director of Acute Services, (Mrs Esther Gishkori and Mrs Melanie McClements) respectively. This Forum provided an update from the Trust Senior Management Team meetings, highlighted actions for implementation within the Acute Directorate and provided an opportunity for me to raise pertinent concerns or issues, i.e., medical locum cover, nurse staffing gaps, waiting lists, locum agency expenditure and compliance with infection prevention and control national and regional Guidelines, within the Medicine and Unscheduled Care Division and the likely impact on services within or external to the Division. Subsequently, I chaired weekly meetings during my tenure with the Heads of Service/ Lead Nurses in line with the agenda of the Director/AD meeting.
25. In respect of governance, I, in collaboration with the Associate Medical Director, Dr Philip Murphy, Clinical Director, (Dr Una Bradley, Dr Gareth Hampton, Dr Shane Moan, Dr Patricia McCaffrey), Heads of Service (Mary Burke, Catherine Carroll, Louise Devlin, Kathleen McGoldrick, Ruth Donaldson, Florence Fegan, Mary Haughey, Patricia Loughan), and Patient Support were accountable for continually improving the quality of the services in the division and safeguarding high standards of care within Medicine and Unscheduled Care.
26. I met weekly with The Associate Medical Director Dr Philip Murphy, and Clinical Directors Dr Gareth Hampton, Dr Patricia McCaffrey, Dr Shane Moan and Dr Una Bradley to discuss operational issues in respect of for example workforce and Governance, like complaints relating to the clinical practice of nursing and medical professionals. We reviewed with support from the Governance Team, Mr David Cardwell, Patricia Kingsnorth, Carly Connolly, Chris Wamsley, the Datix that had been submitted for screening to establish the level of review required or if it met the criteria to be reported as an Early Alert to HSCB and an investigation as a Serious Adverse Incident.
27. The accountability for continuously improving the quality of the services and safeguarding high standards of care was secured through adopting an evidenced based approach to the management of patient care. An example of this is the implementation of ambulatory pathways within unscheduled care to prevent inpatient admission. Services being developed and delivered in line with National Institute of Clinical Excellence (NICE) Guidelines, national service frameworks, and other standards to ensure optimal care. With respect to urology, the accountability for continuously improving the quality of services and safeguarding high standards of care rests with the Head of Service (Mrs Martina Corrigan now Ms Wendy Clayton) and the Clinical Director (Mr Colin Weir, Mr Mark Haynes and now Mr Adrian Neill) with the support of the Assistant Director (Mrs Heather Trouton, now Mr Ronan Carroll) and Associate Medical Director (Mr Eamon Mackle, Mr Mark Haynes and now Mr Edward McNaboe).
28. The Division was supported by a clinical audit team, Mr Raymond Haffey (Emergency Department), Sandra McLoughlin (General Medicine Craigavon Area Hospital) and Roisin Feeley (General Medicine, Daisy Hill Hospital) to facilitate staff to undertake audit, which enabled continuous monitoring and benchmarking of services in line with some of



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the above standards. Examples of these audits include Falls and Fragility Fracture, AIRVO, IV Paracetamol, Severe Sepsis, Ectopic Pregnancy, Mental Health, Epistaxis, Paediatric patients who leave treatment.

29. As Assistant Director, I was responsible for ensuring that risk management systems such as Complaints, Datix, Audits, and Training Records were in place to monitor and minimise the risks to patients and staff and to learn from incidents in practice within Medicine and Unscheduled Care Division. I also had to ensure staff, were supported when things went wrong to enable them to learn from these events. This responsibility did not extend to urology.
30. I met on a weekly basis with the Associate Medical Director, Dr Philip Murphy and Clinical Directors, Dr Una Bradley, Dr Gareth Hampton, Dr Patricia McCaffrey, Dr Shane Moan about the operational management of the division. In the main, we focused on medical workforce, performance issues, matters related to the governance of the service, complaints, clinical incidents, screening for serious adverse incidents and ombudsman cases. Actions identified at these meetings were followed up and implemented by the most appropriate lead clinician, myself or delegated to a Head of Service if the matter was related to the Medicine and Unscheduled Care specialty that they managed.
31. I had responsibility to ensure appropriate education and training was accessible to staff to enable them to be competent, develop their skills, and be kept up to date with emerging evidenced based best practices.
32. With respect to recruitment and retention of staff, I had a responsibility to first establish work force needs, educational requirements, and changing clinical needs of the demographic that we serve in the Southern Trust area. This responsibility was limited to Medical Specialties and Emergency Medicine. I actively monitored staff attendance at mandatory training, completion of supervision and appraisal.
33. I operationally managed the Patient Support Service, which provided support to patients and their families with any concerns they had regarding their inpatient stay, access to services, delays in treatment, or issues with communication, and support from clinical staff.
34. I was also responsible for the Hospital Social Work Service and met regularly with the Head of Social Work for supervision and support to her and her team regarding matters such as child protection, complex discharges, and adult safeguarding.
35. I liaised with my Heads of Service (Mary Burke, Catherine Carroll, Louise Devlin, Kathleen McGoldrick, Ruth Donaldson, Florence Fegan, Patricia Loughan) Operational Support Lead (Lisa McAreavey), and a range of medical, nursing and social work staff groups covering Medicine and Unscheduled Care to ensure patient data was accurate and up to date, and confidentiality of patient data was respected. Data breaches within Medicine and Unscheduled Care were managed in accordance with Trust policies and procedures, and action taken in accordance with current data protection legislation. These data breaches were not related to urology. Incidents related to patient



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confidentiality breaches involved handover sheets used by nursing and medical staff not being disposed of correctly before leaving the ward or department.

### Job Description

36. A copy of my job description as Assistant Director of Acute Services, Medicine and Unscheduled Care is **located at S21 18 of 2022 Appendix Q5.2 pages 11-20 20140105 Q5.36** of my response.

### Comment whether the Job Description is an accurate reflection of your duties and responsibilities

37. I can confirm that the job description does accurately reflect my role and responsibilities. There was significant input to the development of job descriptions at the implementation of the Review of Public Administration. The Review of Public Administration (RPA) was launched by the Northern Ireland Executive in June 2002. Its terms of reference were to review the existing arrangements for the accountability, administration and delivery of public services in Northern Ireland and to bring forward options for reform which are consistent with the arrangements and principles of the Belfast Agreement, within an appropriate framework of political and financial accountability. RPA established new structures and relationships, key amongst them were the development of the Health and Social Services Board, the amalgamation of Legacy Trusts into 5 Regional Health and Social Care Trusts, and the Northern Ireland Ambulance Service, the 6<sup>th</sup> Trust. In the Southern Board Area, the amalgamation comprised of Craigavon Area Hospital Group Trust, Newry and Mourne Trust, Armagh and Dungannon Trust, and Craigavon and Banbridge Trust. Managerial structures were streamlined and as a result job descriptions were developed to reflect the new structures and the wider operational, human resources, performance, governance and finance remit.

38. **Assistant Director of Acute Services- COVID 19 Acute Lead 19<sup>th</sup> March 2020 to 31<sup>st</sup> August 2021**

### Duties and Responsibilities

39. In collaboration with Microbiology and the Infection Prevention Control Team, I assisted in the identification of donning and doffing areas in Craigavon Area Hospital and Daisy Hill Hospital. I was responsible for the operational management of the donning and doffing areas. I attended the COVID-19 operational meeting each day; this was chaired by the Medical Director, Dr Maria O'Kane, and had representation from all Directorates.
40. I was also responsible for increasing the complement of medical beds to manage the COVID-19 pressures. This involved stepping down 18 surgical beds for ENT and Urology in 3 South, a 36 bedded ward. The decision to step down was made in collaboration with Acute Services Senior Management Team (Mrs Melanie McClements, Mrs Mary Burke, Mr Ronan Carroll, Mrs Anita Carroll, Mr Barry Conway, Dr Tracey Boyce and Mrs Helen Walker), Infection Prevention and Control Team (Annette O'Hara, Lead Nurse, Infection Prevention and Control), Microbiology Consultants (Dr Sara Hedderwick, Dr Cara McKeating, Dr Angel Boulos) and the Assistant Director for Clinical and Social Care Governance, Mrs Trudy Reid.



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41. I utilised this forum to highlight concerns or queries from the Acute Directorate and provided information to the Forum regarding;

- Hospital Early Warning Score (HEWS)
- The number of patients in ED, number waiting to be admitted and how many are waiting greater than 12 hours
- The number of patients who were COVID positive in each acute hospital
- The number of patients with COVID-19 in ICU and how many were ventilated
- The number of complex delays
- The predicted net capacity for the next day (predicted number of patients waiting in ED for admission)

42. I liaised with staff regarding the implementation of regional guidance for the management of COVID-19 with regard to patient and staff testing. I established with the support of a HSC Graduate the screening PODS for staff and the COVID-19 helpline for staff who tested positive and actions they were required to take regarding contacts, etc.

43. I updated staff regarding the changes in guidance via meetings with the Director of Acute Services/ Assistant Directors and the cascading of information to Heads of Service, Lead Nurses, Ward Sisters/ Charge Nurses and other Medical/ AHP and Social Work staff. There was significant focus on the provision of appropriate PPE and training for staff working in designated RED or AMBER areas. There were numerous changes to the guidance on hospital visiting, provision of virtual visiting and encouraging wards to provide daily updates to families.

44. I liaised with the Fit Testing team to secure fit testing for staff, and relatives of patients who were at the end of life.

45. I held weekly meetings with the Haematology team to support them through the first notified COVID-19 outbreak in a ward deemed to be as a result of nosocomial spread. I supported staff during the SAI process and implementation of the recommendations.

**Job Description and Comment whether the Job Description is an accurate reflection of your duties and responsibilities**

46. There was no specific job description. The role evolved with the changing dynamic of the COVID-19 pandemic, hence, I will not be in a position to provide a copy and comment whether the job description is an accurate reflection of my duties and responsibilities.

**47. Assistant Director of Acute Services, Medicine Division, – 1<sup>st</sup> September 2021 to present. This post does not include operational and governance oversight of the urology service.**

**Duties and Responsibilities**

48. My duties and responsibilities as Assistant Director of Acute Services, Medicine Division, is akin to the duties and responsibilities of the Assistant Director of Acute Services, Medicine and Unscheduled Care Division. The Director of Acute Services, Mrs Melanie McClements, recognised the governance and operational workload, challenges and



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demands were disproportionate to the current management of one Assistant Director. This was due to the fact that as Assistant Director for Medicine and Unscheduled Care I would have oversight of 11 medical specialties, South Tyrone Day Clinical Centre and Minor Injuries Unit, Emergency Departments for both Craigavon and Daisy Hill Hospital, Ambulatory Units for Craigavon and Daisy Hill Hospital, Patient Flow Team, Acute Hospital Social, Nurse Rostering and Nurse Bank Team, and approximately 400 acute inpatient beds. The Director of Acute Services, Melanie McClements, realigned the Division to its previous operational management structure that was in place prior to 1 April 2016 when two Assistant Directors, one focusing on general medical specialties and the other on unscheduled care, managed the Division.

49. In my role Assistant Director of Acute Services, Medicine Division, I am afforded the opportunity to spend more time on the strategic direction, operational service management, workforce development, service improvement and clinical and social care governance of general medicine and medical specialties.
50. At onset of the COVID-19 pandemic and up to present, I was identified as the COVID-19 Lead for Acute Services. I attended operational meetings, contributed to the establishment of the COVID-19 testing pathways for patients and staff, liaised with Estates and Infection Prevention and Control team to develop donning and doffing stations, and led on the implementation of national and regional COVID-19 guidance across the Acute Directorate.

### Job Description

51. A copy of my job description as Assistant Director of Acute Services, Medicine Division, is at **located at S21 18 of 2022 Appendix Q5.3 pages 21-34 20201903 Q5.51** of my response.

### Comment whether the Job Description is an accurate reflection of your duties and responsibilities

52. I can confirm that the job description does accurately reflect my role and responsibilities. There was significant input to the development of job descriptions at the implementation of the Review of Public Administration. The Review of Public Administration (RPA) was launched by the Northern Ireland Executive in June 2002. Its terms of reference were to review the existing arrangements for the accountability, administration and delivery of public services in Northern Ireland and to bring forward options for reform which are consistent with the arrangements and principles of the Belfast Agreement, within an appropriate framework of political and financial accountability. RPA established new structures and relationships, key amongst them were the development of the Health and Social Services Board, the amalgamation of Legacy Trusts into 5 Regional Health and Social Care Trusts, and the Northern Ireland Ambulance Service, the 6<sup>th</sup> Trust. In the Southern Board Area, the amalgamation comprised of Craigavon Area Hospital Group Trust, Newry and Mourne Trust, Armagh and Dungannon Trust, and Craigavon and Banbridge Trust. Managerial structures were streamlined and as a result job descriptions were developed to reflect the new structures and the wider operational, human resources, performance, governance and finance remit.



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

Individuals that I directly reported to

53. As Assistant Director of Acute Services, Integrated Maternity and Women's Health Division, I directly reported to the Director of Acute Services;

- a. Mr Jim McCall, Director of Acute Services, 1 April 2007 – 21 May 2008
- b. Miss Joy Youart, Interim Director of Acute Services, April 2008 – 30 November 2009,
- c. Dr Gillian Rankin, Interim Director of Acute Services, 1 December 2009 – 28 February 2011, and Substantive Director from 1 March 2011 – 31 March 2013
- d. Mrs Deborah Burns, Director of Acute Services, 1 April 2013 – 31 August 2015
- e. Mrs Esther Gishkori, Director of Acute Services, 17 August 2015 – 30 April 2020 (on Personal information redacted leave from 6 June 2019)
- f. Mrs Melanie McClements, Interim Director of Acute Services, 7 June 2019 to 31 October 2020, Substantive Director, 1 November 2020 to Present

54. As Assistant Director of Acute Services, Medicine and Unscheduled Care Division, I directly reported to the Director of Acute Services;

- a. Mrs Esther Gishkori, Director of Acute Services, 17 August 2015 – 30 April 2020 (on Personal information redacted leave from 6 June 2019)
- b. Mrs Melanie McClements, Interim Director of Acute Service, 7 June 2019 to 31 October 2020, Substantive Director, 1 November 2020 to Present

55. As Assistant Director of Acute Services, COVID-19 Lead, I directly reported to the Director of Acute Services;

- a. Mrs Melanie McClements, Interim Director of Acute Service, 7 June 2019 to 31 October 2020, Substantive Director, 1 November 2020 to Present

56. As Assistant Director of Acute Services, Medicine Care Division, I directly reported to the Director of Acute Services;

- a. Mrs Melanie McClements, Interim Director of Acute Service, 7 June 2019 to 31 October 2020, Substantive Director, 1 November 2020 to Present

Departments, services, systems, roles and individuals whom you manage/d or have responsibility for

Integrated Maternity and Women's Health

57. As Assistant Director of Acute Services, Integrated Maternity and Women's Health, the departments and services that I had responsibility for were Inpatient and Outpatient Maternity, Genito-Urinary Medicine (GUM), Gynaecology, Ante Natal and Post Natal Wards, Delivery Suite and Community Midwifery

58. I had 6 operational and midwifery leads who directly reported to me – Head of Service, Operational Support Lead, a range of lead and specialist midwives and medical staff



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- a. Head of Midwifery and Gynaecology – Patricia McStay – located at **S21 18 of 2022 Appendix Q6.5 pages 13-18**
- b. Operational Support Lead – Lisa McAreavey- located at **S21 18 of 2022 Appendix Q6.6 pages 19-22**
- c. Lead Midwife, Inpatient and Outpatient/ GUM/ Maternity/ Gynaecology – Brenda Kelly
- d. Lead Midwife, Intrapartum Care – Anne Donnelly who retired and was replaced by Wendy Clarke – located at **S21 18 of 2022 Appendix Q6.7 pages 23-30**
- e. Lead Midwife, Community – Vera Kelso who retired was replaced by Joanne McGlade- located at **S21.8 18 of 2022 Appendix Q6 pages 31-40**
- f. Risk Midwife – Patricia Kingsnorth
- g. Medical Staff GUM Clinic – Dr Matthews, Dr Deacon and Dr Hunter – located at **S21 18 of 2022 Appendix Q6.9pages 41-52.**

59. The duties and responsibilities of my direct reports are detailed in the job descriptions located at **S21 18 of 2022 Appendix Q6.1 pages 3-4 Appendix 20221105 Q6. 59** of my response. I have also provided *in S21 18 of 2022 Appendix Q6.2 pages 5-620220610 Q6.59* of my response a copy of the organisational structure during my tenure.

60. I also led on the implementation of e-rostering for Nursing staff, Mrs Leanne Armstrong, the project manager reported directly to myself. This project digitised nursing/ midwifery duty rotas across all wards/ departments in the Acute Directorate.

### Medicine and Unscheduled Care

61. As Assistant Director of Acute Services, Medicine and Unscheduled Care, the departments and services that I had responsibility for were Emergency Departments at Craigavon Area Hospital and Daisy Hill Hospital, Minor Injuries Unit South Tyrone Hospital, Patient Flow, Cardiology, Cath Lab, Air Lab, Respiratory, Gastroenterology, Rheumatology, Neurology, Dermatology, Haematology, Stroke/ Rehab, Acute Elderly, Geriatric, Diabetes/ Endocrinology, Day Clinical Centre CAH and DHH, Medical Wards CAH and DHH, Hospital Social Work, and Patient Support.

62. I had 15 operational and nursing leads who directly reported to me albeit over slightly different timescales –

- a. Patient Flow Manager – Eileen Donnelly/ Patricia Loughan – located at **S21 18 of 2022 Appendix Q6.10 pages 53-67**
- b. Nurse E-rostering Project Manager – Gabrielle Smith/ Leanne Straney
- c. Head of Service Medicine, Unscheduled Care and Ambulatory Care (DHH) – Catriona Kavanagh, Mary Haughey
- d. Head of Service Multi Services Nurse Manager – Mary Burke, Paul Smyth - located at **S21 18 of 2022 Appendix Q6.12 pages 77-84**
- e. Head of Service Acute Hospital Social Work – Ruth Donaldson, Florence Fegan- located at **S21 18 of 2022 Appendix Q6.13 pages 85-94**



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- f. Head of Service Multi Services Nurse Manager – Catherine Carroll - located at **S21 18 of 2022 Appendix Q6.11 pages 68-76 and Q6.16- pages 121-132**
- g. Operational Support Lead – Lisa McAreavey
- h. Quality and Patient Support Manager – Catherine Corr (deceased)
- i. Head of Service Acute Geriatric and Stroke – Kathleen McGoldrick
- j. Head of Service Gastroenterology, Rheumatology and Diabetes – Louise Devlin
- k. Head of Service Medicine, Dermatology and Haematology – Patricia Loughan
- l. Donning and Doffing CAH/ DHH – Caoimhe McAteer, Margaret Markey, Patricia McAloran, Sandra Burns
- m. DHH Renal Nurse Manager – Catherine Donegan - located at **S21 18 of 2022 Appendix Q6.14 pages 95-108**
- n. DHH Nursing – Lead Nurse – Connie Connolly, Margaret Markey- located at **S21 18 of 2022 Appendix Q6.15 pages 109-120**
- o. Service Improvement/ Winter Planning – Patricia Loughan

63. The duties and responsibilities of my direct reports are detailed in their job descriptions I have provided ***located in S21 18 of 2022 Appendix Q6.3 pages 7-8 20220610 Q6.63.*** of my response a copy of the organisational structure.

### Medicine

64. As Assistant Director of Acute Services, Medicine, the departments and services that I have responsibility for are Cardiology, Cath Lab, Air Lab, Respiratory, Gastroenterology, Rheumatology, Neurology, Dermatology, Haematology, Stroke/ Rehab, Frailty, Diabetes and Endocrinology, Day Clinical Centre CAH and DHH, Medical Wards CAH and DHH, and Hospital Social Work.

65. I have 8 operational and nursing leads who directly report to me – 4 Heads of Service, 3 Lead Nurses and an Operational Support Lead.

- a. Head of Service Cardiology, Respiratory, Renal and Medical Wards Daisy Hill Hospital – Kay Carroll - located at **S21 18 of 2022 Appendix Q6.17 pages 133-146**
- b. Head of Service Acute Elderly, Geriatric, Stroke/ Rehab and Dermatology – Patricia Loughan - located at **S21 18 of 2022 Appendix Q6.18 pages 147-160**
- c. Head of Service Diabetes/ Endocrine, Gastroenterology, Rheumatology and Neurology – Louise Devlin - located at **S21 18 of 2022 Appendix Q6.19 pages 161-176**
- d. Head of Hospital Social Work – Florence Fegan
- e. Operational Support Lead – Lisa McAreavey
- f. Lead Nurse CAH – Chris Wamsley, Trudi Kelly, Audrey Wilson-Reid - located at **S21 18 of 2022 Appendix Q6.20 pages 177-190**
- g. Lead Nurse DHH – Laura McAuliffe, Abby McConnell

66. The duties and responsibilities of my direct reports are detailed in their job descriptions I have provided ***located in S21 18 of 2022 Appendix Q6.4 pages 9-12 20220610 Q6.66*** of my response a copy of the organisational structure.



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

67. During my tenure as Assistant Director of Acute Services, I have as listed above had responsibility for Integrated Maternity and Women's Health, Medicine and Unscheduled Care. The operation and governance of urology services have not been part of the remit of my roles, responsibility and lines of management.

68. From a review of my emails, I received an email from Mrs Gishkori on Wednesday 25 January 2017 at 16:24. This referenced that Mrs Gishkori had spoken to me on 24 January 2017 about this meeting and hoping I could attend in her place. She stated that three of my Assistant Director colleagues, Tracey Boyce, Ronan Carroll, Heather Trouton had all previously been involved and I was one of the few who hadn't been. I interpreted Mrs Gishkori's statement to mean that my three colleagues had prior knowledge or involvement.

69. In this email she also advised that Mr O'Brien had delivered his response to an SAI to her office on that day and that I could bring it to the meeting. She asked Emma Stinson, her secretary, to scan Mr O'Brien's response and send it to Vivienne Toal's office before the meeting. She also asked Emma Stinson to pull together the information to date for myself so that I could quickly brief myself in advance of the meeting. As far as I can recall, I remember being handed Mr O'Brien's response to the Serious Adverse Incident about patient [REDACTED] I do not recall being given any other documents apart from Mr O'Brien's response, which I read prior to the meeting.

70. Mrs Gishkori apologised for asking me to attend on her behalf but her leave the next day was unavoidable. This email is **located at S21 18 of 2022 Appendix Q1.1 pages 3-6-20172501 Q1.3.1** of my response.

71. On 26 January 2017 at 13:10, Heather Mallagh Cassells, Personal Assistant to Vivienne Toal, Director of Human Resources and Organisational Development emailed all the staff to advise of the venue of the Oversight Committee at 14:30. Siobhan Hynds, Head of Employee Relations, on 26 January 2017 at 13:13 sent an email to the staff attending the Oversight Committee with a document attached entitled "*Preliminary Report from Case Investigator 26 January 2017*", stating –

*Dear All,*

*Please find attached report for discussion today.*

*Regards,*

*Siobhan*

72. Copy of this email and the attachment is **located at S21 18 of 2022 Appendix Q1.5 pages 27-30 Appendix 20172601 Q1.5.1** of my response.

73. Subsequently, on 26 January 2017, I attended on behalf of Mrs Gishkori a meeting of the Oversight Committee with Dr Khan re Mr Aidan O'Brien, Consultant Urologist. The title of this meeting was subsequently described as a Case Conference. Notes of the



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Case Conference is at **located at S21 18 of 2022 Appendix Q1.10 pages 53-58 20172701 Q1.7.2** of my response.

74. During the meeting, the Preliminary Report for the Oversight Committee entitled "*Preliminary Report from Case Investigator 26 January 2017 FINAL*" was emailed by Siobhan Hynds to the staff present at the Oversight Committee (Case Conference) and Mrs Gishkori as substantive member of the Oversight Committee. Siobhan Hynds stated "*revised copy as discussed*". Copy of this email and the attachment is **located at S21 18 of 2022 Appendix Q1.7 20172601 Q1.5.3 pages 37-38) and (S21 18 of 2022 Appendix Q1.8 20172601 Q1.5.4 pages 39-50** of my response.
75. It is noted and I recall, that following significant consideration of the discussions, Dr Khan, the Case Manager, advised that Mr O'Brien should be allowed to return to work and be subject to a formal investigation as there was significant deviation from GMC's "Good Medical Practice", Trust processes, and the working practice of his peers.
76. The Medical Director, Dr Richard Wright, Director of Human Resources and Organisational Development, Mrs Vivienne Toal, and myself, Anne McVey, deputising for Mrs Gishkori, agreed both recommendations. Deputising for the Director of Acute Services at Oversight Committee required me to be accountable for the decisions made at the Oversight Committee and to ensure that I apprised Mrs Gishkori of the details of the proceedings and further actions required.
77. I agreed to these decisions on the assurance, provided by the Case Investigator, Mr Colin Weir, that the conditions of Mr O'Brien's return to work would entail strict compliance with Trust procedures and policies, compliance with the GMC's "Good Medical Practice" (April 2013), a review of his job plan and compliance with a formal investigation to be commenced to assess his administrative processes. Moreover, there was agreement that Mr O'Brien's return to work would be subject to monitoring and it ensured that his workload activity would be comparable to his colleagues. This was to be actioned as part of the review by Mrs Gishkori, Mr Carroll and Mr Weir. Finally, there was also agreement that if further concerns were identified, an Oversight Committee would be convened to review the position. This was to be actioned by Mr Colin Weir in his capacity as Clinical Director.
78. Siobhan Hynds, Head of Employee Relations, on 2 February 2017 at 16:24 sent an email to Simon Gibson and copied it staff who attended the Oversight Committee and Mrs Gishkori, advising –

*Simon,*

*I have tracked some minor changes to the notes for your consideration. I have changed the terminology to reflect the MHPS Framework.*

*Regards,*

*Siobhan*



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A copy of this email is at **located at S21 18 of 2022 Appendix Q7.1- pages 3-4 20170202 Q7.78.1 and S21 18 of 2022 Appendix Q7.2- pages 5-10 20170202 Q7.78.2**

**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 Medical Director, Clinical Director, Associate Medical and Head or Urology Service with any other role which had governance responsibility.**

79. During my tenure as Assistant Director of Acute Services, the operation and governance of Urology services has not been part of the remit of my roles, responsibility and lines of management. The Assistant Director with responsibility for the operation and governance of urology is Mr Ronan Carroll formerly Mrs Heather Trouton. Therefore, I am unable to comment or explain on how aspects of my governance roles and responsibilities overlapped with roles of the Medical Director, Clinical Director, Associate Medical Director and Head of Urology Service.

### Urology Services/ Urology Unit – 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.**

80. During my tenure as Assistant Director of Acute Services, I was not involved in the establishment of the urology unit in the Southern Trust Area.

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

81. As I was not involved the operational management, governance and establishment of the urology unit the Southern Trust Area, I am not privy to the performance indicators used within the urology unit at its inception.

**Q11. Was the “Integrated Elective Access Protocol” published by the 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?**

82. I was provided with the copy of the Integrated Elective Access Protocol published by the Department in April 2008. I circulated this document to the gynaecology service within the Integrated Maternity and Women’s Health Division. As I was not involved in the operational management and governance of the urology services in the Southern Trust, I cannot comment on whether the Integrated Elective Access Protocol published by the DOH in April 2008, was disseminated or provided to the urology consultants in the SHSCT.



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83. I am familiar with the “Integrated Elective Access Protocol” published by the DOH in April 2008. This protocol was based on tried and tested systems to improve the effectiveness and efficiency of the delivery of services and improve the patient experience. This was linked to the Priorities for Action (PFA) waiting times for outpatients, diagnostics, and day cases and cancer access standards of 31 days for treatment to begin from diagnosis of cancer and decision to treat and for patients with a suspected cancer this standard was 62 days. I shared a copy of the Integrated Elective Access Protocol at the time of its publication with staff in the integrated Maternity & Women’s Health Division for implementation across the gynaecology specialties. A copy of the Protocol can be located at **S21 18 of 2022 Appendix Q11.1- pages 3-80 20083004 Q11.83** of my response.

### Integrated Elective Access Protocol

**Q12.1 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?**

84. As I had no involvement in the operational management and governance of urology services in the Southern Trust Area, I cannot comment on the impact the “Integrated Elective Access Protocol” had on the management, oversight and governance of urology services.

**Q12.2 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?**

85. As I had no involvement in the operational management and governance of urology services in the Southern Trust Area, I cannot comment on whether the time limits for urology services were monitored against the requirements of the protocol. I also cannot comment on what actions were taken, by whom and if the time limits were not met.

### Implementation plan, Regional Review of Urology Services, Team South Implementation Plan, published 14 June 2010

**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 Plan to deal with this backlog.**

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

86. I was aware that there was a Regional Review of Urology Services as it is a legal requirement to consult on any major change on service provision that would impact on patients/ clients. I was aware that staff engaged in the management and delivery of the Urology Services in the Trust met regarding same on what appeared to be a very regular basis. This was because the meetings took place in a meeting room opposite my office or in the Board Room in the main foyer of the Hospital.

87. From a Review of my emails, I received an email from Carolyn Agnew, Head of User Involvement and Professional Lead for Community Development on 25<sup>th</sup> September 2009 advising that the 2009 Adult Urology Services Review was out for public



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consultation and if I had any comments on the review to complete the attached questionnaire. Copies of the email and attachments (**can be located at located at S21 18 of 2022 Appendix Q13.1- pages 3-4 Appendix 20092509 Q13.1.87.1), (can be located at S21 18 of 2022 Appendix Q13.2- pages 5-68, (20092509 Q13.1.87.2), (located at S21 18 of 2022 Appendix Q13.3- pages 69 20092509 Q13.1.87.3), and can be located at (S21 18 of 2022 Appendix Q13.4- pages 70-80 20092509 Q13.1.87.4)** of my response.

88. On 2 October 2009, I forwarded this email to Mr Richard De Courcy Wheeler, Consultant Obstetrician/ Gynaecologist, with a special interest in Urodynamics. I asked him if he wanted to comment on the Section re Urodynamics.

89. Mr De Courcy Wheeler replied to me on 5 October 2009 to provide the below comments;

*Dear Anne,*

*Paragraphs 2.16 to 2.19 refer to urology of female incontinence. Recommendation 3 states that "A separate review of urinary continence services should be undertaken, with a view to developing an integrated service model in line NICE Guidelines"*

*This is the vital bit which affects gynaecology and is exactly what we have been talking about when discussing the urodynamics service. There is a large undeclared demand for continence services in the community which will only get bigger as the population ages*

A copy of this email can be located at located at **S21 18 of 2022 Appendix Q13.5- pages 81-82 20090510 Q13.1.89**

90. There was no separate review of urinary continence services, however the NICE Guideline (CG1717) Urinary Incontinence in Women was published on 11 September 2013 and the gynaecology services in the Southern Trust adopted and implemented the recommendations.

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

91. I was not part of the implementation of the recommendations of the Review of Urology Services. However, from my attendance at monthly Performance meetings chaired by the Director of Acute Services and weekly updates regarding performance against outpatients, day cases and reviews, I would have been aware of the lack of capacity to meet the demand for urology services. This lack of capacity was shared at a high level at the Acute Services Directorate Governance Meeting in the Directorate Risk Register. I have attached a copy of the Risk Register at **located at S21 18 of 2022 Appendix Q13.6- page 83 20221305 Q13.2.91** of my response.

92. As I have no operational involvement with the urology service, I was not privy as to how the implementation of the Team South Plan was reviewed or its effectiveness assessed.

### III. What was your role in that process?

93. As Assistant Director of Acute Services, my role in the process was limited to my attendance at Performance meetings where the Review of Urology Services was



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referenced as the best way forward to deal with the capacity and demand challenges within urology.

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

94. I am not in a position to provide a comment on whether the plan achieved its aims, as I had no operational involvement with the urology service.

95. I am not in a position to advise whether or not the plan achieved its aims, as I had no operational involvement with the urology service.

96. I am not in a position to state in what way the Plan's aims were achieved, as I had no operational involvement with the urology service.

### **Q14.1 Were the issues raised by the Implementation Plan reflected in any Trust governance documents or minutes of meetings, and/or the Risk Register?**

97. I cannot recall from my attendance at Acute Services Directorate Performance and Governance meetings whether there were issues raised with the Implementation Plan and if these were reflected at governance papers, minutes or agenda.

98. As per my response at question 13.2 the problem of demand and capacity in the urology service is cited in Directorate risk registers.

### **Q14.2 Whose role was to ensure this happened?**

99. The Head of Service, Mrs Martina Corrigan was supported by the Assistant Director, Mrs Heather Trouton, and the Associate Medical Director Mr Eamon Mackle were responsible as operational and clinical leads for ensuring that the recommendations of the Review of Urology Services were implemented and that any concerns within the urology service, i.e. breaches in access and waiting times, staffing gaps were reflected in governance documents, minutes or risk register. This would have been overseen by the Director of Acute Services, Dr Gillian Rankin, Mrs Deborah Burns and Mrs Esther Gishkori.

### **Q14.3 If the issues were not so reflected, can you explain why?**

100. As far as I am aware, governance issues like risk to patient safety due to medical shortages and vacancies within specialties was added to the Corporate Risk Register in July 2015. The same corporate risk register highlighted in April 2015 the risk to the provision of high quality nursing care due to a shortage of registered nurses and midwives across all Directorates within the Trust. The Cancer and Clinical Services (CCS) Division Head of Service and Team Register on 1 March 2019 highlighted the Trust's potential risk to meeting the 62 day cancer performance target due to an increase in red flag referrals, capacity issues, inability to downgrade referrals. This risk was added to their register on 3 September 2012. The CCS register also highlighted serious concerns for skin, urology and head and neck following assessment against the cancer peer review standards. This risk was added to the register on 1 September 2015 and on 22 January 2018, the progress summary stated, *"No longer serious concerns. Awaiting*



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*new risk assessments with accurate update. There are now action plans in place for each cancer multidisciplinary team”.*

101. The Surgery and Elective Care Divisional Head of Service and Team Risk Register on 1 March 2019 referred to the delay in review of patients or planned screening/ repeat procedures presenting adverse clinical risks due to inpatient/ day case planned backlog and planned procedures beyond clinically indicated timescales in the following surgical specialties; urology, general surgery, orthopaedics, and chronic pain. This risk was added to the register on 15 October 2016. The Divisional register also referred to the Increase in Access Times associated with capacity gaps and emergent demand, capacity gap in red flag, urgent and routine. The following specialties with new outpatients waiting greater than 52 weeks were cited; urology, general surgery, orthopaedics, and chronic pain. In 2019, these risks continued to be identified and were being monitored by the Operational Support Lead and Head of Service, discussed at Head of Service weekly meetings and risks highlighted at monthly performance meetings.

### **Q14.4 Please provide any documents referred to in your answer?**

102. Copies of the Risk Registers where governance/ performance issues relating to the delivery of urology service ***can be located at located at S21 18 of 2022 Appendix Q40.2- page 7 20191204 Q40.191.2 and located at S21 18 of 2022 Appendix Q40.3- page 9 20191204 Q40.191.3*** of my response.

### **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?**

103. I am unable to provide comments on whether the Implementation Plan resolved satisfactorily or if the problems did persist following the setting up of the urology unit, as I had no operational involvement with the urology service.

### **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 them?**

104. As Assistant Director, I am aware through the weekly meetings between the Director of Acute Services and the Assistant Directors of Acute Services Divisions that there were staffing issues across a range of services in the Acute Services Directorate including urology.

105. Upon review of my emails on 18<sup>th</sup> September 2019, Heather Trouton forwarded an email to Ronan Carroll and myself sharing the presentation that Kate O'Neill, Urology Specialist Nurse was going to share at the Patient and Client Experience Committee on 19 September 2019. As I was representing Mrs Melanie McClements, Director of Acute Services, at this meeting Heather thought I would want to preview same. This presentation focused on the establishment of the Thorndale Unit and its impact on the patient and client experience. It was entitled “*Reflections on Patient Experience in the Thorndale Unit CAH*”. The background to this presentation identified that the Thorndale Unit was established in 2007 following the Regional Review of Urology Services and



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acknowledgment of a mismatch between demand versus capacity. The Thorndale Unit is the outpatient facility for urology patients to be seen by urologists and urology nurse specialists. A copy of the email and the presentation is at ***located at S21 18 of 2022 Appendix Q16.1- page 3 20191809 Q16.105.1 and S21 18 of 2022 Appendix Q16.2- pages 4-18 20191909 Q16.105.2.***

106. There were only 2 Consultant Urologists and 2 Urology Nurse Specialists at the inception of the Thorndale unit in 2007. Priorities identified were to increase staffing levels within the team in order to meet the cancer targets for those patients referred in by GPs (62 days) and incidental findings (31 days), and to improve the patients/ client experience.
107. It identified that the consultant urology team had expanded to 6 and the urology nurse specialist team had increased to 3 with further appointments projected. The unit moved to a larger purpose built area within the main hospital. Through clinical leadership and management support, the aim was to improve care provided to patients.
108. It described the nurse led activity within the unit, the benefits to staff and patients which included opportunities for the nursing team to expand their practice allowing consultants to concentrate on more complex decisions and treatments.
109. The Thorndale unit (urology unit) was awarded the Frontline Team of the Year and Overall winner in Trust Excellence Awards in 2016. It described the improvement in patient/ client experience. The presentation described how the staff were familiar to the patients, less visits were required for investigations/ diagnostic processes, all patient with a cancer diagnosis had their care formally discussed at a multidisciplinary team meeting, protected review slots to receive results, patients assigned a key worker who provide site specific information and a contact number.
110. It did highlight the challenges moving forward for example that currently the urology service was unable to meet the cancer targets, that there were lengthy waiting lists for inpatient procedures and recruitment and retention issues.
111. From my attendance at weekly meetings, Acute Services Senior Nursing and Midwifery Leadership/ Governance Forum, Directorate Governance and Performance Meetings, I was of the opinion that the urology service was not adequately staffed from its inception which necessitated the need to recruit 4 additional consultant urologists and 1 additional urology nurse specialist with a view of recruiting more in the future.
112. There were still challenges with respect to meeting cancer access targets and recruitment and retention issues – the latter partly attributed to lengthy Regional Business Services Organisation (BSO) processes. The centralisation of recruitment via BSO did not manage the recruitment processes as efficiently as when they were Trust based. As previously managers could have called the resourcing officer and the recruitment team and had issues dealt with in a timely manner.

**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?**



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113. As per my response above, I was made aware of that there were nurse and medical staffing gaps in the urology unit due to recruitment and retention challenges when I attended the presentation on behalf of Mrs Melanie McClements.

114. The presentation was delivered by Kate O'Neill, urology nurse specialist, on 19 September 2019. A copy of this presentation is **located at S21 18 of 2022 Appendix Q16.2- pages 4-18 20191909 Q16.105.2.**

**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 on how this impacted on the unit? How were staffing challenges and vacancies within the unit managed and remedied?**

110. I am not privy to the detail of vacancies within the urology unit. I cannot therefore provide an opinion on how this impacted on the unit. However, as per my response to question 17, I was told through my attendance at the presentation and various Directorate meetings that the Thorndale unit was not adequately staffed on its inception and that further recruitment of consultant urologists and urology nurse specialists were progressed to manage and remedy staffing challenges.

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

115. I cannot comment in relation to the urology services specifically as I was not operationally involved in the oversight and management of the service.

116. In my view the provision, management and governance of any service will be impacted if there are staffing problems. Staffing problems can contribute to the ability/capacity of the service to meet the demand. It would be challenging for the service to meet access standards (9-week for outpatients, 13 weeks for inpatients and day cases, and 31-day/62-day cancer red flag targets). Delivering a service that is in line with evidence based guidelines effectively and efficiently requires adequate numbers of staff with the appropriate education/training and skill set to safely manage the patient cohort.

117. All NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care. Staffing challenges can compromise the ability of operational leads to comply with governance standards.

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

118. As I have no direct involvement in the operational management and governance of the urology unit, I am unable to comment whether there were changes in the staffing posts, roles, duties and responsibilities in the urology unit.

**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?**

119. As Assistant Director, my governance role is focused on ensuring that the needs of patients and their carers are at the core of how all specialties deliver their services in accordance with Department of Health Quality Standards for Health and Social Care.



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This includes compliance with the assessment and management of risks, compliance with professional regulatory and requisite standards, meeting the targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness. I also ensure that the management of complaints comply with Department of Health and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement. As part of my governance role, I am expected to deliver services using quality improvement methodologies to ensure that the quality of the patient journey and experience is enhanced and improved. Finally, I must facilitate public and personal involvement at health and well being strategies. This core governance role has been the same throughout my tenure as Assistant Director, any changes or expansion of the role was brought about by regulatory, legislative and professional standards and guidelines.

120. I have worked as an Assistant Director or equivalent for approximately 28 years. Prior to my tenure in the SHSCT, as Assistant Director of Nursing and Quality in the Mater Hospital, I led on the establishment of multidisciplinary audit, which ensured that clinical practice was continuously monitored, and that deficiencies in relation to set standards of care were addressed. I led on the identification of education and training needs for registered nursing and midwifery staff and support staff to enable them to be competent in their jobs, comply with professional, vocational and regulatory development requirements.
121. Prior to my tenure with SHSCT, as Nursing Officer for Acute Services DHSSPS (October 2000 – April 2003), I was involved in the development of the policy document “Best Practice, Best Care” (April 2001) (**this can be located at S21 18 of 2022 Appendix Q21.1- pages 3-124 2001.01.04 Q21.121.1**) which set out the proposals relating to clinical and social care governance to be implemented in Northern Ireland. These proposals led to the implementation of a framework, “The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS” (March 2006) (**this can be located at S21 18 of 2022 Appendix Q21.2- pages 125-164 20060103 Q21.121.2**) through which the accountability for the quality of services was put on par with the existing comparable statutory duty that existed in HPSS organisations in relation to financial management. Subsequently every NHS employee is accountable through the statutory duty of their Chief Executive to ensure the quality of the service they deliver is improving continuously.
122. As Assistant Director of Acute Services in the Southern Trust, I liaise with Associate Medical Directors (now Divisional Medical Directors), Clinical Directors, Heads of Service, Lead Nurses and Ward Sisters/ Charge Nurses to ensure collective accountability for continuously improving the quality of services safeguarding high standards of care and treatment, and setting, maintaining and monitoring performance standards. This collective leadership approach to governance is evidenced by the following examples –
  - a. The Acute Clinical Governance Committee meets at 08:00 on the 2<sup>nd</sup> Friday of each month. It is chaired by the Director of Acute Services supported by the Acute Clinical Governance Team. The Divisional Medical Directors, Clinical Directors, and Assistant Directors or their deputies are all invited to attend. This agenda provides an update on the Directorate position regarding complaints,



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clinical incidents, risk registers, ombudsman's cases, and all serious adverse incident reports are shared and approved via this forum before they are submitted to the HSCB and shared with the service user or their family.

- b. The Director of Acute Services chairs a monthly meeting in advance of the Acute Clinical Governance Forum supported by the Clinical Governance Team. All Assistant Directors or their deputies are invited to attend. A similar meeting takes place on a fortnightly basis regarding the receipt and implementation of national and regional standards and guidelines.
- c. As Assistant Director of Acute Services, I meet weekly with the Divisional Medical Directors and Clinical Director supported by the Governance Team to review and screen clinical incidents to ascertain if they required to be further investigated as a Significant Event Audit or a Serious Adverse Incident. This forum identifies staff who will participate in the review teams and approves an internal Chair or advises when an external Chair is required.
- d. As Assistant Director of Acute Services, I also meet weekly with Heads of Service, Lead Nurses and Operational Support Lead who report directly to me. The agenda of this meeting mirrors the agenda of weekly meeting of the Director of Acute Services with Assistant Directors.

*If so, explain how it has changed with particular reference to urology services, as relevant?*

123. To the best of my knowledge, a similar structure or framework for governance would be in place in each of the other Divisions. Urology Services sits with the Surgery and Elective Care Division, its operational and governance oversight rests with the Head of Service for Urology, Mrs Martina Corrigan, now Ms Wendy Clayton and the Clinical Director for Urology, Mr Colin Weir, Mr Mark Haynes and now Mr Adrian Neill. These operational leads were supported by the Assistant Director for Surgery and Elective Care Services, Mrs Heather Trouton and now Mr Ronan Carroll, and the Associate Medical Director for Surgery and Elective Care, Mr Eamon Mackle, Mr Mark Haynes and now Mr Edward McNaboe. Having participated at these various governance forums at Directorate level, I would be aware that datix were submitted in relation to urology services and were subsequently taken forward as Serious Adverse Incidents to prevent similar incidents from reoccurring and to ensure learnings were embedded. Copies of these incidents are at **S21 18 of 2022 Appendix Q21.3- pages 165-172** **20222605 Q21.123.1** of my response

124. I cannot comment on whether there have been changes in the governance of urology services, but as a publicly funded body, there is an expectation that the Trust and its Divisions deliver services in line with regulatory, legislative and professional standards and guidelines.

**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 do not have sufficient understanding to attest this question, please identify those individuals you say would know.**

125. I do not have sufficient understanding to answer this question. The Assistant Director of Functional Support Services, Mrs Anita Carroll, and the Head of Service for



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Administrative Services, Kathrine Robinson will both have an understanding as to how non-medical staff were allocated to support medical and nursing staff.

**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?**

126. I am not able to comment on the allocation of administration staff to particular consultants in urology. Currently, across the Acute Services Directorate most business cases allocate 0.5 Whole Time Equivalent (WTE) Band 4 secretarial support to each consultant. It is my experience that staff would cover annual and sick leave for their colleagues of a similar Band.

127. In the Divisions I have been responsible for as Assistant Director, the Service Administrator for Medicine and Unscheduled Care, Lucia Cunningham, brings to the attention of Heads of Service any backlogs in administrative workload, with each of the consultants, the Head of Service and the Assistant Director for Functional Support Services and Medicine and Unscheduled Care. Backlog reports have been shared from approximately 2013.

128. A copy of this backlog report is at located at **S21 18 of 2022 Appendix Q23.1- page 3 20221104 Q23.128.1 and S21 18 of 2022 Appendix Q23.2- page 5 20221104 Q23.128.2** of my response.

**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.**

129. There were no concerns in regard to administrative support for urology 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?**

130. The Head of Service for Urology, Mrs Martina Corrigan, was in overall charge of the day-to-day running of the urology unit. The Head of Service for Urology reported to the Assistant Director of Surgery and Elective Care, Mrs Heather Trouton and Mr Ronan Carroll.

131. The following persons held the post of Head of Service for Urology

- Martina Corrigan, from the unit's inception in 2009 to September 2020
- Wendy Clayton, October 2020 to present

132. The following persons held the post of Assistant Director for Surgery and Elective Care

- Heather Trouton, from the unit's inception in 2009 to April 2016
- Ronan Carroll, May 2016 to present

133. These operational leads would have been supported by the Urology Nurse Specialists and the Lead Nurse.

134. The following persons held the post of Urology Nurse Specialists



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- a. Kate O'Neill, from the unit's inception to 2020
  - b. Jenny McMahon, from the unit's inception to 2020
  - c. Sr Joanne Percival, 2020 to present
135. The following persons held the post of Lead Nurse with responsibility for Urology
- a. Connie Connolly – April 2008 – January 2018 (for outpatient departments within the Trust excluding the Thorndale Unit and set up Pre-Assessment Unit)
  - b. Gillian Henry – February 2011 – October 2018 (July 2016 – October 2018 for Urology Specifically)
  - c. Dorothy Sharpe – February 2011 – February 2021
  - d. Sarah Ward – March 2019 until November 2021
  - e. Paula McKay – November 2021 to present

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

136. As Assistant Director, it is my duty to complete an annual personal development review on the staff who report directly to me. The Trust documentation entitled "*KSF Personal Development Review Form*" is used at these appraisals. This was not always completed on an annual basis due to competing priorities within the Division. On hindsight, I recognise that this is a useful tool for myself as the line manager to be appraised of development and future needs of each individual who directly reported to me.
137. This provides the staff member with the opportunity to comment on his or her performance over the past year and for I as the line manager to provide feedback on the staff member's performance over the past year.
138. This is also an opportunity to set objectives for the next year. The performance review is signed off by the member of staff being reviewed and I as the reviewer.
139. There is also a section in the document that focuses on corporate mandatory training for all staff, role-specific mandatory training, and essential elements for the post such as professional registration.
140. The completed part B of the appraisal document should be submitted to the Vocational Assessment Centre.
141. A copy of this appraisal document is included at **(S21 18 of 2022 Appendix Q26.1- pages 3-8 20210521 Q26.141.1), (S21 18 of 2022 Appendix Q26.2- pages 9-10 20210629 Q26.141.2), and (S21 18 of 2022 Appendix Q26.3- pages 11-12 20210628 Q26.141.3)** of my response.

**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.**



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142. I can confirm that my role was always subject to performance review. This was undertaken by the Director of Acute Services, the latest appraisal document **can be located at S21 18 of 2022 Appendix Q27.1- pages 3-8 20210521 Q27.142.1** of my response. Unfortunately, I can no longer locate copies of previous performance reviews as these were kept as paper copies.

143. As per my last appraisal the agreed objectives for my role are –

- a. Focus on the recruitment, development and retention of medical, nursing and support staff across the range of medical specialties (Stroke/ Frailty, Gastroenterology, Respiratory, Neurology, Rheumatology, Dermatology, Cardiology, Diabetes/ Endocrine)
- b. Drive Quality Improvement/ Service Development across the range of medical specialties, empowering and enabling Heads of Service, Lead Nurses and medical staff to engage and deliver on same (Discharge before 1pm)
- c. Deliver on the key governance, performance, finance, patient safety and human resources indicators.

144. I have included at (**S21 18 of 2022 Appendix Q27.2- pages 9-26 20120901**) (**S21 18 of 2022 Appendix Q27.3 pages 27-40 Q27.144.2**), and (**S21 18 of 2022 Appendix Q27.4- page 41 20210518 Q27.144.3 and 20210518 Q27.144.4**) of my response copies of *SHSCT Knowledge and Skills Framework (KSF) Guidance Document* (September 2012), *SHSCT Performance and Personal Development Review Policy Based on the Knowledge and Skills Framework (KSF)*, which was issued on 16 May 2019 and subsequently reviewed on 18 May 2021, and a *Flowchart for completing KSF Personal Development Review and Plan*.

### 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, if that assists.**

145. As I have not had operational involvement for the urology unit, I did not engage with staff within the unit, and I was not involved with or responsible for urology related issues on a day to day, week to week and month to month basis.

**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**

146. As I have not had operational involvement for the urology unit, I am unable to respond to this question. The Assistant Directors with responsibility for Urology, Mrs Heather Trouton and Mr Ronan Carroll would have been present at the weekly meetings between the Director of Acute Services, Mr Jim McCall, Miss Joy Youart, Dr Gillian Rankin, Mrs Deborah Burns, Mrs Esther Gishkori, and Mrs Melanie McClements and the other Assistant Directors, Mr Lindsay Stead, Mr Simon Gibson, Mrs Anita Carroll, Dr Tracey Boyce, Mr Barry Conway, Mrs Helen Walker, myself, Mrs Anne McVey, Mrs Mary Burke,



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Mrs Caroline Keown. The Agenda for these meetings mirrored the Trust Senior Management Team meetings – finance and Human Resources, performance, governance, patient/ client experience.

147. The Head of Service for Urology, Mrs Martina Corrigan and Ms Wendy Clayton would have previously during the tenure of Dr Rankin attended performance meetings and would have deputised for the Assistant Directors, Mrs Heather Trouton and Mr Ronan Carroll at the weekly meetings between the Director of Acute Service and Assistant Directors when their Assistant Director was on leave.

148. The meetings between the Director of Acute Services and Assistant Directors lasted approximately 2-3 hours.

149. Copies of the minutes and action notes of these meetings are at included in the initial Discovery for the Urology Service Inquiry.

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

150. I am not in a position to provide any comment to this question as I have not had operational involvement with the urology staff.

### Governance – Generally

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

151. My involvement with matters of clinical governance in the unit is limited to my participation at the case conference re Mr Aidan O'Brien, Consultant Urologist, which I have detailed in my response to question 7.

**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?**

152. Under HPSS Clinical and Social Care Governance Framework, the statutory duty of quality rests with the Chief Executive as the accountable officer. Individuals are accountable for setting, maintaining and monitoring performance and governance standards. The SHSCT governance structure has several tiers to ensure accountability for continuously improving the quality of their service and safeguard high standards of care and treatment.

- a. Trust Clinical Governance Forum
- b. Acute Services Directorate Governance Meeting which occurs on the 1<sup>st</sup> Tuesday of every month.
- c. Acute Services Standards and Guidelines Forum which occurs fortnightly on a Tuesday
- d. Acute Services Clinical Governance Meeting which takes place on 2<sup>nd</sup> Friday of every month
- e. Trust Senior Nursing and Midwifery Governance Forum



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- f. Acute Directorate Nursing and Midwifery Leadership and Governance Forum
- g. Doctors in Difficulty
- h. Nurses in Difficulty

The Clinical Governance arrangements of the urology unit is overseen by the Assistant Director of Surgery and Elective Care, Mrs Heather Trouton and Mr Ronan Carroll in collaboration with the Associate Medical Director, Mr Eamon Mackle, Mr Mark Haynes and Mr Edward McNaboe, and the Clinical Director, Mr Colin Weir, Mr Mark Haynes and Mr Adrian Neill. The Head of Service of Urology Services also contributes to the clinical governance arrangements of the urology service. This team provide an assurance by way of reporting and updating the Director of Acute Services with regards to good practice, and any concerns regarding clinical practice that is not in keeping with professional and regulatory standards.

153. As Assistant Director with responsibility for Integrated Maternity and Women's Health, Medicine and Unscheduled Care, it was not my responsibility to monitor complaints, data, concerns subject to Serious Adverse Incident investigation, staff education and training, and clinical audits for the urology service. I was also not responsible for escalation of other clinical and governance concerns relating to urology to the Director of Acute Services.
154. As Assistant Director, if members of staff had cited concerns with me regarding any lapses in clinical and professional governance of any specialty within the Acute Services Directorate, it would have been my responsibility to escalate these to the appropriate Assistant Director or Director of Acute Services.

**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?**

155. I did not oversee the quality of services in urology. My assurances regarding the quality of service provision is limited to the performance and governance presented at meetings that I attended. Performance reports details service performance against Service Baseline Agreements (SBA), i.e., target access standards for inpatients, outpatients and day cases. Governance reports, on the other hand, included root cause analysis on the review of Serious Adverse Incidents across specialties, this included urology. The responsibility for presenting the performance and governance reports relating to urology, is the Assistant Director and Associate Medical Director of Surgery and Elective Care services.
156. Sample copies of the performance and governance reports are located at (**S21 18 of 2022 Appendix Q33.1- pages 3-6 20210223 Q33.156.1), S21 18 of 2022 Appendix Q33.2- pages 7-12 20210212 Q33.156.2), and (S21 18 of 2022 Appendix Q33.3- pages 13-22 20210212 Q33.156.3)**) of my response.

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

157. I did not oversee the performance metrics in urology but I would have been and am privy to performance reports which were and are shared prior to the Acute Directorate



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Performance meetings. The Assistant Director for Surgery and Elective Care, Mrs Heather Trouton and Mr Ronan Carroll, and the Head of Service for Urology, Mrs Martina Corrigan, supported by the Operational Support Lead, Mrs Sharon Glenny, Ms Wendy Clayton and Mrs Jane Scott were responsible for overseeing the performance metrics related to urology.

158. The Assistant Director for Performance Improvement, Mrs Deborah Burns, Mrs Aldrina Magwood, Mrs Lesley Leeman and the Head of Performance, Planning and Contracts, Mrs Lesley Leeman, Mrs Lynn Lappin, would provide in collaboration with the Informatics team details of the performance across each specialty. They would attend the monthly Acute Performance Directorate meetings chaired by the Director of Acute Services, Mr Jim McCall, Miss Joy Youart, Dr Gillian Rankin, Mrs Deborah Burns, Mrs Esther Gishkori and Mrs Melanie McClements to highlight areas of non-compliance with the required access targets.

159. The following held the post of Assistant Director for Performance Improvement, Mrs Deborah Burns, Mrs Aldrina Magwood, Mrs Lesley Leeman, and the Head of Performance, Planning and Contract, Mrs Lesley Leeman, and Mrs Lynn Lappin.

**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?**

160. As Assistant Director of Acute Services for Integrated Maternity and Women's Health Medicine and Unscheduled Care, and currently Medicine, my focus was to assure myself regarding patient risk and safety across the large portfolio of specialties and services which I was responsible for. This did not include the urology service.

161. The systems that I use to provide myself with an assurance regarding the quality of the service delivered within my Division range from management of complaints, datix, risk registers, mandatory and specialist training, implementation of standards and guidelines and audit recommendations.

162. My assurances that appropriate standards were being met and maintained are limited to the performance reports, governance reports and discussions in relation to urology at the Acute Services Performance and Governance Directorate meetings.

**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?**

*Issues of concern relating to urology services be brought to your attention?*

163. In addition to complaints, incidents, and risk registers discussed at Acute Services governance meetings, I have an open-door policy and would and have listened to the concerns of any member of staff within the Acute Services Directorate or any other Directorate. I would have encouraged the staff member to share their concerns with their immediate line managers and if concerns were of a nature that had the potential to



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impact on patient safety, I would have advised the staff member I was morally and professionally bound to escalate and disclose details of these concerns to the Director of Acute Services. As far as I can recall, there were no issues of concern that were raised with me relating to urology services.

### Systems or processes were in place for dealing with concerns raised

164. When a member of staff raises an internal concern, they are encouraged to speak in the first instance to their immediate line manager. This could be the ward sister/ charge nurse, lead nurse, Head of Service, Assistant Director or Director of Acute Services. If a member of the medical staff had a concern, they could raise it with their clinical supervisor, the Clinical Director, Associate Medical Director, Divisional Medical Director, Deputy Medical Director or the Medical Director.
165. Staff could also seek support to share their concerns with the Directorate of Human Resources or their respective Trade Union or Professional Representative. The Department of Health also have a Framework for Whistleblowing, entitled "Your Right to Raise a Concern (Whistleblowing)" which encourages staff to raise concerns openly regarding the quality of services, patient safety, and suspected wrong doing at work. Based on this framework, the Southern Trust has a Policy on Raising Concerns, issued in April 2018 that aims to promote a culture of openness, transparency and dialogue whilst reassuring staff that it is safe to speak up, upholds patient confidentiality, contributes to improving services, to prevent fraud and mismanagement and to provide an effective and confidential process by which staff can raise genuine concerns to safeguard patients, clients and the public.
166. With respect to concerns raised by patients and/or their families, there is an Acute Services Directorate Governance Team that liaise with the operational teams and clinical staff to investigate the concern raised, provide an explanation, provide an apology, if appropriate, and issue a response via the Director of Acute Services office on behalf of the Chief Executive. Patients can use Care Opinion, an online patient feedback platform for Health and Social Care Services across Northern Ireland, to describe their experience, say what was good and what could have been better. Patient feedback has to be responded to via Care Opinion or written response if the feedback highlights concern in relation to the service delivery within a specialty. Face to face meetings are also offered to patients and service users to address their concerns, share learning and apologise as appropriate if the standard of care did not meet the clinical or professional standards required.
167. Members of the public can also choose to highlight their concerns through the Patient and Client Council who will provide free and confidential advice/ information and help to make a complaint.
168. Internal and external concerns raised relating to the provision of services at an Acute Services specialty are brought to my attention through the systems and processes that I have outlined above and the Acute Services Directorate governance and performance meetings that I attend.

### Efficacy of those systems



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169. It is evident there are systems in place to deal with issues of concern raised by staff or patients/ other members of the public. The efficacy of these systems in dealing and addressing those concerns is dependent on awareness of these systems, accessibility and a willingness to utilise them. The timescale to acknowledge a written complaint is two working days and the performance against this target is usually 100% as it is managed by the Acute Governance team. Complainants should receive a substantive response to their complaint within 20 working days, and this target is very challenging to meet due to the number of individuals or specialties requiring access to the patient's case notes to draft their response. It can also be impacted upon by staff absences or leave, or the need to step down the Governance team to ensure service continuity for frontline services, e.g., staff in the governance team were redeployed during the COVID-19 pandemic to assist with administrative and clerical support required.

170. I do recognise that the current systems and processes that are in place to address external and internal concerns may not be deemed adequate by the person raising the concerns. It is for this reason why the person raising the concern can contact the Public Services Ombudsman, their professional regulatory body, or elected representatives.

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

171. Currently, there are a number of systems and processes that the Trust has in place to facilitate patients/ members of the public or staff to highlight their concerns – patients and members of the public can use the complaints system to highlight their concerns verbally, in writing, through the Patient Client Council or an elected representative. If the patient or member of the public remains dissatisfied after the Trust has exhausted all attempts to address and resolve the concern raised, they can liaise with the Public Services Ombudsman office.

172. With regard to staff, they can complete an electronic incident form, known as Datix, in relation to any concern or deficit they have identified in relation to patient care or staff health and wellbeing.

173. There are five tiers of risk register. A risk can be identified at ward level, and measures put in place to manage this risk. Each Head of Service has a risk register detailing risks that requires to be highlighted and put measures in place to manage same. There is also a Divisional risk register, which details risks that can potentially affect multiple specialties within the Division. This risk requires the mitigating measures to be set out and the risk to be monitored until such times that it has been fully addressed. If the Divisional risk can not be managed at a Divisional level due to its complexity, it is then added to the Directorate risk register. There is also a corporate risk register which highlights the risks to the organisation that require to be managed or mitigated by the Trust Senior Management Team.

174. There is a Acute Directorate Standards and Guidelines meeting every fortnight. All Standards and Guidelines that are received in the Trust relating to services in the Acute Services Directorate are brought to this meeting. A clinical lead for the dissemination and implementation of the Standard/ Guideline is identified. He or she is supported by the Head of Service and the Patient Safety and Quality Manager, Mr Christopher Warr, to implement the standard/ guideline and to provide evidence of its implementation and



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adherence or any barriers to same internally to the Director of Acute Services and externally to the Health and Social Care Board.

175. There are monthly Morbidity and Mortality meetings (M and M) that were initially established nationally to review deaths as part of professional learning. This meeting provides Trust Senior Management Team and Trust Board with the assurance that patients are not dying as a consequence of unsafe clinical practices. These meetings have evolved in that it now includes multidisciplinary participation and contributes to the governance of patient safety. In regularly reviewing deaths and complications, this meeting provides accountability and the necessary improvement measures required for patient safety as well as professional learning.

176. Trust systems and processes have changed over time with reference to national and regional guidelines for dealing with issues of concerns raised by the patient, member of the public and/or staff;

- a. *Being Heard: The report of a review committee on NHS complaints procedure, DOH, May 1994*
- b. *Your Right to Raise a Concern (Whistleblowing), HSC Framework and Model Policy, DOH, November 2017*
- c. *Inquiry into Hyponatraemia-Related Deaths (IHRD) report, January 2018 (made 96 recommendations for HSC improvement, among which were the enactment of an organisational Duty of Candour and an individual Duty of Candour with criminal sanction for breach)*
- d. *The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Duty of Candour Regulation that applies to the National Health Service, England, Social Care, England and Public Health, England)*

177. In addition to these guidelines, the Hyponatraemia Inquiry led on the need for openness and honesty within Health and Social Care. To facilitate this recommendation, proposals were put forward to publicly consult on a statutory organisational Duty of Candour – the statutory framework which mandates a health service body to act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

178. Changes to Trust systems and processes for dealing with issues of concern have been led by the Trust Senior Management Team. These changes were informed by national and regional guidelines and standards. With respect to urology services, there is an expectation that changes to systems and processes for dealing with concerns must be implemented in accordance with these agreed frameworks.

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

179. As I was not operationally responsible for the Urology Unit I was not appraised of any concerns generally within the Urology Unit. The persons who would be appraised of concerns in relation to service provision of the urology specialty is the Assistant Director



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for Surgery and Elective Care, Mrs Heather Trouton and Mr Ronan Carroll, the Associate Medical Director for Surgery and Elective Care, Mr Eamon Mackle, Mr Mark Haynes and Mr Edward McNaboe, the Clinical Director, Mr Colin Weir, Mr Mark Haynes and Mr Adrian Neill and the Head of Service for Urology, Mrs Martina Corrigan and Ms Wendy Clayton.

**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, addresses and escalated as necessary?**

180. I was not responsible for ensuring that governance system, including clinical governance, within the urology unit were adequate as I was not operationally responsible for this service. I would have been of the view that similar Governance arrangements were in place in each Division within the Acute Services Directorate.

181. When I operationally managed the Integrated Maternity and Women's Health (IMWH) Division, there was a Regional Review of Maternity Services and I was responsible for developing and implementing action plans to address recommendations for the service highlighted in the review. The Action plan that I developed identified the issues, the action to be taken, the person responsible for the implementation of the action and the date the implementation was completed. I monitored the implementation of the action plan against governance frameworks such as the *Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour*. The Royal College of Obstetricians and Gynaecologists trigger list for incident reporting in obstetrics was adopted, and a Consultant Obstetrician and Lead Midwife facilitated structured review and learning from each clinical incident. The learning was shared through the quarterly IMWH governance/ risk management forum, rolling audit meetings and dissemination to frontline staff using ward and department meetings. The monthly IMWH newsletter was also used to share the learning from clinical incidents or serious adverse incidents. Funding was secured for designated Risk Management Midwife, and implementation of the Cardiotocograph (CTG) and Perinatal (K2) training programme. I also secured for the appointment of a CTG Coordinator to oversee the implementation of the above training programmes as this area is deemed to be one of the largest risk in obstetrics.

182. I would not have had cause to have concerns that governance issues regarding urology services were not being identified, addressed and escalated as necessary. I was aware of the performance issues in relation urology being challenged in relation to capacity and demand. This challenge is not only limited to urology as evidenced by the much publicised waiting times for a range of services. However, I was not aware of the clinical governance issues within the urology service until I attended the Oversight Committee on 26 January 2017 which deliberated on the administrative governance of the practice of Mr Aidan O'Brien, Consultant Urologist.

**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**

183. Generally, the Acute Services Directorate reflects governance concerns at risk registers, complaints reports, recommendations arising from SAI reports, summary of incidents, mandatory training compliance and clinical audits. These reports are



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circulated prior to the Acute Directorate Governance Meeting in advance of the monthly Acute Clinical Governance Meeting which is chaired by the Director of Acute Services and attended by Associate Medical Directors (now Divisional Medical Directors), Assistant Directors of Acute Services, and Clinical Directors. This meeting is supported by the Acute Directorate Governance Team.

184. The governance documents that I have enumerated are discussed and the SAI reports are presented and signed off at the Acute Clinical Governance Forum. SAI reports that are deemed to have insufficient clarity regarding the events that led to the incident or evidence of realistic implementation of learning identified in the report.
185. For urology services, on 8 March 2019 governance papers discussed at the Acute Clinical Governance meeting indicated the risk that Surgery and Elective Care and Cancer Services may not meet targets and recommendations – 62 day cancer performance, recommendation to address serious concerns for skin, urology, and head and neck cancers, inpatient/day case backlog, and access times for inpatient, day case and outpatient.
186. The risk that the 62 day cancer performance target would not be met was due to an increase in red flag referrals, capacity issues, inability to downgrade referrals and regional issues. The Controls put in place included daily monitoring of referrals of patients on the 62 day pathway, escalation to the Head of Service/ Assistant Director when patients did not meet this milestone on the pathway. The update on this risk on 28 June 2016 identified that the achievement of the 62 day pathway continued to be a risk due to external and internal factors such as delay in first appointments, increase in red flag referrals from GPs and reporting of diagnostics.
187. The serious concern that recommendations following the June 2015 Cancer Peer Review may not be implemented is due to the recognised capacity gaps. These gaps are being consulted with the Health and Social Care Board through the submission of Investment Proposal Templates (IPT) previously known as Business Cases to secure additional resource for staffing. The update on the 6 June 2016 states that the urology and skin task and finish groups continue to meet to address peer review issues. On 22 January 2018, the update stated no longer serious concern, awaiting new risk assessment with accurate update. There are now action plans in place for each cancer multidisciplinary team.
188. The risk of not meeting access times for outpatients detailed at the risk register for Surgery and Elective Care is associated with capacity gaps and emergent demand. On 15 October 2018, the risk register noted clear capacity gap, request for HSCB funding when In House Activity (IHA) capacity is available to do additional sessions. It also noted ongoing red flag capacity issues which were being discussed at monthly cancer performance meetings. On 28 November 2018, the risk register was updated to inform that new outpatient waits continue to grown on a monthly basis, additionality secured for general surgery and chronic pain, high risk of incidental cancers from long new waiters. On 6 February 2019, the update stated waiting times monitored by Operational Support Lead and Head of Service and discussed at Head of Service weekly meetings, risk highlighted at monthly performance meetings.



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189. The risk of not meeting access times for inpatients and day cases at the Surgery and Elective Care Division was noted at the register as due to capacity gaps and emergent demands. On 15 October 2018, clear capacity gap, request for HSCB funding when IHA capacity available to do additional sessions. Ongoing red flag capacity issues discussed at monthly Cancer performance meeting. A further update to the risk register was added on 28 November 2018 which stated that inpatient and day case waiting times continue to grow. Winter plan in place from December 2018 to March 2019 with 30% reduced theatre capacity. No routines to be scheduled on Craigavon Area Hospital (CAH), capacity for red flag and urgent only. This risk was identified again on 6 February 2019.
190. At the Acute Clinical Governance Meeting on 13 September 2019, the Serious Adverse Incident (Unique Case Identifier [REDACTED]) was discussed and presented by Mr Ronan Carroll and Mr Mark Haynes. The incident relates to a patient with a history with metastatic colorectal cancer, small volume lung metastasis and left pelvic mass associated with ureteric obstruction. He was considered for palliative pelvic radiotherapy in January 2016, but urology stents already in situ required renewal prior to radiotherapy. There was a protracted delay in the management of stents. In December 2016, due to disease progression, palliative radiotherapy was no longer considered an option for the patient and he died [REDACTED] December 2016. The causative factors in the SAI report highlighted treatment and care delay, specifically to the changing of ureteric stent due to lack of effective communications systems and processes and long waiting lists leading to delay. This report was presented to the Acute Clinical Governance Meeting by Mr Ronan Carroll and Mr Mark Haynes, Assistant Director and Associate Medical Director respectively.
191. Copies of the Acute Clinical Governance Action notes and Risk Registers are at can be located at **(S21 18 of 2022 Appendix Q40.1- pages 3-6 20210412 Q40.191.1), S21 18 of 2022 Appendix Q40.2- page 7 20210412 Q40.191.2), and S21 18 of 2022 Appendix Q40.3- page 9 20210412 Q40.191.3)** of my response.

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

192. I had no operational involvement in the delivery of urology services or at the urology unit. I am not privy to the systems that were in place to collect patient data. However, there is an expectation that similar to other Units in the Acute Directorate, data would be collected using Patient Administration System (PAS), Electronic Emergency Management System (EEMS), Northern Ireland Electronic Care Record (NIECR), LabCentre (Laboratory Information Management System), Picture Archiving and Communication System (PACS). I am not able to advise when each of these systems were adopted by the Trust, however, to the best of my recall, the Patient Administration System, and the Electronic Emergency Management System have both been in use from when I started in the Legacy Trust in 2003. The Picture Archiving and Communication System has been in place from 29 March 2010 in the Southern Health and Social Care Trust.
193. Patient case notes are tracked through PAS, when case notes are requested by a clinician, manager or clerical officer. They are signed out on the system to this individual and should be tracked back in again when the individual no longer requires them. If a set of notes is missing, the search for same will include the individuals to whom the notes



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have been tracked to previously, the medical records library will be checked and off site storage facilities will also be checked.

194. Data would also be collected regarding inpatient, outpatient and day case waiting times, 31 and 32 day access targets for Red Flag cases. These are reported by the Performance and Informatics Team. The monitoring will be undertaken by the Head of Service and the Operational Support Lead and escalated to the Assistant Director as appropriate. If concerns are identified about backlogs and missed triage, the Head of Service or Assistant Director will raise this with the Specialty or the individual clinician.

### How did those systems help identify concerns, if at all?

195. With respect to the urology service, I am not in a position to provide a comment as I had no operational involvement. However, I do recognise that the current system that is in place for tracking patient case notes is not as robust as required. For example, the case note tracking feature of the Patient Administration System requires proactive updating of the location of the patient notes at all times. If a Trust member of staff fails to update a case note's location, and the notes are required, Health Records staff must physically search the Health Record Library and other areas where the notes were previously signed out to. Inability to locate case notes compromises patient safety and breaches data protection legislation.

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

196. Northern Ireland Electronic Record (NIECR) is a record system that pulls together key details about patient care from existing HSC systems and makes them available to authorise staff in the care team wherever the patient is being looked after providing their history at a glance. This makes sure that patient care is safer, faster and better. It avoids duplication of blood tests and x-rays and highlights any allergies.
197. Patient Administration System (PAS) is an electronic system to support patient management, including tracking patients and managing admissions, ward attendances and appointments.
198. LabCentre provides details of biochemistry, haematology and microbiology tests and results previously undertaken.
199. Picture Archiving and Communication System (PACS) is a storage of diagnostic images and reports. It makes sure that images are available in the right place at the right time for patient diagnosis and management.
200. As the systems are electronic, changes or modifications to their features are contingent on the advances in technology and the need to keep these systems secure. These systems are effective in tracking where the patient has been cared for across a range of health and social care services in Northern Ireland, identifies tests, investigations and diagnostic results previously undertaken to prevent duplication of examinations and exposure to radiation. These systems make patient care safer, faster and better. However, like any other electronic system, there is a requirement for users



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to proactively encode information contemporaneously to help diagnostic, care and treatment to be safe and delivered in an efficient and effective manner.

**Q43. 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**

201. With respect to urology, I am unable to comment on how well performance objectives were set for the urology medical staff given that I had no operational involvement with the service. I am also unable to provide or signpost documentation relevant to the performance of the urology team.

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

202. My involvement in the discussions regarding job planning for urology consultants is limited to my participation at the Consultant Job Planning Steering Group which was established in November 2009 to help provide leadership and support to Directors and Associated Medical Directors to ensure service requirements and clinical demands were reflected in the process for completion of prospective job plans. This Group was chaired by Mrs Mairead McAlinden, Chief Executive SHSCT. As a member of the Consultant Job Planning Steering Group, it was my responsibility to feedback demand and capacity information in all specialties within my Division to help benchmark data, where applicable, on optional clinical practice. The rest of its membership is detailed at the minutes of the steering group's meetings which is at (**S21 18 of 2022 Appendix Q44.1- pages 3-14 20091125 Q44.201**), (**S21 18 of 2022 Appendix Q44.2- pages 15-28 20100324 Q44.202**), (**S21 18 of 2022 Appendix Q44.3- pages 29-36 20110302 Q44.202.2**) and (**S21 18 of 2022 Appendix Q44.4- pages 37-44 20110928 Q44.202.3**) of my response.

203. As per the minutes of the Steering Group's meetings, which were held monthly discussions about urology consultant job planning included –

- An update on the urology demand and capacity modelling exercise which had been ongoing and there had been no agreement in terms of Day Clinical Centre sessions for urology – 25 November 2009
- Demand and capacity analysis completed, draft job plan templates developed to assist the Associated Medical Director and meeting to be organised with the team to discuss – 24 March 2010
- Urology draft job plans in place for when there is a full complement of staff – 2 March 2011
- 2 out of the 3 urology consultant job plans have been completed with the 3 going to facilitation – 28 September 2011

204. I cannot comment on how well the cycle of job planning and appraisal worked for the urology service as I had no operational or governance involvement in the urology service.



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**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 you tenure.**

205. As Assistant Director, it was and is my role to participate at monthly clinical Governance meetings for the Acute Directorate. At these governance meetings, governance concerns about urology were detailed in the Surgery and Elective Care Services and Cancer Services risk registers, and Serious Adverse Incident reports presented by the Assistant Directors and the Associate Medical Directors (now Divisional Medical Directors).

206. The governance concerns detailed at the risk register included risks of not meeting targets such as 62 day Cancer Performance target, recommendations from the June 2015 Cancer Peer Review, access time for outpatients, inpatients and day cases, and backlogs for planned procedures beyond clinically indicated timescales for urology.

207. I have reviewed the governance papers from 2015, and to date 20 Serious Adverse Incident/ Root Cause Analysis involving urology services have been presented at the clinical governance meetings that I have attended. There appears to be some themes with regards delays in the management or replacement of ureteric stents, cases where GP referrals letters were not triaged, and delays in follow up review. There are some other incidents relating to antibiotic therapy being prescribed orally rather than intravenously.

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

208. As Assistant Director for Integrated Maternity and Women's Health, I was well supported by the Associate Medical Director, Dr Martina Hogan, and the Clinical Directors, Dr Ian Hunter, Dr Noel Heasley, Dr Harmony Sidhu, and Dr Geoff McCracken. The team above and the Head of Midwifery, Patricia McStay, and myself worked to prepare the documentation required for the RQIA Regional Review of Maternity Services, contributed to the review and collaborated to address the findings and recommendations of the RQIA review. We engaged in meetings with the Trust Senior Management Team and the then Commissioner of Services for the Southern Board Area – the Southern Health and Social Services Board. I was also well supported by the Medical Director, Dr Patrick Loughran who met with Obstetric, Midwifery staff and operational managers to prepare for Coroners' Inquest in relation to the care and treatment of mothers and babies, some of these cases included maternal and neonatal deaths. He was very supportive to all staff in preparing for the Coroner's Inquests and supporting the team in taking forward any learning.

209. As Assistant Director for Medicine and Unscheduled Care, I have had a very good working relationship with Dr Philip Murphy, Associate Medical Director, Dr Gareth Hampton, Clinical Director for Unscheduled Care, Dr Patricia McCaffrey, Clinical



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Director for Acute Care of the Elderly and Stroke, and Dr Una Bradley, Clinical Director for the Medical Specialties – Craigavon Area Hospital and Dr Shane Moan, Clinical Director – Daisy Hill Hospital. The team have supported me with workforce and governance issues. The Daisy Hill Pathfinder Project was chaired by the Chief Executive, Mr Shane Devlin and had Trust representatives and external stakeholders representing primary care and the local community in the Newry and Mourne Area. The project was initiated in June 2017 in response to increasing concerns of sustainability of the Daisy Hill Hospital Emergency Department due to ongoing difficulties in recruiting senior medical staff. The purpose was to develop an exemplar model which would ensure safe and sustainable Unscheduled Care Services to meet the needs of the Newry and Mourne population. The Clinical Director, Dr Gareth Hampton, supported myself and the Head of Service Mary Burke to recruit, develop and retain medical staff to work in the Emergency Department and to provide unscheduled care medical cover 24/7. With regard to medicine, a Daisy Hill Hospital Medicine Strategic Oversight Group was established to evaluate the medical staff in post, the funded medical positions and the future format of medical staffing required for Daisy Hill. The medical hierarchy contributed to the development of job plans and adverts to recruit other grades of international doctors to develop a more robust middle tier rota. Weekly meetings co chaired by the Associate Medical Director and myself as the Assistant Director screened incidents deemed to meet the criteria for a Serious Adverse Incident, or discussion at Mortality and Morbidity Meetings, or any immediate learning that needed to be implemented.

210. As COVID-19 Lead for Acute Services, I was well supported by the medical hierarchy which included Dr Maria O’Kane, Medical Director. Dr O’Kane chaired a daily COVID-19 operational meeting which had representation from all Directorates. My role was to provide the position in the Acute Directorate with regard to the Hospital Early Warning Score (this highlighted the pressure in the Emergency Departments), detail the number of patients waiting for a bed, the number of patients waiting in the Emergency Department greater than 12 hours, the number of additional patients in wards, the number of patients with COVID-19, the number of patients in Intensive Care – COVID and non COVID, details of any staff admitted with COVID-19, the number of delayed discharges. The operational meeting also provided an opportunity for me to seek assistance from other Directorates. Dr O’Kane provided support and encouraged collective leadership to ensure operational concerns were clinically led, data driven and managerially facilitated. Dr Sara Hedderwick, Dr Cara McKeating and Dr Angel Boulos, Consultant Microbiologists provided myself and others with clinical advice and support with regard to establishing Donning and Doffing facilities, patients and staff screening for COVID and the appropriate placement of additional beds for COVID-19 patients.

211. As Assistant Director for Medicine Division, I continue to be well supported by Dr Philip Murphy, now Divisional Medical Director for Governance. He contributes to the drafting of complaints involving medical staff, screening of clinical incidents, reviewing of CVs to engage locum doctors, and contributes to the management of doctors experiencing clinical or professional issues.

### Concerns Regarding the Urology Unit



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**Q47. The inquiry is keen to understand how, if at all, you, as Assistant 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 of Acute Service(s)
- iv. The other Assistant Director(s)
- v. The Associate Medical Director(s)
- vi. The Clinical Director(s)
- vii. The Head of Service
- viii. The consultant urologists

**When answering the question the inquiry is interested to understand how you liaise 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, (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.**

### The Chief Executive(s):

212. As Assistant Director, I have always found the Chief Executives to be approachable and I have attended meetings chaired by them in relation to strategic service issues for example sustainability of Emergency Medical Services in the Out of Hours period in Daisy Hill Hospital, consultant job planning to ensure service requirements and clinical demands were reflected in the process.

213. As Assistant Director, I did not liaise or engage with the Chief Executive to discuss matters relating to urology governance or concerns that could impact on patient care and safety.

### The Medical Director(s):

214. As Assistant Director for Acute Services, I have engaged with the Medical Director in preparation for, during and after Coroner's Inquests. I have also attended the Doctors in Difficulty Forum chaired by the Medical Director with colleagues from Human Resources and the Associate Medical Director and Director Acute Services present.

215. During the COVID-19 pandemic I attended the daily COVID-19 operational meeting chaired by the Medical Director and this was a useful cross directorate meeting to address the evolving operational and governance challenges related to the COVID-19 pandemic.

216. The only instance where I engaged with the Medical Director regarding the Urology Service is when I deputised for Mrs Esther Gishkori, Director of Acute Services at the Oversight Meeting on 26 January 2017.



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217. My involvement ended after I updated and handed responsibility back to Mrs Gishkori in my email dated 27 January 2017.

### The Director of Acute Service(s)

218. As my line manager, I have engaged with the Directors of Acute Services through weekly team meetings covering the agendas of finance, human resources, governance, performance and patient client experience. I have also had 1:1 supervision with the Director of Acute Services which provided the opportunity to update the Director on matters specific to the areas that I manage, share any challenges, constraints or concerns I had regarding service delivery, individual staff and agree actions to be taken forward prior to the next meeting. The Directors have always had an open door policy and the opportunity to discuss impromptu events has never been denied to me.

219. I also engaged with the Directors of Acute Services at various governance meetings where governance documents are shared in advance providing an update in relation to complaints, clinical incidents, serious adverse incidents, mandatory training compliance and clinical audits. At these meetings, everyone is encouraged to participate and to contribute to the approval of SAls or voice their concerns if the recommendations and learning require further consideration. I can confirm that at these meetings governance concerns relating to urology, in particular risk registers and SAI reports, were shared and presented by the Assistant Director for Surgery and Elective or the Associate Medical Director for Surgery and Elective Care if it was a Serious Adverse Incident report.

220. To the best of my knowledge, the only instance when I had to engage with Mrs Esther Gishkori, Director of Acute Services, in matters of concern regarding urology governance was in relation to my attendance on her behalf at the Oversight Committee on 26 January 2017 (which was later described as a Case Conference)

221. From the emails, Mrs Gishkori spoke to me on 24 January 2017 regarding a meeting on 26 January 2017 and followed up this discussion by email on 25 January 2017 to confirm that I would attend the oversight committee on 26 January 2017 on her behalf.

222. After the meeting, I updated Mrs Gishkori on the morning 27 January 2017 as evidenced by my email to the Oversight Committee on 27 January 2017 when I was asked to comment on the draft notes of the meeting.

### The other Assistant Director(s)

223. The meetings that I attended with other Assistant Directors where matters relating to governance of urology were raised are the Acute Directorate Governance Meeting and the Acute Clinical Governance Forum.

224. To the best of my knowledge, I had no discussion or engagement outside these meetings with the other Assistant Directors in relation to urology governance or concerns that could impact on patient care and safety.

### The Associate Medical Director(s)



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225. I would meet weekly with the Associate Medical Directors (now Divisional Medical Directors) and the Clinical Directors to screen the data and to discuss any other governance matters. If an urgent governance matter arose I would have access to the Divisional Medical Directors and Clinical Director to address same.

226. Associate Medical Directors attend the Acute Clinical Governance Forum which are held on the 2<sup>nd</sup> Friday of every month. At this forum, governance concerns in relation to urology have been discussed and signed off for sharing with families and the Health and Social Care Board.

227. To the best of my knowledge, I had no discussion or engagement with Associate Medical Directors outside the forum in relation to urology governance or concerns that could impact on patient care and safety.

### The Clinical Director(s)

228. I would meet weekly with the Clinical Director together with the Associate Medical Director (now Divisional Medical Directors) to discuss governance matters relating to the Division that I have responsibility for which did not include urology.

229. The Clinical Directors attend the Acute Clinical Governance Forum which are held on the 2<sup>nd</sup> Friday of every month. At this forum, governance concerns in relation to urology have been discussed and signed off for sharing with families and the Health and Social Care Board.

230. The only instance where I engaged with the Clinical Director, Mr Colin Weir, regarding governance issues relating to urology is when I deputised for Mrs Esther Gishkori, Director of Acute Services at the Oversight Meeting on 26 January 2017.

231. My involvement ended after I updated and handed responsibility back to Mrs Gishkori in my email dated 27 January 2017.

### The Head of Service

232. I have weekly team meetings with the Heads of Service in the Divisions that I had and am responsible for. The agenda for this meeting reflected the Acute Services Directorate meeting, i.e., governance, finance/ Human Resource, performance and patient client experience. As I am not responsible for urology services, governance concerns relating to urology are not discussed at these weekly Head of Service meetings.

233. To the best of my knowledge, I had no discussion or engagement with the Head of Service for Urology in relation to governance concerns that could impact on patient care and safety.

### The consultant urologists

234. To the best of my knowledge, I had no discussion or engagement with the Consultant Urologists in relation to urology governance or concerns that could impact on patient care and safety.



## Urology Services Inquiry

**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**

235. In the Oversight Meeting (Case Conference) on 26 January 2017 the following concerns were raised regarding the practice of Mr Aidan O'Brien, Consultant Urologist,

- 783 GP referrals had not been triaged
- 668 outpatients had no outcomes formally dictated
- 307 sets of patient notes were returned from Mr O'Brien's home
- 13 sets of patient notes tracked out to Mr O'Brien, were still missing

236. Details of the Oversight Committee (Case Conference) – what was discussed, and actions agreed are set out in **S21 18 of 2022 Appendix Q48.1- pages 1-36****20172701 Q1.7.2** of my response.

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

237. A formal investigation was agreed based on the evidence provided by Mr Colin Weir, Case Investigator, as there was significant deviation from GMC Good Medical Practice, the agreed processes within the Trust and the working practices of Mr Aidan O'Brien.

238. A formal investigation as per the *National Clinical Assessment Service Handling concerns about a practitioner's behaviour and conduct: An NCAS Good Practice Guide* (June 2012) will usually be appropriate where the screening process identified information to suggest that the practitioner may pose a threat to patient safety, expose services to financial or other substantial risks, undermine the reputation or efficiency of services in some significant way or work outside acceptable practice guidelines and standards (NCAS, Good Practice Guide Section 1, p.7)

239. Before the formal investigation proceeds consideration will also be given to the appropriate protection and support that needs to be afforded to patients, those raising concerns, and the practitioner.

The potential impact to patient care and safety brought about by Mr O'Brien's practice in triaging of referrals, contemporaneous note keeping and storage of medical records were to be risk assessed through the formal investigation .

- 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 mitigate against this? If not, why not?**



## Urology Services Inquiry

240. As per the findings of the Oversight Committee (Case Conference) on 26 January 2017, there was a case to answer as Mr Aidan O'Brien's conduct and practice led to patients whose GP referral had not been triaged in line with the Integrated Elective Access Protocol. The Trust had to put a system in place to address this backlog which we were advised at the Oversight Committee and was anticipated to be completed by the end of January 2017. As I was only asked to attend this meeting at short notice, I am not privy to when the Trust put a system in place to review the backlogs.
241. Mr Weir did report at the Oversight Committee (Case Conference) that there would appear to be a number of patients in this cohort who have had their referral upgraded. Details of the specific number of patient referrals that had been upgraded was not provided at the meeting that I attended.
242. With respect to patients whose outcomes had not been formally dictated from Mr O'Brien's outpatient clinic for a period of at least 18 months, the Trust also had to enact a review of this backlog which was still ongoing on 26 January 2017. I can not ascertain when the review of backlog was completed, as I handed the responsibility for the implementation of the recommendations/ actions agreed at the Oversight Committee (Case Conference) back to Mrs Gishkori the following day.
243. 307 sets of patients' notes had been returned to Mr O'Brien's home and 13 sets of notes that were tracked out to Mr O'Brien were still missing, the Trust had to look into the process of tracking of case notes, and conduct an extensive search of the Health Records Library.

**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?**

244. The Oversight Committee – Dr Richard Wright, Medical Director, Mrs Vivienne Toal, Director of Human Resources and Organisational Development, and myself on behalf of Mrs Esther Gishkori, Director of Acute Services – after careful consideration accepted the recommendations of the Case Manager, Dr Ahmed Khan, and Case Investigator, Mr Colin Weir, to allow Mr O'Brien to undertake his full range of duties subject to the following conditions –
- Close monitoring, with supporting mechanisms. It was agreed that the operational team, Mrs Esther Gishkori, Director of Acute Services, and Mr Ronan Carroll, Assistant Director of Acute Services, would provide the details of what this monitoring would look like to the case investigator, case manager and members of the Oversight Committee. I cannot provide details as to when the monitoring was to be commenced and completed as my involvement in the Oversight Committee ended when I handed the responsibility back to Mrs Gishkori.
  - If the monitoring process identified any concerns, an Oversight Committee would be convened to review the position. This was to be actioned by Mr Colin Weir, Case Investigator.



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- An urgent review of Mr O'Brien's job plan as he had identified workload pressures as one of the reasons why he had not completed all administrative duties. This was to be actioned by Mr Colin Weir, Case Investigator.
- There was a need to ensure that there was comparable workload activity within job plan session between Mr O'Brien and his peers. This was to be actioned by Mrs Esther Gishkori, Director of Acute Services, Mr Ronan Carroll, Assistant Director of Acute Services and Mr Colin Weir, Clinical Director.
- Strict compliance of Mr Aidan O'Brien with Trust procedures and policies in relation to triaging of referrals, contemporaneous note keeping, storage of medical records. Agreement of Mr O'Brien to read and comply with GMC Good Medical Practice (April 2013). Agreement to an Urgent Job Plan Review. Agreement of Mr O'Brien to comply with the monitoring mechanisms put in place to assess his administrative processes. This was to be actioned by Dr Ahmed Khan, Case Manager.

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

245. I handed over the responsibility for assuring that the systems in place to address concerns were working as anticipated the next day to Mrs Esther Gishkori, Director of Acute Services as evidenced by my email on 27 January 2017.

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

246. I handed over the responsibility for assuring that the systems in place to address concerns were working as anticipated the next day to Mrs Esther Gishkori, Director of Acute Services as evidenced by my email on 27 January 2017.

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

247. I handed over the responsibility for assuring that the systems and agreements put in place to rectify the problem within urology services the next day to Mrs Esther Gishkori, Director of Acute Services as evidenced by my email on 27 January 2017.

248. I can only provide comments on the basis of the Governance documents presented by Surgery and Elective Care at governance meetings. On review of the SEC (SEC) risk register, I note that the risk to providing safe, and high quality care due to delays in triage of GP referrals were not included. I have taken this omission to mean that the issue regarding delays in triage were managed.

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



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249. I am unable to comment on what performance indicators/data/metrics were used to measure success as I handed over the responsibility the next day to Mrs Esther Gishkori, Director of Acute Services as evidenced by my email on 27 January 2017.

**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,**

250. As a member of the Oversight Committee meeting on 26 January 2017, I am of the opinion that the deficiencies in practice of Mr Aidan O'Brien, Consultant Urologist, were properly identified.

- 783 GP referrals had not been triaged
- 668 outpatients had no outcomes formally dictated
- 307 sets of patient notes were returned from Mr O'Brien's home
- 13 sets of patient notes tracked out to Mr O'Brien were still missing

**(b) their extent and impact assessed,**

251. I am of the opinion that due consideration was given to the extent and impact of the issues of concern raised at the Oversight Committee on 26 January 2017. This is evidenced by the fact that urology team had taken steps to triage the backlog and this was anticipated to be done by the end of January 2017. It was stated by Mr Colin Weir, Case Investigator, that a number of patients would require their referral to be upgraded. The Trust also conducted a review of the dictation which was still ongoing on 26 January 2017. The patients' case notes that were taken home by Mr Aidan O'Brien had been returned. It was noted that 13 charts had not been located. The members of the Oversight Committee requested further searches to be conducted to locate these notes.

**(c) and the potential risk to patients properly considered?**

252. The members of the Oversight Committee agreed with the Case Manager that a formal investigation would now commence evidences that potential risks to patients were to be properly considered.

253. Given that the objective of the Oversight Committee (Case Conference) was to consider the potential risk to patients as a result of the issues identified with the administrative practice of Mr O'Brien, agreements and recommendations reached by the Medical Director, Dr Richard Wright, the Director of Human Resources and Organisational Development, Mrs Vivienne Toal and myself, Anne McVey, Assistant Director Acute Services deputising on behalf the Director of Acute Services, Mrs Esther Gishkori were deemed appropriate to mitigate against further risk to the provision of safe and high quality care to patients.

**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**



## Urology Services Inquiry

**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)**

254. I am unable to provide comments as I had no operational involvement with the urology service.

**Q51. Was the urology department offered any support for quality improvements during your tenure?**

255. I am unable to provide comments as I had no operational involvement with the urology service.

**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 have been expressed in percentage terms over periods of time if that assists)?**

256. I had no role or responsibility in relation to the management and oversight of the clinical and administrative practice of Mr O'Brien. I joined the legacy Trust of Craigavon Area Hospital Group Trust in May 2003. I would have known Mr Aidan O'Brien as a Consultant Urologist by name and to meet him in the building.

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

257. I had no role or involvement in the formulation and agreement of Mr O'Brien's job plan. However, on the 26<sup>th</sup> of January 2017, I attended the Oversight Committee (Case Conference) re Mr O'Brien on behalf of Mrs Gishkori, Director of Acute Services, where it was noted that Mr O'Brien had identified work load pressures as one of the reasons he had not completed all administrative duties – there was consideration about whether there was a process for him highlighting unsustainable workload. Generally, consultants highlight unsustainable workload during the review of their job plans, this is the process through which the Clinical Director makes an evaluation whether the job plan of one consultant is comparable with his peers.

258. At the Oversight Committee (Case Conference), it was agreed that an urgent review of Mr O'Brien's job plan was required and was to be actioned by Mr Colin Weir.

**Q54. When and in what context did you first become aware of issues of concern regarding Mr O'Brien? What were these 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 you or anyone else's attention? Please provide full details in your answer.**

259. I first became aware of the issues of concern regarding Mr Aidan O'Brien, Consultant Urologist, when I deputised for Mrs Esther Gishkori, Director of Acute Services, at the Oversight Committee (Case Conference) on 26 January 2017.



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260. The issues of concern raised at the Oversight Committee (Case Conference) on 26 January 2017 were;

- a. 783 GP referrals had not been triaged
- b. 668 outpatients had no outcomes formally dictated over a period of at least 18 months
- c. 307 sets of patient notes were returned from Mr O'Brien's home
- d. 13 sets of patient notes tracked out to Mr O'Brien were still missing

These concerns were presented by the Case Investigator, Mr Colin Weir and the Case Manager, Dr Ahmed Khan

261. As I was only first made aware of the issues with the administrative practice of Mr O'Brien at the Oversight Committee (Case Conference) on 26 January 2017, I cannot comment on how long these issues were in existence other than what was presented at the Oversight Committee (Case Conference) – that Mr O'Brien has been written to on 23 March 2016 by the Associate Medical Director for Surgery and Elective, Mr Eamon Mackle and the Assistant Director for Surgery and Elective Care, Mrs Heather Trouton in relation to the issues of delay in triage of GP referrals, and lack of dictation of outcomes at outpatient clinics.

**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.**

262. The only meeting that I attended which considered concerns about Mr O'Brien was the Oversight Committee (Case Conference) on 26 January 2017. This meeting was chaired by Vivienne Toal, Director of Human Resources and Organisational Development. The following staff were present in the room Dr Ahmed Khan, Case Manager, Mr Colin Weir, Case Investigator, Siobhan Hynds, Head of Employee Relations, Simon Gibson, Assistant Director, Medical Director's Office who minuted the case conference, and Dr Richard Wright, Medical Director who participated via teleconference.

263. From my emails, it appears that Mrs Gishkori referred to this meeting with me in person on 24 January 2017, and followed up a request for me to attend this meeting on her behalf by email on 25 January 2017. A copy of the email trail is attached at **S21 18 of 2022 Appendix Q1.2- pages 7-10 20172501 Q1.3.2** of my response. Further to this an email from Emma Stinson, advised that she would provide me as directed by Mrs Gishkori with the documentation for this meeting the following morning, i.e., 26 January 2017. On the morning of the 26 January 2017, I can recall that Ms Stinson handed me an envelope containing the response of Mr Aidan O'Brien to the SAI investigation. I do not recall receiving any other papers in advance of the meeting.

264. Mrs Vivienne Toal, Director of Human Resources and Organisational Development, as the Chair, outlined the purpose of the meeting which was convened in accordance with Maintaining High Professional Standards Framework, page 15, Section 2, Para 10 to consider the preliminary report from Mr Weir, Case Investigator regarding the issues of concern relating to Mr O'Brien. Mrs Toal advised that Mr O'Brien had been placed on



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immediate exclusion on 30 December 2016 for a maximum period of up to 4 weeks, i.e., 27 January 2017.

265. Mr Weir, Case Investigator, summarised the investigation to date and updated the Case Manager and Oversight Committee on the meeting held with Mr O'Brien on 24 January 2017. He also shared the comments made by Mr O'Brien in relation to the issues raised.
266. The Oversight Committee were advised that 783 GP referrals had not been triaged by Mr O'Brien in line with the established process for such referrals. This backlog was currently being triaged by the urology team and expected to be completed by the end of January 2017. Mr Weir reported that there would appear to be a number of patients who have had their referral upgraded. Mr Weir also advised that at the meeting on 24 January 2017, Mr O'Brien had stated that as urologist of the week he didn't have time to undertake triage as the workload was too heavy.
267. Secondly, it was noted that there were 668 patients who had no outcomes formally dictated from Mr O'Brien's outpatient clinics over a period of at least 18 months, and that a review of this backlog was still ongoing. Mr Weir, reported that Mr O'Brien indicated that he often waited until the full outcome of the patient's whole outpatient journey before he communicated with the patient's GP. Mr Weir noted that this was not a satisfactory explanation. Members of the Case Conference agreed, that this would not be in line with GMC's Guidelines on Good Medical Practice, i.e., the need for timely communication and contemporaneous note keeping.
268. Thirdly, there were 307 sets of patients' notes returned from Mr O'Brien's home, and 13 sets of notes tracked out to him were still missing. Mr Weir reported that Mr O'Brien was sure that he no longer had these notes, all patients had been discharged from his care, therefore he felt he had no reason to keep these notes. Mr Weir felt there was a potential of failure to record when notes were being tracked back to health records, although it was noted that an extensive search of the health record's library had failed to locate these 13 charts. Members of the case conference agreed further searches were required taking into consideration Mr O'Brien's comments.
269. There is in the notes of this meeting a section which vaguely describes historical attempts to address issues of concern and to pursue a copy of Mr O'Brien's last appraisal. I assumed this issues of concern to be those being discussed at the Oversight Committee (Case Conference);
- a. 783 GP referrals had not been triaged
  - b. 668 outpatients had no outcomes formally dictated
  - c. 307 sets of patient notes were returned from Mr O'Brien's home
  - d. 13 sets of patient notes tracked out to Mr O'Brien were still missing
270. I do recall that there was significant discussion, the details of which are summarised as follows;
- a. In terms of advocacy, in his role as Clinical Director, Mr Weir reflected that he felt that Mr O'Brien was a good, precise and caring surgeon. Mr Weir reported that Mr O'Brien had expressed a strong desire to return to work.



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- b. Mr Weir, advised that Mr O'Brien accepted that he had let a number of his administrative processes drift but gave an assurance that this would not happen again if he returned to work.
- c. Mr O'Brien gave an assurance to the investigating team that he would be open to monitoring his activities and that he would not impede or hinder any investigation. He would willingly work within any framework established by the Trust.
- d. Dr Khan asked whether there was any historical health issues in relation to Mr O'Brien or any significant change in his job role that made him unable to perform the full duties of urologist of the week. There was none identified, but it was felt that it would be useful to consider this.

**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.**

271. The actions I took as a result of the concerns raised against Mr O'Brien was part of the collective decision reached by the Case Manager, Dr Khan and agreed by the members of the Oversight Committee (Case Conference) Dr Richard Wright, Medical Director, and Mrs Vivienne Toal, Director of Human Resources and Organisational Development.

272. The actions taken as a result of these concerns raised at the Oversight Committee (Case Conference) are as follows;

273. Dr Khan, Case Manager, advised that based upon the evidence presented, there was a case to answer, as there was significant deviation from the GMC Good Medical Practice, the agreed processes within the Trust and the working practices of his peers. This decision was agreed by the members of the Oversight Committee (Case Conference).

274. A formal investigation would now commence, and Formal Terms of Reference were to be agreed. This was to be actioned by Mr Weir. There was a further discussion in relation whether exclusion was appropriate during the formal investigation in the context of

- Protecting patients
- Protecting the integrity of the investigation
- Protecting Mr O'Brien

275. Mr Weir reflected that there had been no concerns identified in relation to the clinical practice of Mr O'Brien. The members discussed whether Mr O'Brien could be brought back with restrictions which would provide satisfactory safeguards.

276. Mr Weir was of the view that Mr O'Brien could come back and be closely monitored, with supporting mechanisms, doing the full range of duties. The administrative practice to be monitored upon Mr O'Brien's return to work included triaging of GP referrals,



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contemporaneous note keeping and patient case note storage and tracking. The Members considered what this monitoring would look like to ensure the protection of patients. It was agreed that the operational team Esther Gishkori, Director of Acute Services and Ronan Carroll, Assistant Director of Acute Services, Surgery and Elective Care would provide this detail to the case investigator, case manager and members of the Oversight Committee (Case Conference). There was no specific timescales at this meeting but my understanding was that Mrs Gishkori and Mr Carroll would detail what the monitoring arrangements would look like, and I assumed this would include timescales.

277. It was agreed that should the monitoring processes identified any further concerns then an Oversight Committee would be convened to review the position.

278. As Mr O'Brien had identified workload pressures as one of the reasons why he had not completed all administrative duties, there was consideration whether there was a process for him to highlight unsustainable workload. It was agreed that an urgent review of Mr O'Brien's job plan was required. Mr Weir was to undertake the review of Mr O'Brien's job plan.

279. It was agreed that any review would need to ensure that there was comparable workload activity within job plan sessions between Mr O'Brien and his peers. This was to be actioned by Esther Gishkori/ Ronan Carroll and Mr Weir.

280. Following consideration of all the discussions summarised above, Dr Khan, as Case Manager, decided the Mr O'Brien should be allowed to return to work. This decision was agreed by the Medical Director, Director of Human Resources and myself, as deputy for the Director of Acute Services.

281. Dr Khan, agreed to inform Mr O'Brien of this decision by telephone in order to alleviate his level of anxiety, and follow up with a meeting with Mr O'Brien the following week to discuss the conditions of his return to work

282. It was agreed that Mr O'Brien would return to work on the following conditions

- Strict compliance with Trust Procedures and Policies in relation to
  - Triaging of referrals
  - Contemporaneous note keeping
  - Storage of medical records
  - Private Practice
- Agreement to read and comply with GMC's "Good Medical Practice" (April 2013)
- Agreement to an urgent job plan review
- Agreement to comply with any monitoring mechanisms put in place to assess his administrative processes

283. It was noted that an Occupational Health Review appointment for Mr O'Brien was scheduled for 9 February 2017, and that an Occupational Health Report would be provided and that this may affect the timetable of Mr O'Brien's return to work and the agreed actions would be reviewed in light of any advice from Occupational Health.



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284. It was agreed to update NCAS (National Clinical Assessment Service) in relation to this case.

285. The meeting notes, emails and documents that I was made privy to prior to the Case Conference are **at S21 18 of 2022 Appendix Q1.4- pages 15-26 20172501 Q1.4.2** of my response. I have not had sight of the copies of the action plans agreed as a result of the decision of the Oversight Committee as I was deputising for Mrs Gishkori, Director of Acute Services.

286. On 27 January 2017, at 15:30 I sent an email to the members of the Oversight Committee advising them that I had provided Mrs Gishkori an update regarding yesterday's meeting and I stated, *"I assumed the assurance arrangement will be agreed by Esther in consultation with Ronan but will assist as required"*.

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

287. As detailed in the notes of the Oversight Committee (Case Conference) on 26 January 2017 – there was a discussion in relation to whether formal exclusion of Mr Aidan O'Brien, Consultant Urologist, was appropriate during the formal investigation in the context of protecting patients.

288. I agreed with the preliminary finding of the Oversight Committee (Case Conference) that the following issues of concern had the potential to impact patient care and safety

- 783 GP referrals had not been triaged
- 668 outpatients had no outcomes formally dictated
- 307 sets of patient notes were returned from Mr O'Brien's home
- 13 sets of patient notes tracked out to Mr O'Brien were still missing

#### **(i) If so, what risk assessment did you undertake,**

289. I, as part of the quorum of people present at the Oversight Meeting, relied on the information provided by Dr Khan, Case Manager, and Mr Weir, Case Investigator.

290. Dr Khan advised upon the evidence presented there was a case to answer, as there was significant deviation from GMC Good Medical Practice, the agreed processes within the Trust and the working practices of his peers.

291. Mr Weir during the course of the discussion in terms of advocacy and in his role as Clinical Director reflected that he felt Mr O'Brien, was a good, precise and caring surgeon. He reported that Mr O'Brien wished to return to work and that Mr O'Brien accepted that he had let a number of administrative processes drift, but gave an assurance that this would not happen if he return to work. Mr O'Brien also gave an assurance to the investigating team that he would be open to monitoring of his activities, he would not impeded or hinder any investigation and he would willingly work within any framework established by the Trust.

292. Mr Weir also reflected there had been no concerns identified in relation to the clinical practice of Mr O'Brien. He outlined that he was of the view that Mr O'Brien could come



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back and be closely monitored with supporting mechanisms, doing the full range of duties.

293. From this information, and as per the minutes of the Oversight Committee (Case Conference), as part of my risk assessment clarity was sought regarding what the monitoring would look like so as to ensure the protection of the patients. It was my expectation that the risk assessment was to be undertaken through commencement of a formal investigation and an urgent review of Mr Aidan O'Brien's job plan by Mr Colin Weir, and that the detail of the monitoring arrangements to provide satisfactory safeguards were to be developed by Mrs Esther Gishkori and Mr Ronan Carroll and shared with the Oversight Committee (Case Conference).

**(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.**

294. As per the minutes of the case conference, the detail of the monitoring of Mr Aidan O'Brien's activity was to be agreed by Mrs Esther Gishkori, Director of Acute Services, and Mr Ronan Carroll, Assistant Director of Acute Services, Surgery and Elective Care.

295. It was also agreed that the details of the monitoring would be provided to the case investigator, case manager and members of the Oversight Committee.

296. It was agreed that if the monitoring processes identified any further concerns, then an Oversight Committee would be reconvened to review the position. It was also agreed that an urgent review of Mr Aidan O'Brien's job plan was required given that he had identified workload pressures as one of the reasons he had not completed all administrative duties. These were to be actioned by Mr Weir.

297. Finally, it was agreed by the case conference members that any review would need to ensure there was comparable workload activity within job plan sessions between Mr Aidan O'Brien, and his peers. This was to be actioned by Mrs Esther Gishkori, Mr Ronan Carroll, and Mr Colin Weir.

298. In summary, the persons responsible for carrying out a risk assessment or taking further steps were Mrs Esther Gishkori, Mr Colin Weir and Mr Ronan Carroll. The responsibility for these actions are indicated in the minutes and were agreed by members of the Oversight Committee (Case Conference). I deputised for Mrs Gishkori as requested at this Oversight Committee (Case Conference) and I updated her regarding the meeting and the action required the following morning. This is evidenced by my email on 27 January 2017 at 15:30 (***S21 18 of 2022 Appendix Q1.12- pages 61-62 2012701 Q1.8***)

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

299. At the Oversight Meeting on 26 January 2017, following consideration of all the discussions, Dr Khan, as Case Manager, decided that Mr O'Brien should be allowed to return to work. This decision was agreed by Dr Richard Wright, Medical Director, Mrs



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Vivienne Toal, Director of Human Resources and Organisational Development and myself Anne McVey, Assistant Director of Acute Services on behalf of Mrs Esther Gishkori.

300. It was agreed that Dr Khan would inform Mr O'Brien of the decision by telephone and follow up with a meeting the next week to discuss the conditions of his return to work which were set out as follows;

- Strict compliance with Trust Procedures and Policies in relation to
  - Triaging of referrals
  - Contemporaneous note keeping
  - Storage of medical records
  - Private Practice
- Agreement to read and comply with GMC's "Good Medical Practice" (April 2013)
- Agreement to an urgent job plan review
- Agreement to comply with any monitoring mechanisms put in place to assess his administrative processes

301. The above was to be actioned by Dr Khan.

302. It was noted that Mr Aidan O'Brien, was still off on Personal information redacted by WIT leave, was scheduled to be reviewed by Occupational Health on 9 February 2017 and the above agreed actions would be reviewed in light of any advice from Occupational Health.

303. It was agreed to update NCAS (National Clinical Assessment Service) in relation to this case.

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

304. As per my response to 57, Mrs Esther Gishkori, Mr Ronan Carroll and Mr Colin Weir were responsible for agreeing the metrics to be used to monitor and assess the effectiveness of the measures introduced to address the concerns.

305. As I have no operational involvement for the urology unit, I am unable to comment if these measures differed from anything that existed before.

**Q60. How did you assure yourself that the 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?**

306. As I was deputising at the Oversight Committee (Case Conference) for Mrs Gishkori, my role was to consider what actions should be taken following consideration of the preliminary investigation completed by the Case Investigator, Mr Colin Weir, which I did in collaboration with the Medical Director and the Director for Human Resources and Organisational Development. This resulted in an agreement to initiate a formal investigation and ensure terms of reference were agreed. It was also my responsibility



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to share with Mrs Gishkori, the details and outcomes of the Oversight Committee proceedings on 26 January 2017. I provided Mrs Gishkori with these details on 27 January 2017.

307. As I have no operational involvement for the urology unit, I am unable to provide details of the systems and agreements put in place to address concerns and provide an opinion on how robust and comprehensive the methods of review were. However, it was my view at the time that the range of measures agreed would ensure that any impact on safe patient care would be established and mitigated through the formal review and the monitoring of his clinical and administrative practice.

308. I cannot comment whether the monitoring agreed identified further concerns given that my involvement at the Oversight Committee (Case Conference) ended when I handed the responsibility back to Mrs Esther Gishkori.

**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?**

309. It is my understanding that after the proceedings of the Oversight Committee (Case Conference) on 26 January 2017, future monitoring arrangements to provide satisfactory safeguards were to be detailed and undertaken by Mrs Esther Gishkori, Mr Colin Weir and Mr Ronan Carroll.

310. On review of the governance documents presented and shared by the Surgery and Elective Care Division at Acute Clinical Governance meetings that I attended, it would appear that the monitoring put in place did not fully address the concerns regarding Mr O'Brien's clinical and administrative practice. This view is informed by the fact that a subsequent lookback review relating to incidents in 2019 and 2020 would show that lapses in Mr O'Brien's clinical and administrative practice continued to negatively impact on safe delivery of care and treatment to urology patients.

311. Having had the opportunity to reflect, I am of the opinion that the Oversight Committee (Case Conference) should have been reconvened on a regular basis to oversee the implementation and feedback of the monitoring arrangements and to consider formal exclusion of Mr O'Brien if further concerns were identified.

**Q62.1 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?**

783 GP referrals had not been triaged

312. At the Oversight Meeting on 26 January 2017, Mr Weir reported that at a meeting on 24 January 2017, Mr Aidan O'Brien, Consultant Urologist, stated that as urologist of the week he did not have the time to undertake the triage as the workload was too heavy to undertake this duty in combination with other duties.

668 outpatients had no outcomes formally dictated



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313. At the Oversight Meeting on 26 January 2017, Mr Weir reported that Mr Aidan O'Brien, Consultant Urologist, indicated that he often waited until the full outcome of the patient's whole journey to communicate to GPs.

307 sets of patient notes were returned from Mr O'Brien's home and 13 sets of patient notes tracked out to Mr O'Brien were still missing

314. Mr Weir reported that Mr O'Brien was sure that he no longer had these notes. All patients had been discharged from his care, therefore, he felt he had no reason to keep these notes. Mr Weir felt there was a potential of failure to record when notes were being tracked back into Health Records, although it was noted that an extensive search of the Health Records Library had failed to locate these 13 charts.

315. Upon reflection of the notes of the Oversight Committee meeting I note the reference entitled "*Historical Attempts to Address Issues of Concern*", I feel as a member of the Oversight Committee albeit I was deputising for Mrs Gishkori, I should have asked that clarity was obtained in relation to whom wrote to Mr O'Brien on 23 March 2016, what were the issues this was in relation to, and were these the same issues discussed at the Oversight Committee.

316. I should have also sought details of when the meeting took place between Mr Mackle, Associate Medical Director for Surgery, Mrs Martina Corrigan Head of Service for Urology and Mr Aidan O'Brien, Consultant Urologist, and was there an agenda or minutes for this meeting. To the best of my recall of what transpired during the Oversight Committee (Case Conference), the details of this meeting were not discussed and were subsequently added to the notes of the Oversight Committee (Case Conference).

**Q62.2 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?**

317. In Mr O'Brien's response to the SAI (Unique Case Identifier [Personal Information redacted]), he concluded that there were a number of factual errors, omissions and inferences in the SAI report to the extent that he considered it necessary to relate [Patient ID redacted]'s clinical history in his response. Mr O'Brien was of the view that the requirement to conduct further review of MRI scans and any other scans requires considerable cumulative time as it is tantamount to a complete review of letters of referral. Mr O'Brien was also of the view that inclusion of triage of all letters of referral in the duties and responsibilities of the urologist of the week was inappropriate. He believed that the purpose and priorities of the urologist of the week were for the consultant to deliver hands on clinical and operative management of all urological inpatients and all patients in the Emergency Department and all hospitals in our area of responsibility, and particularly Daisy Hill Hospital and South West Acute Hospitals. He was not prepared to compromise inpatient management by spending time triaging non red flag referrals rather than operating on patients if at all possible. He also highlighted that in 2014 he had arranged and undertaken 22.25 additional elective inpatient operating sessions, 4 additional elective day surgical sessions and some 19 additional specialty clinic sessions. He had also previewed, chaired and reviewed all cases discussed at Multidisciplinary Meeting (MDM) each week from April 2012 until the introduction of a rota in September 2014.



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318. In my opinion, these concerns were not fully considered at the Oversight Committee (Case Conference) as his response was only shared on the morning of the meeting. It is evident from the above concerns that the persons responsible for addressing these were the Associate Medical Director for Surgery and Elective Care, Mr Eamon Mackle, the Assistant Director for Surgery and Elective Care, Mr Ronan Carroll and the Head of Service for Urology, Mrs Martina Corrigan.

**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 issues 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?**

319. As I had no operational responsibility for Mr O'Brien, I did not raise concerns about his conduct, performance or clinical practice. I was only made aware of these concerns when I attended the Oversight Committee (Case Conference) meeting on 26 January 2017 on behalf of Mrs Esther Gishkori.

320. It appears from an email from Mrs Gishkori on 25 January 2017 that she spoke to me on 24 January 2017 regarding attending this meeting on her behalf. The email of 25 January 2017 at 16:24 which was copied to the other staff who attended the Oversight Committee re Mr Aidan O'Brien, Consultant Urologist, and their secretaries sought clarity that I would attend the Oversight Committee on behalf of Mrs Gishkori.

321. Mrs Gishkori stated she hoped I could still go to this in her place because other Assistant Directors, namely, Dr Tracey Boyce, Mr Ronan Carroll and Mrs Heather Trouton have all previously been involved and that I was one of the few who wasn't involved.

322. Mrs Gishkori also stated that Mr Aidan O'Brien, Consultant Urologist, had hand delivered his response to the SAI into her office that day and that I could bring it to the meeting the next day.

323. Mrs Gishkori in the same email asked Emma, her secretary, to scan and send through the response to the SAI to Mrs Toal's office before the meeting, and to pull together the information to date for Anne – *"so she can quickly brief herself in advance of the meeting"*.

324. Mrs Gishkori did apologise but explained that her leave the next day was unavoidable.

**Q64. What support was provided by you and the Trust specifically to Mr O'Brien given the concerns raised 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?**



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325. I had no operational responsibility for the urology service and therefore, I personally provided no support to Mr O'Brien. However, it was evident to me from the Oversight Meeting which I attended on 26 January 2017, Mr O'Brien was being seen by Occupational Health.

326. The Oversight Committee (Case Conference) did consider whether formal exclusion was appropriate during the formal investigation in the context of protecting patients, protecting the integrity of the investigation but also in the context of protecting Mr O'Brien which I took to be his health and wellbeing. It was agreed that Mr O'Brien could come back and be closely monitored, with supporting mechanisms, doing the full range of duties.

327. The supporting mechanisms agreed at the Oversight Committee (Case Conference) included an urgent review of Mr O'Brien's job plan. It was noted that Mr O'Brien was still off sick and that an Occupational Health appointment was scheduled on 9 February following which an Occupational Health report would be provided which may affect the timetable of Mr O'Brien's return to work.

**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 raised were not reflected in governance documents, such as the Risk Register? Please provide any documents referred to. If the concerns raised were not reflected in governance, please explain why not?**

328. At governance meetings that I attended as Assistant Director of Acute Services, the Directorate Risk Register would be available in the papers as would each of the Divisional Risk Registers. I do not recall specific concerns raised by Mr Aidan O'Brien in his response to the SAI, being shared or discussed at meetings where the risk registers were available.

329. My focus would have been on the risk register for the Division which I had responsibility for as the Assistant Director, i.e., Integrated Maternity and Women's Health Division, Medicine and Unscheduled Care Division and most recently the Medicine Division.

### Learning

**Q66.1 Are you now aware of governance concerns arising out of the provision of urology services, which you were not aware of during your tenure?**

330. In my tenure as Assistant Director of Acute Services, I had responsibility for the Divisions of Integrated Maternity and Women's Health and Medicine and Unscheduled Care. Throughout that time, my awareness of the governance concerns arising out of the provision of urology services is limited to what was shared through Acute Services Directorate Risk Registers - 62 day cancer performance, recommendation to address serious concerns for skin, urology, and head and neck cancers, inpatient/day case backlog, and access times for inpatient, day case and outpatient. Sample copies of the Directorate Risk Register are at **S21 18 of 2022 Appendix Q40.2- page 7 20190412 Q40.191.2 and S21 18 of 2022 Appendix Q40.3- page 9 20190412 Q40.191.3** of my response.



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**Q66.2 Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why?**

331. In general, if a governance concern is included in the Risk Register controls are put in place to monitor the risk and measure the effectiveness of any improvement initiatives put in place to address the concern. If the controls fail to address the concern this is escalated to the Head of Service and Assistant Director through the monitoring processes agreed.

332. As I have no operational involvement with the urology services, I am of the view that governance concerns should be shared and actioned by the Assistant Director of Surgery and Elective Care Services with the support of the Associate Medical Director Clinical Director, and Head of Service for Urology.

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

333. It would also be my view that the Trust and senior clinicians should take greater ownership of their professional and individual responsibility and accountability to deliver safe services to the patients from the moment they enter the service at the point of triage throughout their diagnostic investigations, diagnosis and treatment plan. They are also professionally obliged to communicate contemporaneously with the patient, the patient's GP and other key stakeholders.

334. It would appear that prior to the Oversight Committee meeting in 2017 there were issues identified regarding a senior consultant's conduct and practice that were not managed and were not held to account for by Clinical and Operational Managers.

335. As I have not had operational responsibility for urology services an explanation to why this senior clinician was not held to account to address the concerns raised will need to be provided by the Heads of Service, Martina Corrigan, Wendy Clayton and the Assistant Directors, Heather Trouton, Ronan Carroll and the Clinical Directors, Mr Eamon Mackle and Mr Colin Weir.

**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?**

regarding the issues of concern within urology services and the unit

- 783 GP referrals had not been triaged

336. The Integrated Elective Access Protocol is in place to ensure that GP referrals which are received electronically are triaged in a timely manner. Where any un-triaged referrals are identified by staff in the referral and booking centre, an escalation report is forwarded to the Head of Service and/or Operational Support Lead. The Head of Service and/or Operational Support Lead will raise this at Specialty Meetings and/or with the individual clinician. If the referrals are not triaged as requested, this is escalated to the Assistant Director who will engage with Clinical team or the individual clinician and also the Clinical Director and/or Divisional Medical Director if required.



## Urology Services Inquiry

337. However, each Assistant Director, Head of Service, and Operational Service Lead need to monitor and be assured that these measures are effective at meeting triage performance targets. Ultimately, this mitigates against any delay in patient's access to care and treatment.

- *668 outpatients had no outcomes formally dictated*

338. Heads of Service receive details of administrative backlogs in the format of a Backlog Report from the Service Administrator for each Division. The backlog reports detail the number of discharges awaiting dictation, number of discharges for typing, number of clinic charts to be dictated, number of clinic charts to be typed, oldest date to be typed, the number of results to be matched to chart, the number of results to be dictated, the number of results to be typed and other filing backlog. The Head of Service will raise these backlogs at the specialty meetings or with the individual clinician. If these are not addressed the Head of Service will escalate the matter to the Assistant Director who will follow up with the clinical team or the individual clinician.

339. The Assistant Director will also inform the Clinical Director and/or Divisional Medical Director and seek their clinical support to address the matter. The learning emphasises the importance of the Backlog Reports being reviewed and actioned in a timely manner. Again this will mitigate against any risk to delay in patients' care and treatment.

- *307 sets of patient notes were returned from Mr O'Brien's home and 13 sets of patient notes tracked out to Mr O'Brien were still missing*

340. There is no proactive system in place that would advise I as Assistant Director or any other operational manager that notes were filed in accordance with the Trust policies. However, if patient was scheduled to attend a clinic and the chart could not be located, the tracking would indicate the last known location.

341. The Trust needs to be assured that the tracking of charts is robust. Staff are aware that all charts are to be tracked, however the usefulness of the system is contingent on staffing encoding information in a timely manner. As the new system of electronic care record to be rolled out, known as Encompass, interfaces with the systems used by staff to deliver care and treatment, updates to the information are automatically synchronised and shared with the patients and the clinician with responsibility for his or her care.

### regarding the concerns involving Mr O'Brien in particular?

342. I would consider the learning to be that when concerns regarding a clinical colleague are identified, they should be brought to the individual's attention at the earliest opportunity. An Action Plan should be devised to address the governance issues identified and robust monitoring arrangements must be put in place to ensure the learning is implemented and escalated if this is not the case. It demonstrates the requirement for collective leadership and engagement of clinical leaders, operational managers and colleagues in Human Resources and Professional bodies to address the concerns, to ensure recommendations are implemented in order to mitigate against risks to patient care and safety.



## Urology Services Inquiry

**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 have 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?**

343. It was recognised locally and regionally that there was a capacity and demand issue within the urology service. There appears to be a failure on the part of Operational and Clinical Managers to accurately present the extent of the governance issues within urology services. My knowledge of these concerns is only limited to what was disclosed (*62 day cancer performance, recommendation to address serious concerns for skin, urology, and head and neck cancers, inpatient/day case backlog, and access times for inpatient, day case and outpatient*) at performance and governance meetings within the Acute Directorate.

344. When I first took up the position of Assistant Director of Acute Services for Integrated Maternity and Women's Health – I engaged with the clinical team to capture the issues of concern in relation to the environment, staffing, governance and performance. I subsequently shared this review with members of the Trust Senior Management team and the Commissioner of Services to agree an action plan to address the deficits in these areas. This enabled me to have more robust structures in place to operationally manage and govern the service to provide safe care to mothers and babies, to be made of aware of issues at the earliest opportunity and to engage key stakeholders within and external to the Trust to find solutions.

**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 poorly 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?**

345. I am not in a position to comment on whether mistakes were made by others in handling the concerns identified. When I deputised for Mrs Gishkori at the Oversight Committee, I in collaboration with other members of the Oversight Committee and following careful discussion, agreed a robust mechanism for monitoring Mr Aidan O'Brien's administrative and clinical practice.

346. The existing governance arrangements, i.e., complaints management, risk assessments, review of clinical incidents and screening of those incidents that met the threshold of a serious adverse incident, during my tenure were developed using regional and national clinical governance framework. I am not in a position to comment whether these governance arrangements were poorly utilised in the delivery of the urology service as I have no operational and governance oversight of the urology service.

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



## Urology Services Inquiry

347. It is my view that the Trust has governance arrangements in line with regional and national standards. However, the challenge to resource these arrangements to be fit for purpose is an issue. This is largely due to the competing operational pressures, staffing deficits, and clinical and operational demand exacerbated by the COVID-19 pandemic. These concerns (*62 day cancer performance, recommendation to address serious concerns for skin, urology, and head and neck cancers, inpatient/day case backlog, and access times for inpatient, daycase and outpatient*) have been raised at governance meetings within the Acute Directorate and every effort is made to implement these arrangements effectively.

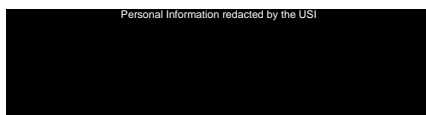
**Q72. Given the Inquiry's terms of reference, is there anything else you would like to add to assist the Inquiry in ensuring it has all the information relevant to those Terms?**

348. There is nothing else I have to add to assist the Inquiry in ensuring it has all the information relevant to the Inquiry's Terms of Reference.

### **Statement of Truth**

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

Signed: \_\_



Date: 20.06.22

S21 18 of 2022

Witness statement of: Anne McVey

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# Appendix

# Question 1



**McVey, Anne**

**From:** Gishkori, Esther [Personal Information redacted by the USI]  
**Sent:** 25 January 2017 16:25  
**To:** Toal, Vivienne; Stinson, Emma M; Hynds, Siobhan; Wright, Richard; McVey, Anne; Stinson, Emma M  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather  
**Subject:** RE: Meeting of Oversight Committee - Mr A O'B

Anne,

I know I spoke to you about this yesterday so I'm hoping you can still go to this in my place.

The thing is that Tracey and Ronan are both involved in this and Heather was before so you are one of the few who isn't.

I understand that Mr O'Brien hand delivered his response to the SAI into my office today so can you bring it to the meeting.

Emma,

Please scan and send through to Vivienne's office before the meeting.

Could you also pull together the info to date for Anne so she can quickly brief herself in advance of the meeting.

Sorry about this but my leave tomorrow is unavoidable.

Many thanks

Esther.

**Esther Gishkori**  
**Director of Acute Services**  
**Southern Health and Social Care Trust**



Office

[Personal Information redacted by the USI]

Mobile

[Personal Information redacted by the USI]



[Personal Information redacted by the USI]



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**From:** Toal, Vivienne  
**Sent:** 23 January 2017 21:51  
**To:** Stinson, Emma M; Hynds, Siobhan; Wright, Richard  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Gishkori, Esther  
**Subject:** Re: Meeting of Oversight Committee - Mr A O'B

Esther,

This is a very important meeting and requires senior representation from Acute Services.

Given Ronan's involvement in the parallel process in relation to the scoping of the impact (actual or potential) on patients I think it is more appropriate to keep him separate from the oversight committee role in relation to deputising for you to ensure there is clear separation in relation to these processes.

Could you please arrange for another AD to deputise for you on Thursday to ensure Acute Services input to this process.

Many thanks  
Vivienne

Sent from my BlackBerry 10 smartphone.

**From:** Stinson, Emma M  
**Sent:** Monday, 23 January 2017 08:59  
**To:** Toal, Vivienne; Hynds, Siobhan; Wright, Richard  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Gishkori, Esther  
**Subject:** RE: Meeting of Oversight Committee - Mr A O'B

Dear all

Unfortunately Esther will be unable to attend as she is on annual leave on Thursday however is happy for the meeting to go ahead in her absence and be updated later.

Many Thanks  
Emma

**Emma Stinson**  
**PA to Mrs Esther Gishkori**  
**Director of Acute Services**  
**SHSCT, Admin Floor, Craigavon Area Hospital**



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**From:** Toal, Vivienne  
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**To:** Hynds, Siobhan; Wright, Richard; Gishkori, Esther  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Stinson, Emma M  
**Subject:** Re: Meeting of Oversight Committee - Mr A O'B

Great, thanks very much.  
V

Sent from my BlackBerry 10 smartphone.

**From:** Hynds, Siobhan  
**Sent:** Sunday, 22 January 2017 20:29  
**To:** Toal, Vivienne; Wright, Richard; Gishkori, Esther  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Stinson, Emma M  
**Subject:** RE: Meeting of Oversight Committee - Mr A O'B

Very sorry – yes it is Thursday 26<sup>th</sup> at 2pm.

Siobhan

---

**From:** Toal, Vivienne  
**Sent:** 22 January 2017 20:28  
**To:** Hynds, Siobhan; Wright, Richard; Gishkori, Esther  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Stinson, Emma M  
**Subject:** Re: Meeting of Oversight Committee - Mr A O'B

Sorry Siobhan - do you mean Thursday 26th for oversight?  
Vivienne

Sent from my BlackBerry 10 smartphone.

---

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**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Stinson, Emma M  
**Subject:** Meeting of Oversight Committee - Mr A O'B

Dr Wright / Esther / Vivienne

Colin Weir and I are meeting with Aidan O'Brien on Tuesday 24<sup>th</sup> January re: the investigation to date and to consider his proposals for alternative to formal exclusion. Thereafter a report will be forwarded to Dr Khan, Case Manager for discussion at case conference with you to determine the next steps in the process including whether or not Mr O'Brien is to be formally excluded. This decision is required to be notified to Mr O'Brien no later than 27 January.

I would therefore be grateful if you could please hold 2pm on Tuesday 26<sup>th</sup> for the Oversight Committee to meet with Dr Khan. I have booked the meeting room, Trust HQ for this meeting.

Regards

Siobhan

**Mrs Siobhan Hynds**  
Head of Employee Relations  
Human Resources Department  
Hill Building, St Luke's Hospital Site  
Armagh, BT61 7NQ

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



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**McVey, Anne**

**From:** McVey, Anne - [Personal Information redacted by the USI]  
**Sent:** 25 January 2017 17:06  
**To:** Gishkori, Esther; Toal, Vivienne; Stinson, Emma M; Hynds, Siobhan; Wright, Richard; Stinson, Emma M  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather  
**Subject:** Re: Meeting of Oversight Committee - Mr A O'B

Esther I will attend as your representative Anne

Sent from my BlackBerry 10 smartphone.

**From:** Gishkori, Esther  
**Sent:** Wednesday, 25 January 2017 16:24  
**To:** Toal, Vivienne; Stinson, Emma M; Hynds, Siobhan; Wright, Richard; McVey, Anne; Stinson, Emma M  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather  
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**Director of Acute Services**  
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**To:** Stinson, Emma M; Hynds, Siobhan; Wright, Richard  
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PA to Mrs Esther Gishkori  
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 SHSCT, Admin Floor, Craigavon Area Hospital



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**McVey, Anne**

**From:** Stinson, Emma M [Personal Information redacted by the USI]  
**Sent:** 25 January 2017 16:42  
**To:** Toal, Vivienne  
**Cc:** Mallagh-Cassells, Heather; Gishkori, Esther  
**Subject:** FW: Meeting of Oversight Committee - Mr A O'B  
**Attachments:** Scan from YSoft SafeQ (2.70 MB)

Dear Vivienne

As requested in Esther's email below please find attached the response to the SAI from Mr A O'Brien.

Many Thanks  
Emma

**Emma Stinson**  
**SA to Mrs Esther Gishkori**  
**Director of Acute Services**  
**SHSCT, Admin Floor, Craigavon Area Hospital**

**Direct Line:**

[Personal Information redacted by the USI]

**Direct Fax:**

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**To:** Toal, Vivienne; Stinson, Emma M; Hynds, Siobhan; Wright, Richard; McVey, Anne; Stinson, Emma M  
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I know I spoke to you about this yesterday so I'm hoping you can still go to this in my place.

The thing is that Tracey and Ronan are both involved in this and Heather was before so you are one of the few who isn't.

I understand that Mr O'Brien hand delivered his response to the SAI into my office today so can you bring it to the meeting.

Emma,

Please scan and send through to Vivienne's office before the meeting.

Could you also pull together the info to date for Anne so she can quickly brief herself in advance of the meeting.

Sorry about this but my leave tomorrow is unavoidable.

Many thanks  
Esther.

**Esther Gishkori**  
**Director of Acute Services**  
**Southern Health and Social Care Trust**

**Office**

Personal Information redacted by the USI

**Mobile**

Personal Information redacted by the USI



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**From:** Toal, Vivienne  
**Sent:** 23 January 2017 21:51  
**To:** Stinson, Emma M; Hynds, Siobhan; Wright, Richard  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Gishkori, Esther  
**Subject:** Re: Meeting of Oversight Committee - Mr A O'B

Esther,

This is a very important meeting and requires senior representation from Acute Services.

Given Ronan's involvement in the parallel process in relation to the scoping of the impact (actual or potential) on patients I think it is more appropriate to keep him separate from the oversight committee role in relation to deputising for you to ensure there is clear separation in relation to these processes.

Could you please arrange for another AD to deputise for you on Thursday to ensure Acute Services input to this process.

Many thanks  
Vivienne

Sent from my BlackBerry 10 smartphone.

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**From:** Stinson, Emma M  
**Sent:** Monday, 23 January 2017 08:59  
**To:** Toal, Vivienne; Hynds, Siobhan; Wright, Richard  
**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Gishkori, Esther  
**Subject:** RE: Meeting of Oversight Committee - Mr A O'B

Dear all

Unfortunately Esther will be unable to attend as she is on annual leave on Thursday however is happy for the meeting to go ahead in her absence and be updated later.

Many Thanks  
Emma

**Emma Stinson**  
**PA to Mrs Esther Gishkori**  
**Director of Acute Services**  
**SHSCT, Admin Floor, Craigavon Area Hospital**

**Direct Line:**

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**Direct Fax:**

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**From:** Toal, Vivienne

**Sent:** 22 January 2017 20:33

**To:** Hynds, Siobhan; Wright, Richard; Gishkori, Esther

**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Stinson, Emma M

**Subject:** Re: Meeting of Oversight Committee - Mr A O'B

Great, thanks very much.

V

Sent from my BlackBerry 10 smartphone.

**From:** Hynds, Siobhan

**Sent:** Sunday, 22 January 2017 20:29

**To:** Toal, Vivienne; Wright, Richard; Gishkori, Esther

**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Stinson, Emma M

**Subject:** RE: Meeting of Oversight Committee - Mr A O'B

Very sorry – yes it is Thursday 26<sup>th</sup> at 2pm.

Siobhan

**From:** Toal, Vivienne

**Sent:** 22 January 2017 20:28

**To:** Hynds, Siobhan; Wright, Richard; Gishkori, Esther

**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Stinson, Emma M

**Subject:** Re: Meeting of Oversight Committee - Mr A O'B

Sorry Siobhan - do you mean Thursday 26th for oversight?

Vivienne

Sent from my BlackBerry 10 smartphone.

**From:** Hynds, Siobhan

**Sent:** Sunday, 22 January 2017 20:25

**To:** Wright, Richard; Gishkori, Esther; Toal, Vivienne

**Cc:** Weir, Colin; Khan, Ahmed; White, Laura; Mallagh-Cassells, Heather; Stinson, Emma M

**Subject:** Meeting of Oversight Committee - Mr A O'B

Dr Wright / Esther / Vivienne

Colin Weir and I are meeting with Aidan O'Brien on Tuesday 24<sup>th</sup> January re: the investigation to date and to consider his proposals for alternative to formal exclusion. Thereafter a report will be forwarded to Dr Khan, Case Manager for discussion at case conference with you to determine the next steps in the process including whether or not Mr O'Brien is to be formally excluded. This decision is required to be notified to Mr O'Brien no later than 27 January.

I would therefore be grateful if you could please hold 2pm on Tuesday 26<sup>th</sup> for the Oversight Committee to meet with Dr Khan. I have booked the meeting room, Trust HQ for this meeting.

Regards

Siobhan

**Mrs Siobhan Hynds**  
Head of Employee Relations  
Human Resources Department  
Hill Building, St Luke's Hospital Site  
Armagh, BT61 7NQ

Tel: [Personal Information redacted by the USI] Direct Line: [Personal Information redacted by the USI]  
Mobile: [Personal Information redacted by the USI] Fax: [Personal Information redacted by the USI]



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2017

WIT-20273

Q1.4.2

The Hermitage.

Personal Information redacted by the USI

25 January 2017.

**Private and Confidential**

Mrs. Esther Gishkori,  
Director of Acute Services,  
Southern Health and Social Care Trust,  
Craigavon Area Hospital,  
Portadown,  
County Armagh,  
BT63 5QQ.

Dear Mrs. Gishkori,

**Re: Serious Adverse Incident Review – Patient**

Patient 10

H&C

Patient 10

Thank you for your letter of 13 January 2017 and for providing me with the opportunity of returning comments concerning the final draft report of the Review Panel investigating the above serious adverse incident.

I have enclosed my report and comments.

Yours sincerely,

Personal Information redacted by the USI

Aidan O'Brien

## Serious Adverse Incident Review

Organisation's Unique Case Identifier: ID 52720

Patient Patient 10 : H&C Patient 10

### Introduction

In considering the comments which I had regarding the final draft of the report of the Review Panel investigating the above serious adverse incident, I concluded that there were a number of factual errors, omissions and inferences in their report, and to the extent that I considered it necessary to relate Patient 10's clinical history below.

### Clinical History

Patient 10 was Person  
Informa years old when acutely admitted to Craigavon Area Hospital on 5<sup>th</sup> January 2010, under the care of Dr 1, having had abdominal pain and nausea during the previous ten days. On CT scanning of her abdomen and pelvis on 6<sup>th</sup> January 2010, she was reported to have significant sigmoid colonic diverticular disease with an extraluminal collection which was considered to have probably resulted from perforation of a diverticulum. She was managed conservatively and successfully, enabling her discharge on 13<sup>th</sup> January 2010.

The CT scan of 6<sup>th</sup> January 2010 was also reported to have demonstrated the presence of multiple, simple, right renal cysts, the largest coming from the upper pole, and measuring 5.6 cm. The left kidney was reported to be unremarkable.

Patient 10 had a barium enema performed as an outpatient on 17<sup>th</sup> February 2010 when she was reported to have a long shouldered stricture of the proximal sigmoid colon in keeping with a primary malignancy. From subsequent documentation available on NIECR, it would appear that she underwent a sigmoid colectomy on 9<sup>th</sup> March 2010 and that pathological examination of the resection specimen confirmed the presence of a pT4b N1 M0 colonic adenocarcinoma, for which she subsequently had adjuvant chemotherapy.

During her postoperative recovery period, she had a CT scan of her chest, abdomen and pelvis performed on 22<sup>nd</sup> March 2010. The report of 25<sup>th</sup> March 2010 included that multiple renal cysts were present, the largest located at the upper pole of the right kidney and measuring 6.3 cm in diameter.

The first annual CT scan of the patient's chest, abdomen and pelvis was requested by an oncologist, was performed on 18<sup>th</sup> November 2010 and reported on 03<sup>rd</sup> December 2010. Apart from the reported lack of evidence of metastatic disease, she was reported to have a 'simple renal cyst particular in right. No solid renal mass'.

This CT scan is also the earliest for which digitalised images have been archived and available for review. On review, it is evident that there were three, exophytic, cystic lesions arising from the right kidney. The largest lesion arose from the upper pole and had a mean density of 23 Hu (deviation 30 Hu). The smallest arose from the lower pole and had a mean density of 20 Hu (deviation 27). The third lesion, the index lesion of later concern, had a mean density of 28 Hu (deviation 31) and a diameter of 28.5 mm. All three had the appearances of simple renal cysts.

The next CT scan was requested by Dr 1, was performed on 22<sup>nd</sup> December 2011 and reported on 24<sup>th</sup> December 2011. The report included reference to 'simple cysts noted in the right kidney. No renal mass of significance'. Review of the archived images would agree with the report that all three lesions had the appearances of simple cysts, with the index lesion having a mean density of 24 Hu (deviation 30).

The next CT scan was again requested by Dr 1, was performed on 21<sup>st</sup> December 2012 and reported by Dr 10 on 13<sup>th</sup> January 2013. The only reference to the right renal lesions was of a 'Bosniak type 1 cyst present right kidney'. However, review of the archived images found a subtle but definite change in the appearance of the index lesion compared to previously, in that it appeared to be denser, with an increase in its mean density to 32 Hu (deviation 47), and particularly in its medial portion where the mean density was 51 Hu (deviation 39). No appreciation of this change was reported.

Patient 10 then had a lobulated carcinoma of her right breast managed by wide local excision and sentinel node biopsy in October 2013, followed by radiotherapy and hormonal therapy. She had also contacted the Out of Hours service on three occasions on 28<sup>th</sup> February 2014 and 1<sup>st</sup> March 2014, following her return from holiday in [REDACTED] where she had dysuria and increased frequency of micturition for a period of one week, but had developed fever, flank pain and visible haematuria since her return. She was prescribed Amoxicillin for presumed urinary infection which was confirmed on urinary culture on 03<sup>rd</sup> March 2014 and on 12<sup>th</sup> March 2014 when the infecting organism was found to be resistant to Amoxicillin. Urinary microscopy and culture were both normal on 07<sup>th</sup> May 2014.

The next CT scan was again requested by Dr 1 as before, was performed on 24<sup>th</sup> June 2014 and reported by Dr 7 on 7<sup>th</sup> July 2014. Multiple and bilateral simple renal cysts were reported. The index lesion was reported as a 'cyst arising from the anterior aspect of the right lower pole demonstrates subtle layering with high density in its (sic) medial aspect which was probably present previously. The cyst appears minimally larger'. In the conclusion, it was reported that the appearances may have represented a haemorrhagic or proteinaceous cyst, but a localised ultrasound was recommended to ensure that there was no soft tissue component. Review of the archived images would indicate that the mean densities of the entire lesion and of its medial region had remained unchanged since December 2012, but that the density deviations had reduced significantly to 20 and 13, respectively, indicating that the subtle changes of December 2012 had been consolidated in the interim.

Dr 1 wrote to [Patient 10] on 10<sup>th</sup> July 2014 advising that there was a 'cyst in your right kidney which is almost certainly a water-filled cyst with no consequence and has been noted before but the radiologist has suggested confirming this with an ultrasound'. Dr 1 advised that he would arrange the ultrasound scan and that he would review [Patient 10] in or around September 2014.

Dr 1 requested the ultrasound scan on 10<sup>th</sup> July 2014. It was performed on 24<sup>th</sup> July 2014 and reported by Dr 2 on 30<sup>th</sup> July 2014. The report was the first enumerated description by a radiologist of all three right renal lesions. The index lesion was described as a complex lower pole cyst noted anteriorly, 3.7 cm in diameter, containing echogenic, well defined material posteriorly, possibly solid. Dr 2 advised renal MRI scanning with IV contrast to determine if the solid component enhanced.

Renal MRI scanning was requested by, or on behalf of, Dr 1 on 08<sup>th</sup> September 2014. It was performed on 26<sup>th</sup> September 2014 and reported by Dr 2 on 29<sup>th</sup> September 2014. The report read 'Comparison to previous ultrasound dated 24<sup>th</sup> July 2014 and CT dated 24<sup>th</sup> June 2014. There is a large, well-defined, ovoid, cystic mass arising from the upper pole cortex of the right kidney, measuring 8.7 cm x 5.3 cm in size. The lesion is T2 hyperintense, T1 hypointense and demonstrates no abnormal enhancement. The MR appearances are consistent with a cyst'. There was no description of the other two right renal lesions.

In the interim, [Patient 10] was reviewed by Dr 3 at the Breast Clinic on 23<sup>rd</sup> September 2014 when [Patient 10] reported that she had had pain on the right side during the previous two weeks, initially on inspiration, by then if she moved suddenly. She reported that the pain had improved since taking Ibuprofen. She was found to have some tenderness in the lateral right breast, particularly around her scar.

Dr 3 noted that [Patient 10] was awaiting MRI scanning following CT and ultrasound scanning for a right renal lesion. Dr 3 advised that she had organised a CT scan of the patient's chest. A CT scan of chest and abdomen was in fact requested.

The CT scan was performed on 29<sup>th</sup> October 2014 and reported by Dr 4 on 1<sup>st</sup> November 2014. The report referred to a '3.6 cm. exophytic, complex cyst seen in the lower pole of the left (sic) kidney anteriorly containing solid and cystic component. Simple cyst seen in the upper pole measuring 7 cm. Left kidney show no focal lesion'. Then in conclusion, Dr 4 referred to a 'complex cyst right kidney (previously investigations noted).

Dr 5, a GP, referred [Patient 10] as a routine referral on 29<sup>th</sup> October 2014. The reason for referral was 'Large renal cyst 8.7 cm x 5.3 cm' and with the comment that 'this [Personal Info] year old lady with a h/o bowel cancer and more recently breast cancer had an MRI scan done in Sept'14 for persistent R renal angle pain. She is otherwise well but has some nocturia. MRI scan showed a well-defined ovoid cystic mass, arising from the upper pole cortex of the right kidney, measuring 8.7 cm x 5.3 cm. The lesion is T2 hyperintense, T1 hypointense and demonstrates no abnormal enhancement. MR appearances are consistent with a cyst. I would be grateful for your assessment and advice.'

Dr 3 wrote to [Patient 10] on 7<sup>th</sup> November 2014 advising that the CT scan of 29<sup>th</sup> October 2014 had 'shown no worrying abnormality. The cyst on your right kidney, as previous investigations had noted, was remarked upon again.' [Personal Info] was further reviewed at the Breast Clinic by another doctor on 4<sup>th</sup> March 2015 when no reference was made to the index right renal lesion. Moreover, [Patient 10] had been reviewed by her breast oncologist on 7<sup>th</sup> October 2014 and on 14<sup>th</sup> April 2015, without reference to the index right renal lesion.

The routine referral by Dr 5 resulted in [Patient 10] having a urological outpatient consultation with Dr 8 on 6<sup>th</sup> January 2016 when the significance of the index right renal lesion was appreciated, and which was explained to [Patient 10] and to her husband who accompanied her. Dr 8 requested a further CT scan of chest, abdomen and pelvis, and provisionally arranged a date for renal surgery on 25<sup>th</sup> January 2016.

CT scanning was performed on 8<sup>th</sup> January 2016. The index right renal lesion was reported to be a complex cyst and to have increased in size to 3.8 cm (from 2.85 cm in November 2010 and from 3.6 cm in October 2014). Its density characteristics had not changed significantly since 2014. The CT scan was also reported to have demonstrated partially healed fractures of the right sixth and seventh ribs, and most importantly, the presence of an enlarged, left axillary lymph node measuring 2.2 cm in diameter.

Patient 10 was advised of these findings at further review by Dr 8 on 11<sup>th</sup> January 2016 when she was advised that she would be reviewed at the Breast Clinic on 12<sup>th</sup> January 2016, and that it had been possible to bring forward her admission for renal surgery to 16<sup>th</sup> January 2016.

Patient 10 was reviewed by Dr 3 at the Breast Clinic on 12<sup>th</sup> January 2016 when a core biopsy was taken from the left axillary lymph node mass. Histopathological examination was reported on 14<sup>th</sup> January 2016, confirming that the axillary lymphadenopathy was due to metastatic lobular breast carcinoma. At further review on 15<sup>th</sup> January 2016, it was agreed that the management of the metastatic breast carcinoma should take precedence. She proceeded to have left axillary lymphadenectomy in February 2016, followed by systemic chemotherapy and radiotherapy.

Following completion of treatment of metastatic breast carcinoma, Patient 10 was admitted electively on 31<sup>st</sup> October 2016 for laparoscopic right partial nephrectomy which was performed by Dr 8 that day. She was discharged on 5<sup>th</sup> November 2016. Histopathological examination of the resection specimen confirmed that the lesion was a Fuhrman grade III, papillary, renal cell carcinoma which was predominantly encapsulated but with a nodular infiltration of renal parenchyma to within 0.2 mm of the inked resection margin. Dr 8 has since advised Patient 10 that the tumour had been completely removed, and that hopefully surgery will have been curative.

## Comments

In compiling Patient 10's clinical history, I did so prospectively from January 2010. Whilst not a radiologist, I was able to appreciate that there had been a change in the appearance of the index right renal lesion on CT scanning performed on 21<sup>st</sup> December 2012 and reported by Dr 10 on 13<sup>th</sup> January 2013. This change was later referred to by Dr 7 in his report of the appearance of the index lesion on CT scanning performed in June 2014 as subtle layering with high density in its medial aspect, and which was probably present previously. Retrospective measurement of densities confirms that the change was definitely present previously in December 2012. It is regrettable that an appreciation had not been included in the report of January 2013. Had it been so, the further assessment and management of the lesion may have proceeded during 2013, rather than two to three years later.

Patient 10 developed a coliform urinary infection while on holiday in Personal Information redacted during the last week of February 2014. She contacted the Out of Hours service on three

occasions during 28<sup>th</sup> February 2014 and 1<sup>st</sup> March 2014 as she had developed worsening and systemic symptoms, including visible haematuria. Even though the infecting organism was resistant to the antibiotic initially prescribed, there is no documentary evidence of recurrence of visible haematuria. Therefore, there was no indication for referral of Patient 10 to the urological service, in accordance with referral guidelines which pertained then or revised since.

I believe that it is understandable that Dr 7 did not bring his appreciation of the change in the appearance of the index lesion to the attention of the urological service in July 2014, as he considered that the significance of the change was equivocal, and for which reason he advised further assessment by ultrasound scanning. However, had he done so, the management of the lesion would have been progressed in the months thereafter.

Dr 1 was regrettably premature in his letter of reassurance to Patient 10 on 10<sup>th</sup> July 2014 when ultrasound scanning was requested. Dr 1 may not have appreciated the potential significance of the changed appearances of the index lesion as reported by Dr 7.

The report of the ultrasound scan of the 24<sup>th</sup> July 2014 by Dr 2 was characteristic of his detailed, scrupulous reportage in that it was the first report to describe all three right renal lesions. He advised MRI scanning with intravenous contrast to determine whether the possibly solid material, within the cyst, enhanced. It is regrettable that Dr 2 did not refer the patient to Urology MDM at this time, particularly in light of his reasonably significant index of concern regarding the lesion, and the fact that the incremental assessment of the lesion was not known to the urological service. Dr 2 would have frequently brought such cases to the attention of MDM in such circumstances, and was facilitated to do. Another opportunity to bring the patient and her lesion to the attention of the urological service was missed.

There is no record on PAS or on NIECR of Patient 10 having been reviewed by Dr 1 in September 2014, or subsequently. As I presume that she underwent colonic resection in March 2010 in a non-NHS institution, I presume that Dr 1 may have reviewed Patient 10 privately in September 2014 when renal MRI scanning was requested. However, the lack of documentation resulting from subsequent review by Dr 1 deprives one of assessing the response of Dr 1 to the report of the MRI scan of 26<sup>th</sup> September 2014.

The MRI scan was performed on 26<sup>th</sup> September 2014 and reported on 29<sup>th</sup> September 2014 by Dr 2 who had advised it be done in the first instance. In the first sentence of his report, he had compared the findings to those of the previous ultrasound and CT scans. It has been my impression that the report as

presented was probably the first paragraph of a report in which the large upper pole cyst was described in that first paragraph, and that the other two right renal lesions would be described in subsequent paragraphs, as would have been expected of Dr 2. Had he been interrupted? Could further paragraphs or portions of the report been lost or deleted by some technical glitch? In any case, I believe that this was the most significant, missed opportunity to bring Patient 10 to the attention of the urological service.

Patient 10 was then reviewed, with respect to her breast cancer, on 23<sup>rd</sup> September 2014, by Dr 3, and not by Dr 2 as reported by the Review Panel in their final draft report. Dr 3 documented that Patient 10 had right breast and chest wall pain and tenderness, and not right renal angle or flank pain. By way of reassurance, Dr 3 requested a CT scan of chest and abdomen, performed on 29<sup>th</sup> October 2014 and reported by Dr 4 on 1<sup>st</sup> November 2014, and in which he reported that there was an exophytic complex cyst seen in the lower pole of the left kidney anteriorly containing solid and cystic components, then reported that the left kidney showed no focal lesion and concluded by reporting that there was a complex cyst of the right kidney. Again, this represented a further missed opportunity to bring Patient 10 to the attention of the urological service, by whatever means.

Dr 3 then wrote to Patient 10 on 7<sup>th</sup> November 2014 that the CT scan of 29<sup>th</sup> October 2014 had shown no worrying abnormality and that the cyst on her right kidney, as previous investigations had noted, was remarked upon again. However, the cyst to which Dr 3 referred was the complex cyst described on CT scanning, and not to be confused with the large, simple cyst described on MRI scanning. One can only conclude that Dr 3 did not appreciate the potential significance of a complex cyst. As a consequence, no referral to urology was made.

By then, Dr 5, a GP in the practice in which Patient 10 was registered as a patient, had referred Patient 10 as a routine referral, on 29<sup>th</sup> October 2014, requesting assessment and advice regarding Personal Info whom Dr 5 related had had an MRI scan performed in September 2014 for persistent right renal angle pain, and that the MRI scan had shown a large, simple cyst arising from the upper pole of her right kidney. Dr 5 was mistaken in asserting that the MRI scan had been performed in the investigation of pain of any kind. Whilst I have not met Patient 10 I doubt whether she ever did have any right renal angle pain. As documented above, the pain was related to her right breast and chest. Moreover, the Review Panel were mistaken in their report that Dr 5 had requested assessment and advice in relation to the MRI findings regarding a large renal cyst and recent breast cancer. The referral sought assessment and advice regarding the finding of a large, simple, right renal cyst in a Personal year old lady, with a history of bowel cancer and more recently breast cancer, and which Dr 5 believed may have been causing right renal angle pain. The referral letter was not triaged by Dr 6.

Patient 10 was reviewed by her oncologist on 7<sup>th</sup> October 2014 and again on 14<sup>th</sup> April 2015, without reference to the right renal lesion. She was again reviewed by another doctor at the Breast Clinic on 04<sup>th</sup> March 2015. Even though this was the service that requested the CT scan of 29<sup>th</sup> October 2014, there was no reference to the complex renal cystic lesion reported, and no referral made to the urological service by any means.

As a consequence of failure of triage, the default triage management process resulted in Patient 10 having to wait 64 weeks from the time of GP referral until the appointment with Dr 8 on 06<sup>th</sup> January 2016 when the significance of the index right renal lesion was appreciated by the urological service for the first time since its existence in December 2012. Somewhat reassuringly, it had only increased in diameter from 2.85 cm to 3.8 cm in that time. Laparoscopic right partial nephrectomy was deferred until 30 October 2016 following completion of management of the metastatic breast carcinoma detected on further staging CT scanning performed in January 2016.

I agree with Dr 8 in his reassurance to Patient 10 in November 2016 that surgery has probably been curative. It probably would have been even more reassuring if there had been a wider normal resection margin, though I believe that the evidence for that is scant. There is the additional concern regarding the high Fuhrman grade and whether it would have been lower had the lesion been resected at an earlier date. Nevertheless, the overwhelming probability is that surgery will have been curative, and that the delay in surgery will not have resulted in a negative outcome.

### Comments regarding Triage

In replying with comments regarding the final draft report, I have attempted to do so comprehensively, fairly and honestly. With regard to the referral letter of 29<sup>th</sup> October 2014, if I had triaged the letter on or after 30<sup>th</sup> October 2014, I would have retained its routine status. If I were to triage it afresh today, I do believe that I would do likewise. Why?

This was a referral which was graded as routine by Dr 5. I do agree with Dr 8 in his letter of 6<sup>th</sup> January 2016 that it was entirely reasonable that the referral was routine, even though the patient had a history of bowel and breast carcinoma, and even though Dr 5 believed, probably mistakenly, that the cyst may have been causative of persistent, right renal angle pain. Such referrals are not uncommon. In a minority of cases, larger simple cysts do cause discomfort or pain. The impression that I would have had from the referral letter would have been that her pain had been comprehensively investigated, including by MRI

scanning, and that the cyst potentially causative of pain was unequivocally proven to be large and simple. Therefore, I would certainly not have considered upgrading it to Red Flag status. I also do not believe that I would have upgraded it to Urgent status, as the likelihood of a large simple cyst being the cause of persistent pain would have been minimal.

The Review Panel have not offered any explanation as to why the status of the referral should have been upgraded, and to which status. I do not know whether it was because of the history of bowel and breast cancer, or whether the Panel were of the view that the report of the MRI scan, and by inference, of any other scans should have been reviewed on NIECR or NIPACS, or indeed whether the images should have been reviewed in addition. If this were the case, then the content of all letters of referral would be ignored, and a complete review conducted on line. As a consequence, it would never be considered defensible to triage a referral on the contents of the letter alone, and as a consequence, considerable cumulative time would be required to do so.

I have believed, and have expressed the view, that the inclusion of the triage of all letters of referral in the duties and responsibilities of the urologist of the week was inappropriate. The introduction of the 'urologist of the week' was borne out of a realisation that the increasing numbers of inpatients and the complexities of their morbid and comorbid status were such that they would be better served by a 'urologist of the week' than by the previous 'urologist on call'. This reality has been acknowledged and implemented by many other specialties.

The purpose and priorities of the 'urologist of the week' are for the consultant to deliver hands-on clinical and operative management of all urological inpatients, all other inpatients in the hospital whose assessment and management was sought, all patients in the Emergency Department whose assessment and management was sought, and importantly, all such patients in other hospitals in our area of responsibility, and particularly, Daisy Hill and South West Acute Hospitals. Optimising the outcomes of all of these patients requires time and commitment. It should not be inappropriately delegated to junior doctors. It requires every attempt be made to carry out definitive surgical management if possible. It should not be compromised by triage of non-red flag referrals. In consideration of their inferred clinical priority, I have always agreed that red flag referrals be triaged by the urologist of the week, and which I have always done, even if I had not always managed to completely do so by the end of the week in question.

I have previously tried to conduct detailed triage of the non-red flag referrals whilst being urologist of the week. I would have reviewed all details on NIECR and reviewed all images, if any, on NIPACS, irrespective of the content of the letters. However, I was not prepared to compromise inpatient management by doing so. I was not prepared to spend time triaging non-red flag referrals rather than operating on patients if at all possible. With around 280 patients on an three year, inpatient waiting list, I could not justify discharging acutely admitted inpatients to that waiting list.

I also found it impossible to have the time to do so when not 'urologist of the week' because of additional work load, due to the continued pressure to minimise the incidence of poor clinical outcomes of patients awaiting long periods of time for admission and readmission for surgery. In 2014, I had arranged and undertaken 22.25 additional, elective, inpatient operating sessions 4 additional, elective, day surgical sessions, and some 19 additional, specialty clinic sessions. I had also previewed, chaired and reviewed all cases discussed at MDM each week, from April 2012, until the introduction of a rota in September 2014.

I do not have any means of knowing how many inpatients I was responsible for from 29<sup>th</sup> October 2014 to 31<sup>st</sup> October 2014, or how many emergency operations I performed during that time. I do know that I previewed all of the cases for the Urology MDM of Thursday 30<sup>th</sup> October 2014. This would have typically taken some three hours during the evening or night of 29<sup>th</sup> October 2014, in addition to chairing the MDM on 30<sup>th</sup> October 2014, and spending typically one hour with the cancer tracker that evening reviewing and signing off the outcomes of MDM. I also reviewed ten cancer patients on the morning of Friday 31<sup>st</sup> October 2014.

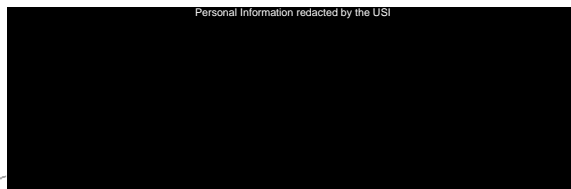
I do believe that the inclusion of triage of all non-Red Flag referral letters in the duties of a consultant urologist when urologist of the week has been inappropriate and regrettable. I do believe that it has, on occasion, compromised inpatient care and has, on occasion, resulted in deferment of definitive management of inpatients. It was for all of these reasons that I had advised personnel from the Appointments Office, when we met them to discuss the issue, that I had found it impossible to triage non-Red Flag referrals, whilst urologist of the week, and that another system or method or time was needed for them to be done, if by a consultant at all, and which I believed and advised was not in itself necessary.

## Conclusion

Patient 10 had a complex right renal cystic lesion since December 2012. During the next two years, its potential significance had either not been appreciated, or had been appreciated but not reported by at least two radiologists, and not reported to the urological service. Similarly, the potential significance of the lesion had not been appreciated by at least two clinicians who had requested further imaging which had been advised by radiologists in the investigation of the lesion from June 2014 to March 2015, and had similarly failed to refer Patient 10 to the urological service. I believe that the Review Panel may have failed to appreciate the significance of the cyst having changed between 2011 and 2012.

Even though there were failures on the part of clinicians and radiologists who had assessed and investigated Patient 10 and the index right renal lesion, I found the Review Panel's emphasis on the lack of triage of the letter of routine referral as the main cause of delay in Patient 10 having a urological appointment, as remarkably asymmetric. I do believe that it would have been reasonable and defensible to have relied upon the information contained in the letter of referral, and to have maintained the referral as routine. Therefore, lack of triage did not impact upon the time to consultation.

I also do believe that the triage on non-red flag referrals should be revisited, with a commitment to accommodate all views, to discuss who, when and how this challenge can be satisfactorily resolved.



**Aidan O'Brien.**

25 January 2017

Q1.5.1

**McVey, Anne**

**From:** Hynds, Siobhan [Personal Information redacted by the USI]  
**Sent:** 26 January 2017 13:13  
**To:** Mallagh-Cassells, Heather; Khan, Ahmed; Weir, Colin; Gibson, Simon; McVey, Anne; Wright, Richard  
**Subject:** RE: Venue for Oversight Committee today at 2.30 pm  
**Attachments:** Preliminary report from Case Investigator 26 January 2017 FINAL.docx

Dear All

Please find attached report for discussion today.

Regards,

Siobhan

---

**From:** Mallagh-Cassells, Heather  
**Sent:** 26 January 2017 13:10  
**To:** Khan, Ahmed; Weir, Colin; Hynds, Siobhan; Gibson, Simon; McVey, Anne; Wright, Richard  
**Cc:** White, Laura  
**Subject:** Venue for Oversight Committee today at 2.30 pm

26 January 2017

Dear All,

The venue for the Oversight Committee at 2.30 pm today will be the Boardroom, Trust HQ.

**Dr Wright** – Vivienne will ring you to your mobile. Laura – can you please give me Dr Wright's mobile number?

Regards,

*Heather*

Heather Mallagh-Cassells  
 Personal Assistant to Vivienne Toal  
 Director of Human Resources & Organisational Development  
 Southern Health & Social Care Trust



Personal Information redacted by the USI

(Internal: [Personal Information redacted by the USI] – prefix by [Personal Information redacted by the USI] if dialling from legacy telephone)

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## **STRICTLY PRIVATE AND CONFIDENTIAL**

### **Preliminary Report from Case Investigator for consideration by Case Manager / Case Conference**

**Thursday 26 January 2017**

**Mr Aidan O'Brien**

*Maintaining High Professional Standards Framework***1.0 Introduction and Background**

Mr Aidan O'Brien is employed by the Southern Health and Social Care Trust as a Consultant Urologist based in Craigavon Area Hospital.

At a meeting on 30 December 2016, Mr O'Brien was advised of a decision by the Trust to place him on immediate exclusion. Mr O'Brien was advised that concern had been raised with the Trust's Medical Director, Dr Richard Wright, following a Serious Adverse Incident (SAI) Investigation. The concern related to Mr O'Brien's administrative practices which had the potential to have caused harm to patient/s and / or which had actually caused harm.

Concern in respect of Mr O'Brien's administrative practices had been previously addressed with him in an attempt to resolve the issues informally.

The SAI investigation identified a Urology patient under the care of Mr O'Brien who may have a poor clinical outcome because of delay in his triage of GP referrals. The SAI also identified an additional patient who may also have had an unnecessary delay in their treatment for the same reason.

An initial scoping of Mr O'Brien's administrative practices identified:

- that, from June 2015, 783 GP referrals had not been triaged in line with the agreed / known process for such referrals. All referrals require to be tracked and reviewed within a specified timeframe (72 hours from receipt) to ascertain the status of these patients in relation to the condition for which they were referred. The clinical implications of this failure to triage the referrals within the specified timescales is currently unknown and it being reviewed by 4 Trust Consultants. This review is not yet complete.
- that 668 patients who have attended Mr O'Brien's clinics over an 18 month period have no outcomes dictated and therefore no clinical plan documented. The implication of these failings is again under review and is still on-going.
- That, 307 sets of patient notes were returned by Mr O'Brien from his home, 88 sets of notes located within Mr O'Brien's office, 13 sets of notes, tracked to Mr O'Brien, are still missing. Work is continuing to validate this list of missing notes.

At the meeting on 30 December 2016, Mr O'Brien was advised that the concerns would be managed in line with the Maintaining High Professional Standards Framework (MHPS).

Dr Ahmed Khan was appointed as Case Manager and Mr Colin Weir was appointed as Case Investigator assisted by Mrs Siobhan Hynds, Head of Employee Relations. Mr John Wilkinson was appointed as the identified Board member to oversee the process.

*Maintaining High Professional Standards Framework***2.0 Initial Investigation**

During the initial 4 week period following immediate exclusion of Mr O'Brien, investigations continued within the Acute Services Directorate to determine the scale of the concerns regarding Mr O'Brien's administrative practices, to inform the scope of the investigation under MHPS Framework and the Terms of Reference for the investigation.

A meeting was held with Mr O'Brien, who was accompanied by his son, on Tuesday 24 January 2017 at which an update was provided in terms of the preliminary investigation. Mr O'Brien was updated in respect of the initial 3 concerns notified to him on 30 December and was notified of a fourth issue of concern identified during the preliminary investigation.

The update position as at 24 January was:

- that, from June 2015, 783 GP referrals had not been triaged in line with the agreed / known process for such referrals. All referrals require to be tracked and reviewed to ascertain the status of these patients in relation to the condition for which they were referred. This work is being undertaken by 4 Trust Consultants and the review is not yet complete.
- that 668 patients have no outcomes formally dictated from Mr O'Briens outpatient clinics over a period of at least 18 months. Again this review is still on-going.
- That, 307 sets of patient notes were returned by Mr O'Brien from his home, 88 sets of notes located within Mr O'Brien's office, 13 sets of notes, tracked to Mr O'Brien, are still missing. Work is continuing to validate this list of missing notes.

The fourth issue of concern identified during the initial scoping exercise relates to Mr O'Brien's private patients. A review of Mr O'Brien's TURP patients identified 9 patients who had been seen privately as outpatients, then had their procedure within the NHS. The waiting times for these patients are significantly less than for other patients. Further investigations are on-going.

Prior to the meeting with Mr O'Brien, a further update had been requested by the Case Investigator. This information was not available for discussion at the meeting with Mr O'Brien. On review of the update received following this request, early initial review of the un-triaged patients suggest that a number of patients required upgrading to red flag status, a number of others required upgrading from routine to urgent.

**3.0 Statement of Case – Mr A O'Brien**

Mr O'Brien was provided with an opportunity at the meeting on 24 January to state his case to Case Investigator. Mr O'Brien advised that he will make a written submission as part of the investigation in due course.

### *Maintaining High Professional Standards Framework*

Mr O'Brien and his son raised concerns about process and time scale. We noted this. However he was made aware that because of the numbers of triages to review the process will take longer

During the course of the meeting Mr O'Brien offered some explanation in respect of the concerns including:

- Significant workload pressures
- Significant additional operating sessions completed by him over the requirement within his job plan.
- Inequity of workloads with some colleagues
- High number of hours worked each week
- Notification to a series of Trust managers regarding work pressures
- Notification to management that he did not have capacity to triage GP referrals.
- Use of SPA time to undertake operations or reviews of patients.

#### **4.0 Proposals for alternatives to exclusion – Mr A O'Brien**

Mr O'Brien was provided with an opportunity at the meeting on 24 January to propose alternatives to his exclusion for consideration by the Case Manager.

Mr O'Brien outlined that at present his main priority was to return to work. He stated that if the investigation is going to take longer than 4 weeks to complete he is concerned at the potential for reputational damage.

Mr O'Brien reported that the immediate exclusion and the investigation was a very stressful situation for him which has resulted in 10lbs weight loss. He stated that both mentally and physically it is important to him to be able to get back to work.

Mr O'Brien outlined that there are various aspects of his work that have never been in question and he is of the view that he could continue to operate, he could undertake urologist of the week, undertake on call duties and triage referrals.

Mr O'Brien noted he was accepting of and entirely happy to return to work within a defined framework to circumvent the concerns under investigation. He further outlined that he has no desire to impede or interfere with the investigation. He outlined that in due course he will provide a 'good contextual reason as to why this has happened'.

Mr O'Brien would be accepting of working within normal time constraints for both operating lists and clinics. He agreed that any clinics would have outcomes recorded and dictation done by the end of that clinic. He was entirely open to regular review and monitoring of this.

Mr O'Brien stated, if he had been advised in March that the concerns could lead to this i.e. immediate exclusion and formal investigation, he would have taken time out to clear the backlog and wouldn't be in this situation.

Mr O'Brien reported that he had undertaken work not included in his job plan and for which he was not remunerated. He stated that the period of immediate exclusion was psychologically, mentally and physically draining and went on to advise that he 'feared' for himself if he was not able to return to work.

*Maintaining High Professional Standards Framework*

He concluded by stating he was happy to work with a defined framework set by the Trust, to comply with hospital policies/procedures, to work to pre-determined defined timescales and he gave an assurance that no patient files would be removed from the Trust. He reiterated he had no desire to impede or interfere in the investigation in anyway. Mr O'Brien stated that the concerns centred around his administrative practices and he believes the concerns can be managed with a framework in place.

Mr O'Brien further stated that when the issues were raised with him in March 2016, there was no plan as to how he was to address the matters. He stated he began to deal with some of the outstanding cases whenever he had time to do so during his working week.

**5.0 Summary**

There are 4 main issues of concern to be considered as outlined above. The initial 4 week preliminary investigation has scoped the likely scale of the concerns and the numbers of patients involved.

The investigation is at a very early stage. While initial indications suggest some patients have potentially been adversely affected/harmed as a result of failings in the practice of Mr O'Brien, the Case Investigator is reliant on completion of the review by 4 Consultants to determine the full implications.

Given the numbers involved, it is not possible to give any definite date for the conclusion of the investigation. It is envisaged that the investigation will take as a minimum, 12 weeks to complete.



**McVey, Anne**

---

**From:** Hynds, Siobhan [Personal Information redacted by the USI]  
**Sent:** 26 January 2017 14:40  
**To:** Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin; Khan, Ahmed  
**Subject:** Preliminary report from Case Investigator 26 January 2017 FINAL  
**Attachments:** Preliminary report from Case Investigator 26 January 2017 FINAL.docx

Revised copy as discussed.

Siobhan



2017. 26. 01

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*Maintaining High Prof*



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## **STRICTLY PRIVATE AND CONFIDENTIAL**

### **Preliminary Report from Case Investigator for consideration by Case Manager / Case Conference**

**Thursday 26 January 2017**

**Mr Aidan O'Brien**

## *Maintaining High Professional Standards Framework*

### **1.0 Introduction and Background**

Mr Aidan O'Brien is employed by the Southern Health and Social Care Trust as a Consultant Urologist based in Craigavon Area Hospital.

At a meeting on 30 December 2016, Mr O'Brien was advised of a decision by the Trust to place him on immediate exclusion. Mr O'Brien was advised that concern had been raised with the Trust's Medical Director, Dr Richard Wright, following a Serious Adverse Incident (SAI) Investigation. The concern related to Mr O'Brien's administrative practices which had the potential to have caused harm to patient/s and / or which had actually caused harm.

Concern in respect of Mr O'Brien's administrative practices had been previously addressed with him in an attempt to resolve the issues informally.

The SAI investigation identified a Urology patient under the care of Mr O'Brien who may have a poor clinical outcome because of delay in his triage of GP referrals. The SAI also identified an additional patient who may also have had an unnecessary delay in their treatment for the same reason.

An initial scoping of Mr O'Brien's administrative practices identified:

- that, from June 2015, 318 GP referrals had not been triaged in line with the agreed / known process for such referrals. Further tracking and review was required to ascertain the status of all referrals.
- that there was a backlog of 60+ undictated clinics dating back over 18 months amounting to approximately 600 patients, who may not have had their clinic outcomes dictated. It was unclear what the clinical management plan is for these patients.
- that some of the patients seen by Mr O'Brien may have had their notes taken back to his home, and are not available within the hospital. The clinical management plan for these patients is unclear, and may be delayed.

At the meeting on 30 December 2016, Mr O'Brien was advised that the concerns would be managed in line with the Maintaining High Professional Standards Framework (MHPS).

Dr Ahmed Khan was appointed as Case Manager and Mr Colin Weir was appointed as Case Investigator assisted by Mrs Siobhan Hynds, Head of Employee Relations. Mr John Wilkinson was appointed as the identified Board member to oversee the process.

### **2.0 Initial Investigation**

### *Maintaining High Professional Standards Framework*

During the initial 4 week period following immediate exclusion of Mr O'Brien, investigations continued within the Acute Services Directorate to determine the scale of the concerns regarding Mr O'Brien's administrative practices, to inform the scope of the investigation under MHPS Framework and the Terms of Reference for the investigation.

A meeting was held with Mr O'Brien, who was accompanied by his son, on Tuesday 24 January 2017 at which an update was provided in terms of the preliminary investigation. Mr O'Brien was updated in respect of the initial 3 concerns notified to him on 30 December and was notified of a fourth issue of concern identified during the preliminary investigation.

The update position as at 24 January was:

- that, from June 2015, 783 GP referrals had not been triaged in line with the agreed / known process for such referrals. All referrals require to be tracked and reviewed to ascertain the status of these patients in relation to the condition for which they were referred. This work is being undertaken by 4 Trust Consultants and the review is not yet complete.
- that 668 patients have no outcomes formally dictated from Mr O'Briens outpatient clinics over a period of at least 18 months. Again this review is still on-going.
- That, 307 sets of patient notes were returned by Mr O'Brien from his home, 88 sets of notes located within Mr O'Brien's office, 13 sets of notes, tracked to Mr O'Brien, are still missing. Work is continuing to validate this list of missing notes.

The fourth issue of concern identified during the initial scoping exercise relates to Mr O'Brien's private patients. A review of Mr O'Brien's TURP patients identified 9 patients who had been seen privately as outpatients, then had their procedure within the NHS. The waiting times for these patients are significantly less than for other patients. Further investigations are on-going.

Prior to the meeting with Mr O'Brien, a further update had been requested by the Case Investigator. This information was not available for discussion at the meeting with Mr O'Brien. On review of the update received following this request, early initial review of the un-triaged patients suggest that a number of patients required upgrading to red flag status, a number of others required upgrading from routine to urgent.

### **3.0 Statement of Case – Mr A O'Brien**

Mr O'Brien was provided with an opportunity at the meeting on 24 January to state his case to Case Investigator. Mr O'Brien advised that he will make a written submission as part of the investigation in due course.

### *Maintaining High Professional Standards Framework*

Mr O'Brien and his son raised concerns about process and time scale. We noted this. However he was made aware that because of the numbers of triages to review the process will take longer

During the course of the meeting Mr O'Brien offered some explanation in respect of the concerns including:

- Significant workload pressures
- Significant additional operating sessions completed by him over the requirement within his job plan.
- Inequity of workloads with some colleagues
- High number of hours worked each week
- Notification to a series of Trust managers regarding work pressures
- Notification to management that he did not have capacity to triage GP referrals.
- Use of SPA time to undertake operations or reviews of patients.

#### **4.0 Proposals for alternatives to exclusion – Mr A O'Brien**

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Mr O'Brien outlined that at present his main priority was to return to work. He stated that if the investigation is going to take longer than 4 weeks to complete he is concerned at the potential for reputational damage.

Mr O'Brien reported that the immediate exclusion and the investigation was a very stressful situation for him which has resulted in 10lbs weight loss. He stated that both mentally and physically it is important to him to be able to get back to work.

Mr O'Brien outlined that there are various aspects of his work that have never been in question and he is of the view that he could continue to operate, he could undertake urologist of the week, undertake on call duties and triage referrals.

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*Maintaining High Professional Standards Framework*

He concluded by stating he was happy to work with a defined framework set by the Trust, to comply with hospital policies/procedures, to work to pre-determined defined timescales and he gave an assurance that no patient files would be removed from the Trust. He reiterated he had no desire to impede or interfere in the investigation in anyway. Mr O'Brien stated that the concerns centred around his administrative practices and he believes the concerns can be managed with a framework in place.

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**5.0 Summary**

There are 4 main issues of concern to be considered as outlined above. The initial 4 week preliminary investigation has scoped the likely scale of the concerns and the numbers of patients involved.

The investigation is at a very early stage. While initial indications suggest some patients have potentially been adversely affected/harmed as a result of failings in the practice of Mr O'Brien, the Case Investigator is reliant on completion of the review by 4 Consultants to determine the full implications.

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consideration by Case Manager / Case  
Conference**

**Thursday 26 January 2017**

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*Maintaining High Professional Standards Framework*

He concluded by stating he was happy to work with a defined framework set by the Trust, to comply with hospital policies/procedures, to work to pre-determined defined timescales and he gave an assurance that no patient files would be removed from the Trust. He reiterated he had no desire to impede or interfere in the investigation in anyway. Mr O'Brien stated that the concerns centred around his administrative practices and he believes the concerns can be managed with a framework in place.

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**5.0 Summary**

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21.7.1

**McVey, Anne**

**From:** Gibson, Simon [Personal Information redacted by the USI]  
**Sent:** 27 January 2017 08:48  
**To:** Khan, Ahmed; Hynds, Siobhan; Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Weir, Colin  
**Cc:** Gibson, Simon; White, Laura  
**Subject:** RE: Preliminary report from Case Investigator 26 January 2017 FINAL  
**Attachments:** Action note - 26th January - AOB draft.docx

Dear all

Please find draft action notes from yesterdays meeting. Any comments gratefully received, the earlier the better to allow these to be signed off to allow time for the monitoring arrangements to be created and agreed in line with Dr Khans timetable below.

Kind regards

Simon

Simon Gibson  
 Assistant Director – Medical Directors Office  
 Southern Health & Social Care Trust

[Personal Information redacted by the USI]

Mobile: [Personal Information redacted by the USI]

DHH: [Personal Information redacted by the USI]

Ext [Personal Information redacted by the USI]

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**From:** Khan, Ahmed  
**Sent:** 27 January 2017 08:41  
**To:** Hynds, Siobhan; Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin  
**Subject:** Re: Preliminary report from Case Investigator 26 January 2017 FINAL

Siobhan, I would need to have the monitoring assurance plan at least a day in advance of the meeting with Mr O'Brien. If we are planning to meet him on next Friday then a meeting between myself, you and Acute Directorate Rep by Wednesday or Thursday to go through assurance measures before I can present to him. As you know he was already asking details about these measures yesterday and I wouldn't meet him until we have clear plan. Please discuss with Esther or Anne to prepare this.

Many thanks  
 Ahmed

Sent from my BlackBerry 10 smartphone.

---

**From:** Hynds, Siobhan  
**Sent:** Thursday, 26 January 2017 14:40  
**To:** Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin; Khan, Ahmed  
**Subject:** Preliminary report from Case Investigator 26 January 2017 FINAL

Revised copy as discussed.

Siobhan



**Southern Health & Social Care Trust****Oversight Committee****26<sup>th</sup> January 2017****Present:**

Dr Richard Wright, Medical Director (Chair)

Vivienne Toal, Director of HROD

Anne McVey, Assistant Director of Acute Services (on behalf of Esther Gishkori)

**Apologies**

Esther Gishkori, Director of Acute Services

**In attendance:**

Dr Ahmed Khan, Case Manager

Simon Gibson, Assistant Director, Medical Director's Office

Colin Weir, Case Investigator

Siobhan Hynds, Employee Relations Manager

**Dr A O'Brien****Context**

Vivienne Toal outlined the purpose of the meeting, which was to consider the preliminary investigation into issues identified with Mr O'Brien and obtain agreement on next steps following his period of immediate exclusion, which concludes on 27<sup>th</sup> January.

**Preliminary investigation**

As Case Investigator, Colin Weir summarised the investigation to date, including updating the Case Manager and Oversight Committee on the meeting held with Mr O'Brien on 24<sup>th</sup> January, and comments made by Mr O'Brien in relation to issues raised.

Firstly, it was noted that 783 GP referrals had not been triaged by Mr O'Brien in line with the agreed / known process for such referrals. This backlog was currently being triaged by the Urology team, and was anticipated to be completed by the end of January. There would appear to be a number of patients who have had their referral upgraded. At the meeting on 24<sup>th</sup> January, Mr O'Brien stated that as Urologist of the Week he didn't have the time to undertake triage as the workload was too heavy to undertake this duty in combination with other duties.

Secondly, it was noted that there were 668 patients who have no outcomes formally dictated from Mr O'Briens outpatient clinics over a period of at least 18 months. A review of this backlog is still on-going. In relation to the lack of dictated letters following outpatient consultations, it was not felt there was not a satisfactory explanation provided. Mr O'Brien indicated that he often waited until the full outcome of the patient's whole outpatient journey to communicate to GPs. It was agreed that this would not be in line with GMCs guidance on Good Medical Practice, which highlighted the need for timely communication and contemporaneous note keeping.

Thirdly, there were 307 sets of patients notes returned from Mr O'Briens home, and 13 sets of notes tracked out to Mr O'Brien were still missing. Mr O'Brien was sure that he no longer had these notes; all patients had been discharged from his care, therefore he felt he had no reason to keep these notes. Mr Weir felt that there was a potential of failure to record when notes were being tracked back into health records, although it was noted that an extensive search of the health records library had failed to locate these 13 charts.

#### **Historical attempts to address issues of concern.**

It was noted that Mr O'Brien had been written to on 23<sup>rd</sup> March 2016 in relation to these issues, but that no written response had been received. There had been a subsequent meeting with the AMD for Surgery and Head of Service for Urology to address this issue. At this meeting, Mr O'Brien asked Mr Mackle what actions he wanted him to undertake. Mr O'Brien stated Mr Mackle made no comment and rolled his eyes, and no action was proposed.

It was noted that Mr O'Brien had successfully revalidated in May 2014, and that he had also completed satisfactory annual appraisals. Dr Khan reflected a concern that the appraisal process did not address concerns which were clearly known to the organisation. It was agreed that there may be merit in considering his last appraisal.

#### **Discussion**

In terms of advocacy, in his role as Clinical Director, Mr Weir reflected that he felt that Mr O'Brien was a good, precise and caring surgeon.

At the meeting on 24<sup>th</sup> January, Mr O'Brien expressed a strong desire to return to work. Mr O'Brien accepted that he had let a number of his administrative processes drift, but gave an assurance that this would not happen again if he returned to work. Mr O'Brien gave an assurance to the Investigating Team that he would be open to monitoring of his activities, he would not impede or hinder any investigation and he would willingly work within any framework established by the Trust.

Dr Khan asked whether there was any historical health issues in relation to Mr O'Brien, or any significant changes in his job role that made him unable to perform the full duties of Urologist of the Week. There was none identified, but it was felt that it would be useful to consider this.

**Decision**

As Case Manager, Dr Khan considered whether there was a case to answer following the preliminary investigation. It was felt that based upon the evidence presented, there was a case to answer, as there was significant deviation from GMC Good Medical Practice, the agreed processes within the Trust and the working practices of his peers.

This decision was agreed by the 3 members of the Oversight Committee, and therefore a formal investigation would now commence, with formal Terms of Reference now required.

**Action: Mr Weir**

**Formal investigation**

There was a discussion in relation to whether formal exclusion was appropriate during the formal investigation, in the context of:

- Protecting patients
- Protecting the integrity of the investigation
- Protecting Mr O'Brien

Mr Weir reflected that there had been no concerns identified in relation to the clinical practice of Mr O'Brien.

The Oversight Committee discussed whether Mr O'Brien could be brought back with either restrictive duties or robust monitoring arrangements which could provide satisfactory safeguards. Mr Weir's view was that Mr O'Brien could come back and be closely monitored, with supporting mechanisms, doing the full range of duties. The Oversight Committee considered what this monitoring would look like, to ensure the protection of the patient.

The Oversight Committee noted the detail of what this monitoring would look like was not available for the meeting, but this would be needed. It was agreed that the operational team would provide this detail to the Oversight Committee.

**Action: Esther Gishkori / Ronan Carroll**

It was agreed that, should the monitoring processes identify any further concerns, then the Oversight Committee would be reconvened to consider formal exclusion.

It was noted that Mr O'Brien had identified workload pressures as one of the reasons he had not completed all administrative duties - there was consideration about whether there was a process for him highlighting unsustainable workload. It was agreed that an urgent review of Mr O'Briens job plan was required.

**Action: Mr Weir**

It was agreed by the Oversight Committee that any review would need to ensure that there was comparable workload activity within job plan sessions between Mr O'Brien and his peers.

**Action: Esther Gishkori/Ronan Carroll**

Following consideration of the discussions summarised above, as Case Manager Dr Khan decided that Mr O'Brien should be allowed to return to work.

This decision was agreed by the 3 members of the Oversight Committee.

It was agreed that Dr Khan would inform Mr O'Brien of this decision by telephone, and follow this up with a meeting next week to discuss the conditions of his return to work, which would be:

- Strict compliance with Trust procedures and policies in relation to:
  - Triaging of referrals
  - Contemporaneous note keeping
  - Storage of medical records
  - Private practice
- Agreement to read and comply with GMCs "Good Medical Practice" (April 2013)
- Agreement to an urgent job plan review
- Agreement to comply with any monitoring mechanisms put in place to assess his administrative processes

**Action: Dr Khan**

It was noted that Mr O'Brien was still off Personal  
Information  
redacted by and that an Occupational Health appointment was scheduled for 9<sup>th</sup> February, following which an occupational health report would be provided. This may affect the timetable of Dr O'Brien's return to work.

It was agreed to update NCAS in relation to this case.

**Action: Dr Wright**

**McVey, Anne**

---

**From:** McVey, Anne [Personal Information redacted by the USI]  
**Sent:** 27 January 2017 15:30  
**To:** Khan, Ahmed; Hynds, Siobhan; Wright, Richard; Toal, Vivienne; Gishkori, Esther; Gibson, Simon; Weir, Colin  
**Cc:** Stinson, Emma M  
**Subject:** RE: Preliminary report from Case Investigator 26 January 2017 FINAL

Dear all,

I provided Esther with an update this morning regarding yesterday's meeting.

I assume the assurance arrangements will be agreed by Esther in consultation with Ronan but will assist as required.

Regards Anne

**Anne McVey**  
**Assistant Director of Acute Services**  
**Medicine and Unscheduled Care Division**

**Tel:** [Personal Information redacted by the USI]

**Mobile:** [Personal Information redacted by the USI]

**Email:** [Personal Information redacted by the USI]



---

**From:** Khan, Ahmed  
**Sent:** 27 January 2017 08:41  
**To:** Hynds, Siobhan; Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin  
**Subject:** Re: Preliminary report from Case Investigator 26 January 2017 FINAL

Siobhan, I would need to have the monitoring assurance plan at least a day in advance of the meeting with Mr O'Brien. If we are planning to meet him on next Friday then a meeting between myself, you and Acute Directorate Rep by Wednesday or Thursday to go through assurance measures before I can present to him. As you know he was already asking details about these measures yesterday and I wouldn't meet him until we have clear plan. Please discuss with Esther or Anne to prepare this.

Many thanks

Ahmed

Sent from my BlackBerry 10 smartphone.

---

**From:** Hynds, Siobhan  
**Sent:** Thursday, 26 January 2017 14:40  
**To:** Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin; Khan, Ahmed  
**Subject:** Preliminary report from Case Investigator 26 January 2017 FINAL

Revised copy as discussed.

Siobhan

21.7.3

**McVey, Anne**

**From:** McVey, Anne [Personal Information redacted by the USI]  
**Sent:** 27 January 2017 15:37  
**To:** Gibson, Simon; Khan, Ahmed; Hynds, Siobhan; Wright, Richard; Toal, Vivienne; Gishkori, Esther; Weir, Colin  
**Cc:** White, Laura; Stinson, Emma M  
**Subject:** RE: Preliminary report from Case Investigator 26 January 2017 FINAL

Simon, I have no comments.

Anne  
 Anne McVey  
 Assistant Director of Acute Services  
 Medicine and Unscheduled Care Division

**Tel:** [Personal Information redacted by the USI]

**Mobile:** [Personal Information redacted by the USI]

**Email:** [Personal Information redacted by the USI]




---

**From:** Gibson, Simon  
**Sent:** 27 January 2017 08:48  
**To:** Khan, Ahmed; Hynds, Siobhan; Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Weir, Colin  
**Cc:** Gibson, Simon; White, Laura  
**Subject:** RE: Preliminary report from Case Investigator 26 January 2017 FINAL

Dear all

Please find draft action notes from yesterdays meeting. Any comments gratefully received, the earlier the better to allow these to be signed off to allow time for the monitoring arrangements to be created and agreed in line with Dr Khans timetable below.

Kind regards

Simon

Simon Gibson  
 Assistant Director – Medical Directors Office  
 Southern Health & Social Care Trust

[Personal Information redacted by the USI]

**Mobile:** [Personal Information redacted by the USI]

**DHH:** [Personal Information redacted by the USI]

**Ext:** [Personal Information redacted by the USI]

---

**From:** Khan, Ahmed

**Sent:** 27 January 2017 08:41

**To:** Hynds, Siobhan; Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin

**Subject:** Re: Preliminary report from Case Investigator 26 January 2017 FINAL

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Many thanks

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Sent from my BlackBerry 10 smartphone.

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**From:** Hynds, Siobhan

**Sent:** Thursday, 26 January 2017 14:40

**To:** Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin; Khan, Ahmed

**Subject:** Preliminary report from Case Investigator 26 January 2017 FINAL

Revised copy as discussed.

Siobhan

**McVey, Anne**

**From:** McVey, Anne [Personal Information redacted by the USI]  
**Sent:** 27 January 2017 15:30  
**To:** Khan, Ahmed; Hynds, Siobhan; Wright, Richard; Toal, Vivienne; Gishkori, Esther; Gibson, Simon; Weir, Colin  
**Cc:** Stinson, Emma M  
**Subject:** RE: Preliminary report from Case Investigator 26 January 2017 FINAL

Dear all,

I provided Esther with an update this morning regarding yesterday's meeting.

I assume the assurance arrangements will be agreed by Esther in consultation with Ronan but will assist as required.

Regards Anne

**Anne McVey**  
**Assistant Director of Acute Services**  
**Medicine and Unscheduled Care Division**

**Tel:** [Personal Information redacted by the USI]

**Mobile:** [Personal Information redacted by the USI]

**Email:** [Personal Information redacted by the USI]



**From:** Khan, Ahmed  
**Sent:** 27 January 2017 08:41  
**To:** Hynds, Siobhan; Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin  
**Subject:** Re: Preliminary report from Case Investigator 26 January 2017 FINAL

Siobhan, I would need to have the monitoring assurance plan at least a day in advance of the meeting with Mr O'Brien. If we are planning to meet him on next Friday then a meeting between myself, you and Acute Directorate Rep by Wednesday or Thursday to go through assurance measures before I can present to him. As you know he was already asking details about these measures yesterday and I wouldn't meet him until we have clear plan. Please discuss with Esther or Anne to prepare this.

Many thanks

Ahmed

Sent from my BlackBerry 10 smartphone.

**From:** Hynds, Siobhan  
**Sent:** Thursday, 26 January 2017 14:40  
**To:** Wright, Richard; Toal, Vivienne; McVey, Anne; Gishkori, Esther; Gibson, Simon; Weir, Colin; Khan, Ahmed  
**Subject:** Preliminary report from Case Investigator 26 January 2017 FINAL

Revised copy as discussed.

Siobhan

# Appendix

## Question 4

CONFIDENTIAL

Southern Health & Social Care TrustAnne McVey SHSCT Employment History from April 2007 to date

Prepared by/HR Contact: Ciara Rafferty, Senior HR Data Analyst

Prepared for: Anne McVey, Asst Dir Of Medicine

Ref: ad/2022/191

Date: 11 May 2022

a separate

Employment History from April 2007 onwards (as per HRPTS)

(Details on Staff who Directly reported to you in the posts below are listed on worksheet i.e. Direct Reports.)

Last name	First name	Pers.No.	Date Appointed to HSC Org	Date Commenced Post	Date Left Post	Contract Type	Work Contract	Position	Position	Job	Organizational Unit	Cost Centre Code	Cost Centre	Name of Manager	Notes
McVey	Anne Theresa	Personal Information redacted by the OSI	05/05/2003	23/04/2007	30/04/2014	Permanent	Permanent	70042336	Asst Dir Mat & Womens Health	Multiservice Nurse Manager (8C)	Int Mat Service & Womens Health Division	C0T155	AS_AD INT MATERNITY/	Mrs Deborah Jane Burns	
				01/05/2014	31/03/2016	Permanent	Permanent	70042336	Asst Dir Mat & Womens Health	Admin & Clerical (8C)	Int Mat Service & Womens Health Division	C0T155	AS_AD INT MATERNITY/	Mrs Esther Gishkori	
				01/04/2016		Permanent	Permanent	70042337	Asst Dir Medicine & Unscheduled Care	Admin & Clerical (8C)	Medicine & Unscheduled Care Division	C0T115	AD MED & UNSCH CARE	Mrs Esther Gishkori	Post Renamed from 1/9/20
										Multiservice Nurse Manager (8C)	Medicine & Unscheduled Care Division	C0T115	AD MED & UNSCH CARE	Mrs Melanie McClements	
										Asst Dir Of Medicine	Medicine Division	C0T115	AD MED & UNSCH CARE	Mrs Melanie McClements	

**Confidentiality & Data Protection** - This report has been compiled and is intended for use only by the official recipient. Please remember your responsibilities under data protection legislation, for example, by ensuring personal information is kept secure and not left in view of unauthorised staff or visitors, is only used for the purpose intended, and is not shared with anyone who should not have access to it. Also, once personal information has been used for its intended purpose it should be appropriately destroyed, or kept in a secure location if it is required for future use.

**Timeliness Issues & HRPTS Recording** - In order to ensure that information is reported correctly from HRPTS, it is essential that on line processes or off line forms are actioned or forwarded for action on HRPTS as soon as possible. Delays will result in reported information not being up to date.

**Data Quality** - If you believe the information in this report does not accurately reflect the current position, please contact the HR Analytics & Governance Team.

2022.11.05  
24.10.22

# Appendix

## Question 5



2007. 23. 04

Q 5. 19

**Southern Health and Social Care Trust  
Assistant Director of Integrated Maternity and  
Women's Health  
Band 8C**

**Job Description**

**JOB SUMMARY**

The jobholder will be responsible to the Director of Acute Services for the delivery of high quality care to patients in the Trust's Integrated Maternity and Women's Health Division. He/She will be responsible for the operational management of all specialties and departments in the division which will include gynaecology, maternity, obstetrics and neonatal services in Craigavon Area Hospital, Daisy Hill Hospital and other settings as appropriate. He/She will collaborate closely with senior clinicians and other disciplines to implement the objectives of the Trust's Delivery Plan and ensure effective multidisciplinary working. He/She will provide clear leadership to all staff in the division and will be responsible for effective financial management and the efficient use of all resources. The jobholder will also support the Director of Acute Services with long term planning and service reform initiatives.

As an Assistant Director, the jobholder will be a member of the directorate's senior management team and will therefore contribute to policy development in the directorate and the achievement of its overall objectives.

**KEY RESULT AREAS**

**Service Delivery**

- lead multidisciplinary teams and oversee the co-ordination of all processes to ensure the delivery of high quality and equitable care to patients in the Trust's maternity and women's health division.
- ensure the successful implementation of all DHSSPS, HSSA and commissioning priorities and targets in the division with a particular emphasis on those relating to patient safety and access targets.
- work closely with senior clinicians and other senior managers in the Trust to ensure effective co-operation and seamless service delivery in maternity and neonatal services.

- contribute to the development of robust clinical and professional networks within the division and across the Trust.

### **Quality and Governance**

- ensure that the needs of patients and their carers are at the core of how all specialties in the division deliver their services and are in accordance with DHSSPS *Quality Standards for Health and Social Care* and other relevant requirements.
- ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's *Safety First* framework.
- ensure the division complies with all professional, regulatory and requisite standards.
- ensure the division meets all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.
- ensure all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
- ensure the management of complaints within the division comply with HPSS and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement.
- lead on the implementation of quality initiatives such as Investors in People and Charter Standards in the division.

### **Service Planning and Development**

- promote innovation and change to underpin the modernisation of the division's services and oversee the implementation of initiatives such as HQS or similar.
- assist the Director of Acute Services with the development of a strategic plan for the delivery of acute hospital care to the Trust's population in line with regional strategies and priorities.
- work closely with commissioners and relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.
- liaise closely with senior planning staff on service and capital development initiatives and ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.
- act as a member of the directorate's senior management team and contribute to its policy development processes.
- represent the division and/or directorate in Trust and/or regional planning teams as appropriate.

**Financial and Resource Management**

- responsible for the management of the division's budget and the meeting of all financial targets by each specialty.
- ensure the effective implementation of all Trust financial policies and procedures in the division which will include ensuring the safe custody of patients' property and accounts and the use of endowments and gifts.
- participate in contract and service level negotiations with commissioners.
- ensure the effective management, use and maintenance of all physical assets in the division.

**People Management**

- provide clear leadership to staff within the division and ensure all specialties have a highly skilled, flexible and motivated workforce.
- work closely with senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.
- ensure that management structures and practices in the division support a culture of effective team working, continuous improvement and innovation.
- ensure the effective implementation of all Trust people management policies in the division and the achievement of all relevant targets such as relating to the management of sickness and absenteeism, turnover etc.
- ensure the effective management of staff health and safety and support in the division.

**Information Management**

- ensure the effective implementation of all Trust information management policies and procedures in the division.
- ensure the division's systems and procedures for the management and storage of information meet internal and external reporting requirements.

**Corporate Responsibilities**

- develop and maintain working relationships with other directorate colleagues to ensure achievement of Trust objectives.
- establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.
- contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.

- adhere to the Trust's corporate planning, policy and decision making processes as a member of the directorate's senior management team and ensure the Trust's objectives and decisions are effectively communicated.
- lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

### **General Management Responsibilities**

- participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.
- ensure that the review of performance identified above is performed for all levels of staff within the Trust in accordance with the Trust Board's policy.
- maintain good staff relationships and morale amongst the staff reporting to him/her.
- where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.
- promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Assistant Director of Integrated Maternity and Women's Health works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Director of Acute Services.

### **GENERAL RESPONSIBILITIES**

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.

- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- comply with the Trust's No Smoking Policy.
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- adhere to equal opportunities policy throughout the course of their employment.
- ensure the ongoing confidence of the public in service provision.
- comply with the HPSS code of conduct.

**March 2007**

**Southern Health and Social Care Trust**  
**Assistant Director of Integrated Maternity and**  
**Women's Health**  
**Personnel Specification**

**Knowledge, skills and experience required:**

Applicants must provide evidence by the closing date for application that they are a permanent employee of either Armagh and Dungannon, Craigavon Area Hospital Group Trust, Craigavon and Banbridge Community HSS Trust or Newry and Mourne HSS Trust and have:

- university degree or relevant professional qualification and worked for at least 2 years in a senior management role in a major complex organisation.

**OR**

- have worked for at least 5 years in a senior management role in a major complex organisation.

**AND**

- delivered against challenging performance management programmes for a minimum of 2 years in the last 6 years meeting a full range of key targets and making significant improvements.
- worked with a diverse range of stakeholders, internal and external to the organisation, to achieve successful outcomes for a minimum of 2 years in the last 6 years.
- a proven track record of people management, governance and organisational skills for a minimum of 2 years in the last 6 years.
- a full current driving licence with access to a car or access to a form of transport to meet the mobility needs of the post.

**SHORTLISTING**

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified. Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The

competencies concerned are given in the NHS Leadership Qualities Framework. Particular attention will be given to the following:

- Self Belief
- Self Management
- Seizing the future
- Drive for results
- Leading change through people
- Holding to account
- Effective and strategic influencing

The following additional clarification is provided:

“senior management” is defined as experience gained at Director, Assistant Director or equivalent to mean reporting directly to a Director.

“major complex organisation” is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders;

“significant” is defined as contributing directly to key corporate objectives of the organisation.

March 2007



2014.01.05

Q 5.36



## Southern Health and Social Care Trust

### Job Description

<b>JOB TITLE</b>	Assistant Director of Acute Services - Medicine and Unscheduled Care Division
<b>BAND</b>	8C
<b>INITIAL LOCATION</b>	Craigavon Area Hospital
<b>REPORTS TO</b>	Director of Acute Services
<b>ACCOUNTABLE TO</b>	Chief Executive

### JOB SUMMARY

The jobholder will be responsible to the Director of Acute Services for the delivery of high quality care to patients in the Trust's Medicine and Unscheduled Care Division. He/She will be responsible for the operational management of all specialties in the division. This will incorporate older people's medicine, endocrinology, rheumatology, neurology, gastroenterology, dermatology, cardiology, A&E department, renal services, rehabilitation, discharge team, hospital social services and bed management in Craigavon Area Hospital, Daisy Hill Hospital and other settings as appropriate. He/She will collaborate closely with senior clinicians and other disciplines to implement the objectives of the Trust's Delivery Plan and ensure effective multidisciplinary working. He/She will provide clear leadership to all staff in the division and will be responsible for effective financial management and the efficient use of all resources. The jobholder will also support the Director of Acute Services with long term planning and service reform initiatives.

As an Assistant Director, the jobholder will be a member of the directorate's senior management team and will therefore contribute to policy development in the directorate and the achievement of its overall objectives.

### KEY RESULT AREAS

#### Service Delivery

1. Lead multidisciplinary teams and oversee the co-ordination of all processes to ensure the delivery of high quality and equitable care to patients in the Trust's medicine and unscheduled care division.
2. Ensure the successful implementation of all DHSSPS, HSSA and commissioning priorities and targets in the division with a particular emphasis on those relating to waiting times and the establishment of agreed treatment schedules.
3. Work closely with senior clinicians and other senior managers in the Trust to secure an appropriate balance between hospital and community based services



## Southern Health and Social Care Trust

and achieve an integrated approach in reducing inappropriate hospital admissions and lengths of stay.

4. Contribute to the development of robust clinical and professional networks within the division and across the Trust.

### Quality and Governance

5. Ensure that the needs of patients and their carers are at the core of how all specialties in the division deliver their services and are in accordance with DHSSPS *Quality Standards for Health and Social Care* and other relevant requirements.
6. Ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's *Safety First* framework.
7. Ensure the division complies with all professional, regulatory and requisite standards.
8. Ensure the division meets all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.
9. Ensure all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
10. Ensure the management of complaints within the division comply with HPSS and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement.
11. Lead on the implementation of quality initiatives such as Investors in People and Charter Standards in the division.
12. Ensure that the quality of the patient journey and experience is enhanced and improved by the Patient Support Service, working across all acute services/sites.
13. Provide leadership of the Quality and Patient Support Officer to ensure the Public and Personal Involvement and Health and Wellbeing Strategies are implemented to continually improve the quality of patient/client experience by involving users in shaping services and improving the health of the Trust's clients/patients.
14. Provide an early intervention service in the management of potential patient/client complaints and dissatisfaction by advocating independently on



## Southern Health and Social Care Trust

behalf of the patient/client and enhancing experiential learning by interfacing with the Acute Service Governance system.

### Service Planning and Development

15. Promote innovation and change to underpin the modernisation of the division's services and oversee the implementation of initiatives such as HQS or similar.
16. Assist the Director of Acute Services with the development of a strategic plan for the delivery of acute hospital care to the Trust's population in line with regional strategies and priorities.
17. Work closely with commissioners and relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.
18. Liaise closely with senior planning staff on service and capital development initiatives and ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.
19. Act as a member of the directorate's senior management team and contribute to its policy development processes.
20. Represent the division and/or directorate in Trust and/or regional planning teams as appropriate.

### Financial and Resource Management

21. Responsible for the management of the division's budget and the meeting of all financial targets by each specialty.
22. Ensure the effective implementation of all Trust financial policies and procedures in the division which will include ensuring the safe custody of patients' property and accounts and the use of endowments and gifts.
23. Participate in contract and service level negotiations with commissioners.
24. Ensure the effective management, use and maintenance of all physical assets in the division.

### People Management

25. Provide clear leadership to staff within the division and ensure all specialties have a highly skilled, flexible and motivated workforce.



## Southern Health and Social Care Trust

26. Work closely with senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.
27. Ensure that management structures and practices in the division support a culture of effective team working, continuous improvement and innovation.
28. Ensure the effective implementation of all Trust people management policies in the division and the achievement of all relevant targets such as relating to the management of sickness and absenteeism, turnover etc.
29. Ensure the effective management of staff health and safety and support in the division.

### Information Management

30. Ensure the effective implementation of all Trust information management policies and procedures in the division.
31. Ensure the division's systems and procedures for the management and storage of information meet internal and external reporting requirements.

### Corporate Responsibilities

32. Develop and maintain working relationships with other directorate colleagues to ensure achievement of Trust objectives.
33. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.
34. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.
35. Adhere to the Trust's corporate planning, policy and decision making processes as a member of the directorate's senior management team and ensure the Trust's objectives and decisions are effectively communicated.
36. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.



## Southern Health and Social Care Trust

### Human Resource Management Responsibilities

37. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
38. Maintain staff relationships and morale amongst the staff reporting to him/her.
39. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
40. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
41. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
42. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

### GENERAL REQUIREMENTS

The post holder will be required to:

43. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
44. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
45. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
46. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.



## **Southern Health and Social Care Trust**

47. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
48. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



## Southern Health and Social Care Trust

### Personnel Specification

**JOB TITLE** Assistant Director of Acute Services  
Medicine and Unscheduled Care Division

**Ref No:** 73211009

February 2011

**Notes to applicants:**

1. We will not accept CVs, letters, additional pages or any other supplementary material in place of, or in addition to completed application forms
2. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so will result in you not being shortlisted. Please note that whilst the Essential criteria sets out the minimum requirements it may become necessary to make this more stringent by the introduction of other job related criteria as set out in the Desirable Criteria. Applicants are therefore strongly advised to clearly demonstrate how they meet each element of both the Essential AND the Desirable criteria on their application form.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer will be withdrawn.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form how they meet these criteria. Failure to do so will result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the Interview stage;

**ELIGIBILITY**

1. Applicants must provide evidence by the closing date for application that they are employed within a Health & Social Care organisation as defined<sup>1</sup>

**QUALIFICATIONS / EXPERIENCE**

2. Hold a university degree or recognised professional qualification or equivalent qualification in a relevant subject<sup>2</sup> AND have a minimum of 2 years experience in a senior management<sup>3</sup> role in a major complex organisation<sup>4</sup>  
**OR**  
Have a minimum of 5 years experience in a Senior Management<sup>3</sup> role in a major complex organisation<sup>4</sup>

<sup>1</sup> This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

<sup>2</sup> 'relevant subject' will be interpreted to mean any business, administrative, corporate function or health related qualification

<sup>3</sup> 'senior management' is defined as experience gained at Head of Service level or equivalent or above in a major complex organisation

<sup>4</sup> 'major complex organisation' is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders



## Southern Health and Social Care Trust

### **AND**

3. Have a minimum of 2 years experience in delivering against challenging performance management programmes meeting a full range of key targets and making significant<sup>5</sup> improvements.
4. Have a minimum of 1 years experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change<sup>5</sup> initiative.
5. Have a minimum of 2 years experience in high level people management,
6. Have a minimum of 2 years experience in governance related activity
7. Hold a full current driving licence valid for use in the UK and have access to a car on appointment<sup>6</sup>.

***The following are essential criteria which will be measured during the interview stage.***

### **KNOWLEDGE, TRAINING & SKILLS**

8. Have an ability to provide effective leadership to enable transformation of services.
9. Demonstrate evidence of highly effective planning and organisational skills.
10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.
11. Demonstrate effective communication skills to meet the needs of the post in full.
12. Have an ability to effectively manage a budget to maximise utilisation of available resources.

<sup>5</sup> 'significant' is defined as contributing directly to key Directorate level objectives of the organisation concerned.

<sup>6</sup> This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.



## Southern Health and Social Care Trust

**DESIRABLE CRITERIA** – whilst the *Essential criteria* sets out the minimum requirements it may become necessary to make this more stringent by the introduction of other job related criteria as set out in the *Desirable criteria*. **Applicants should therefore make it clear on their application form how they meet these criteria. Failure to do so may result in you not being shortlisted.**

1. Experience in the management of care services within a health and / or social care setting.
2. Experience of Financial Flows in a major complex organisation<sup>7</sup>

### PLEASE NOTE:

It is intended that shortlisted applicants will be assessed against the criteria stated in this specification, linked to the qualities set out in the NHS Leadership Qualities Framework. Whilst candidates should be prepared to provide examples of their competence against any of the leadership qualities, particular attention will be given to the following elements;

- Self Management
- Seizing the future
- Drive for results
- Leading change through people
- Holding to account
- Drive for improvement
- Effective and strategic influencing

*As part of the Recruitment & Selection process it may be necessary for the Trust to carry out a Protection of Children and Vulnerable Adults check (POCVA) before any appointment to this post can be confirmed.*

### WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

**Successful applicants may be required to attend for a Health Assessment**

**All staff are required to comply with the Trusts Smoke Free Policy**

<sup>7</sup> 'Major Complex Organisation' will be interpreted as per essential criteria 2.



2020.19.03  
Q5.50

Assistant Director of Acute Services – Medicine  
Division Band 8C



Working together



Excellence



Openness & Honesty



Compassion



*Quality Care - for you, with you*

## **JOB DESCRIPTION**

<b>JOB TITLE</b>	Assistant Director of Acute Services – Medicine Division
<b>BAND</b>	8c
<b>DIRECTORATE</b>	Acute
<b>INITIAL LOCATION</b>	Craigavon Area Hospital
<b>REPORTS TO</b>	Director of Acute Services
<b>ACCOUNTABLE TO</b>	Chief Executive

### **JOB SUMMARY**

The jobholder will be responsible to the Director of Acute Services for the delivery of high quality care to patients in the Trust's Medicine Division. He/she will be responsible for the operational management of all specialities in the division. This will incorporate stroke/frailty, neurology, gastroenterology, respiratory, rheumatology, dermatology, diabetes/endocrine, cardiology, renal services and hospital social work services across Craigavon Area Hospital, Daisy Hill Hospital and South Tyrone Hospital. He/she will collaborate closely with senior clinicians and other disciplines to implement the objectives of the Trust's Corporate Plan and ensure effective multidisciplinary working in the spirit of collective leadership. He/she will provide clear leadership to all staff in the division and will be responsible for effective financial management and the efficient use of all resources. The jobholder will also support the Director of Acute Services with long term planning and transformation/service reform initiatives.

As an Assistant Director, the jobholder will be a member of the Directorate's Senior Management team and will therefore contribute to policy development in the directorate and the achievement of its overall objectives.



## **KEY DUTIES / RESPONSIBILITIES**

### **Service Delivery**

1. Lead multidisciplinary teams and oversee the co-ordination of all processes to ensure the delivery of high quality and equitable care of patients in the Trust's medicine division.
2. Ensure the successful implementation of all DOH and Strategic Partnership Planning Group (SPPG - previously HSCB) commissioning priorities and targets in the division with a particular emphasis on those relating to waiting times and the establishment of agreed treatment schedules.
3. Work closely with senior clinicians and other senior managers in the Trust to secure an appropriate balance between hospital and community based services and achieved an integrated approach in reducing inappropriate hospital admissions and lengths of stay.
4. Contribute to the development of robust clinical and professional networks within the division and across the Trust.

### **Quality and Governance**

5. Ensure that the needs of patients and their carers are at the core of how all specialties in the division deliver their services and are in accordance with DOH Quality Standards for Health and Social Care and other relevant requirements.
6. Ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of safe and quality patient care and experience. .
7. Ensure the division complies with all professional, regulatory and requisite standards.
8. Ensure the division meets all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.
9. Ensure all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
10. Ensure the management of complaints within the division comply with DOH and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement.



11. Lead on the implementation of quality improvement methodologies, ensuring that the quality of the patient journey and experience is enhanced and improved.
12. Ensure the Public and Personal Involvement and Health and Wellbeing Strategies are implemented, to continually improve the quality of patient/client experience by involving users in shaping services and improving the health of the Trust's clients/patients.
13. Provide an early intervention service in the management of potential patient/client complaints and dissatisfaction by advocating independently on behalf of the patient/client and enhancing experiential learning by interfacing with the Acute Service Governance system.

### **Service Planning and Development**

14. Promote innovation and change to underpin the modernisation of the division's services.
15. Assist the Director of Acute Services with the development of a strategic plan for the delivery of acute hospital care to the Trust's population in line with regional strategies and priorities
16. Work closely with commissioners and relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.
17. Liaise closely with senior planning staff on service and capital development initiatives and ensure adherence to targets set by the DOH and the Trust's corporate and delivery plans.
18. Act as a member of the directorate's senior management team and contributes to its policy development processes.
19. Represent the division and/or directorate in Trust and /or regional planning teams as appropriate.

### **Financial and Resource Management**

20. Responsible for the management of the division's budget and the meeting of all financial targets by each speciality.



21. Ensure the effective implementation of all trust financial policies and procedures in the division, which will include ensuring the safe custody of patients' property and accounts and the use of endowments and gifts.
22. Participate in contract and service level negotiations with commissioners.
23. Ensure the effective management, use and maintenance of all physical assets in the division.

### **People Management**

24. Provide clear leadership to staff within the division and ensure all specialities have a highly skilled, flexible and motivated workforce.
25. Work closely with senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.
26. Ensure that management structures and practices in the division support a culture of effective team working, continuous improvement and innovation.
27. Ensure the effective implementation of all Trust people management policies in the division and the achievement of all relevant targets such as relating to the management of sickness and absenteeism, turnover etc.
28. Ensure the effective management of staff health and safety and support in the division.

### **Information Management**

29. Ensure the effective implementation of all Trust information management policies and procedures in the division.
30. Ensure the division's systems and procedures for the management and storage of information meet internal and external reporting requirements.

### **Corporate Responsibility**

31. Develop and maintain working relationships with other directorate colleagues to ensure achievement of Trust objectives.
32. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.



33. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.
34. Adhere to the Trust's Corporate Planning, Policy and decision-making processes as a member of the directorate's senior management team and ensure the Trust's objectives and decisions are effectively communicated.
35. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Managers and professional codes of conduct.

### **HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES**

The Trust supports and promotes a culture of collective leadership where those who have responsibility for managing other staff:

1. Establish and promote a supportive, fair and open culture that encourages and enables all parts of the team to have clearly aligned goals and objectives, to meet the required performance standards and to achieve continuous improvement in the services they deliver.
2. Ensure access to skills and personal development through appropriate training and support.
3. Promote a culture of openness and honesty to enable shared learning.
4. Encourage and empower others in their team to achieve their goals and reach their full potential through regular supportive conversation and shared decision making.
5. Adhere to and promote Trust policy and procedure in all staffing matters, participating as appropriate in a way which underpins Trust values.

### **GENERAL MANAGEMENT RESPONSIBILITIES**

- Lead on the development, testing and review of relevant emergency response and business continuity plans to ensure a state of emergency preparedness for the provision of a proportionate, effective response to emergency situations and business continuity issues.
- Lead on and be responsible for the planning, implementation, reporting and all other aspects relevant to the Trust's PPI Strategy within the Directorate. This will



include ensuring robust arrangements are in place for active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.

- Lead on and be responsible for the planning, implementation, reporting and all other aspects relevant to the Trust's PPI Strategy within the Division or other sphere of responsibility. This will include ensuring robust arrangements are in place for active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.

### **GENERAL REQUIREMENTS**

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.



7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.





Southern Health  
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## **PERSONNEL SPECIFICATION**

### **JOB TITLE AND BAND**

Assistant Director of Acute Services Medicine  
Band 8C

### **DEPARTMENT / DIRECTORATE**

Acute Services – Medicine Division

### **HOURS**

### **Ref No:**

### **Notes to applicants:**

1. You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

## **ESSENTIAL CRITERIA**

**SECTION 1:** The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

<b>Factor</b>	<b>Criteria</b>	<b>Method of Assessment</b>
<b>Qualifications/ Registration</b>	1. Hold a University degree or recognised professional qualification or equivalent qualification in a relative subject <sup>2</sup> AND have a minimum of 2 years' experience in a senior management <sup>3</sup> role in a major complex organisation <sup>4</sup>	Shortlisting by Application Form
<b>Experience</b>	OR	



	<p>Have a minimum of 5 years' experience in a senior management<sup>3</sup> role in a major complex organisation<sup>4</sup></p> <p>2. Have a minimum of 2 years' experience in delivering against challenging performance management programmes meeting a full range of key targets and making significant<sup>5</sup> improvements.</p> <p>3. Having a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change<sup>5</sup> initiative</p> <p>4. Have a minimum of 2 years' experience in high level people management</p> <p>5. Have a minimum of 2 years' experience in governance related activity</p>	
Other	<p>6. Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. <i>This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</i></p>	Shortlisting by Application Form
<b>7. SECTION 2: The following are <b>ESSENTIAL</b> criteria which will be measured during the interview/ selection stage:</b>		
Skills / Abilities	<p>8. Have an ability to provide effective leadership to enable transformation of services.</p>	Interview / Test



	<p>9. Demonstrate evidence of highly effective planning and organisational skills</p> <p>10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.</p> <p>11. Demonstrate effective communication skills to meet the needs of the post in full.</p> <p>12. Have an ability to effectively manage a budget to maximise utilisation of available resources.</p>	

<sup>1</sup>This will be defined as one of the following organisations in Northern Ireland – the Regional HSC Board; the Regional Agency for Public Health & Social Well-being ; the Regional Business Services organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council  
<sup>2</sup> 'relevant subject' will be interpreted to mean any business, administrative, corporate function or health related qualification

<sup>3</sup> 'senior management' is defined as experience gained at Head of Service level or equivalent or above in a major complex organisation

<sup>4</sup> 'major complex organisation' is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders.

<sup>5</sup> 'significant' is defined as contributing directly to key Directorate level objectives of the organisation concerned.

<sup>6</sup> This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.

<sup>7</sup> 'Major Complex Organisation' will be interpreted as per essential criteria 2.

## DESIRABLE CRITERIA

**SECTION 3:** these will **ONLY** be used where it is necessary to introduce additional job related criteria to ensure files are manageable. You should therefore make it clear on your application form how you meet these criteria. Failure to do so may result in you not being shortlisted

Factor	Criteria	Method of Assessment
Experience	<ol style="list-style-type: none"> <li>Experience in the management of care services within a health and / or social care setting.</li> <li>Experience of Financial Flows in a major complex organisation<sup>7</sup></li> </ol>	Shortlisting by Application Form



Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at

<http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>.

Particular attention will be given to the following dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

**If this post is being sought on secondment then the individual MUST have the permission of their line manager IN ADVANCE of making application.**

*As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.*

*Successful applicants may be required to attend for a Health Assessment*

**THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER**

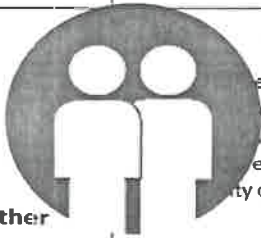


## What does this mean?

## What does this look like in practice? - Behaviours

W

g Together



together for the best outcome for people we support. We work across Health and Social Care with other external organisations and recognise that leadership is the responsibility of all.

- I work with others and value everyone's contribution
- I treat people with respect and dignity
- I work as part of a team looking for opportunities to support and help people in both my own and other teams
- I actively engage people on issues that affect them
- I look for feedback and examples of good practice, aiming to improve where possible

passion



positive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

- I am sensitive to the different needs and feelings of others and treat people with kindness
- I learn from others by listening carefully to them
- I look after my own health and well-being so that I can care for and support others

ellence



to being the best we can be in our work, to improve and develop services to achieve the best outcomes. We deliver safe, high-quality, patient care and support.

- I put the people I care for and support at the centre of all I do to make a difference
- I take responsibility for my decisions and actions
- I commit to best practice and sharing learning, while continually learning and developing
- I try to improve by asking 'could we do this better?'

s &amp; Honest



and honest with each other and act with integrity and honour.

- I am open and honest in order to develop trusting relationships
- I ask someone for help when needed
- I speak up if I have concerns
- I challenge inappropriate or unacceptable behaviour and practice

**All staff are expected to display the HSC Values at all times**



Southern Health  
and Social Care Trust

Quality Care - for you, with you



#teamSHSCT  
#bettertogether

Follow us on:



# Appendix Question 6

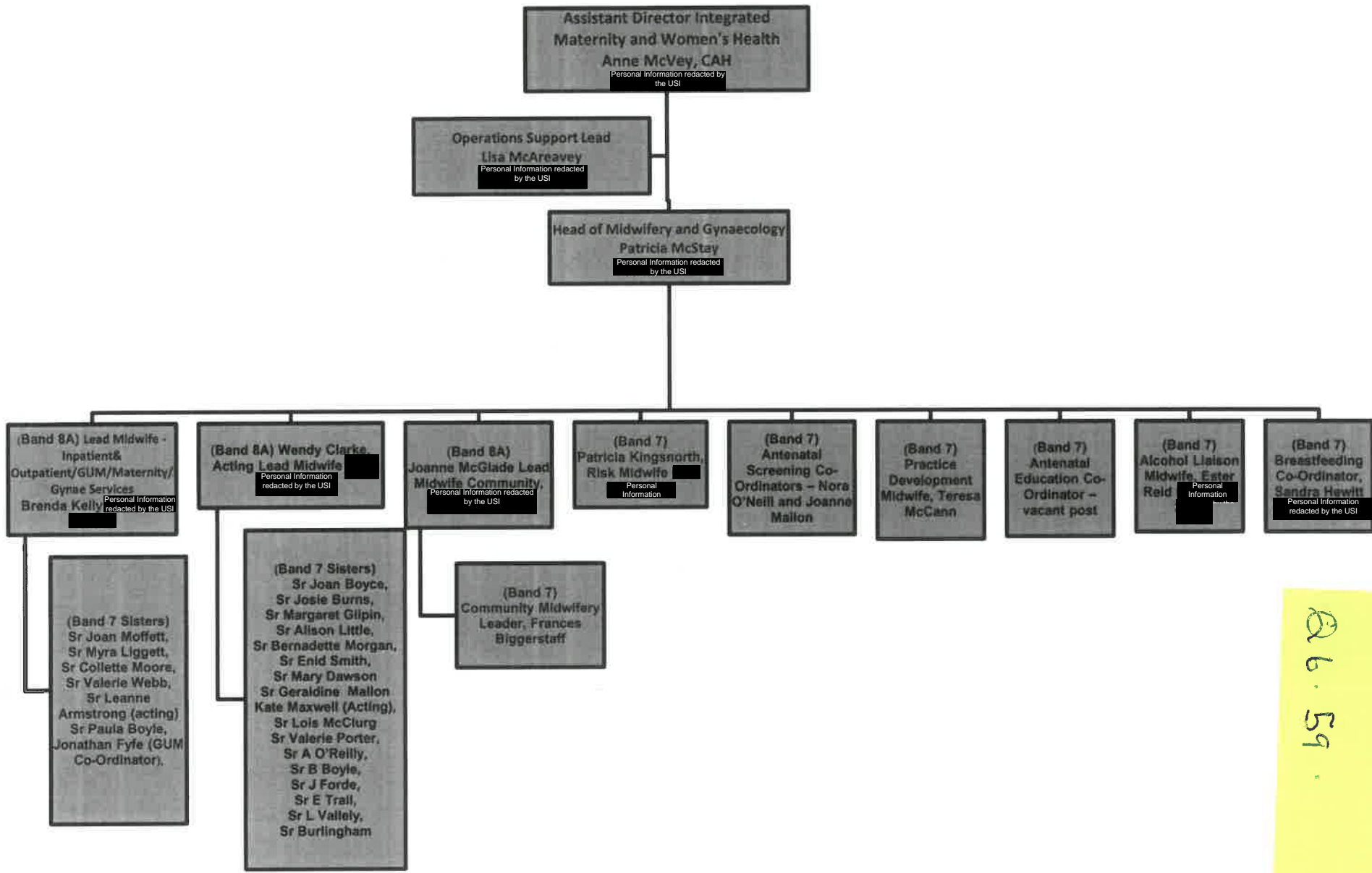


**Posts Held from April 2007 onwards (as per HRPTS) including Staff who Directly Reported to You**

Last name	First name	Pers.No.	Date Commenced Post	Date Left Post	Position	Position	Direct Reports i.e. Staff who reported to you at Head of Service Level or equivalent (As per HRPTS Organisational Management Structure)
McVey	Anne Theresa	Personal Information redacted by the USI	23/04/2007	30/04/2014	70042336	Asst Dir Mat & Womens Health	HOS Midwifery & Gynae - Mrs Patricia McStay
							Operational Support Lead - Mrs Lisa McAreavey
							N&M Gen Med Pract - Gum Clinic - Dr C Matthews / Dr J Deacon / Dr C Hunter
			01/05/2014	31/03/2016	70042336	Asst Dir Mat & Womens Health	HOS Midwifery & Gynae - Mrs Patricia McStay / Mrs Joanne McGlade / Ms Wendy Clarke
							Operational Support Lead - Mrs Lisa McAreavey
							N&M Gen Med Pract - Gum Clinic - Dr C Matthews / Dr J Deacon / Dr C Hunter
			01/04/2016		70042337	Asst Dir Medicine & Unscheduled Care	Nurse E-Rostering Project Manager - Mrs Leanne Straney
							Patient Flow Manager - Ms Eileen Donnelly/Ms Patricia Loughan
						Asst Dir Of Medicine	Nurse E-Rostering Project Manager - Mrs Gabrielle Smyth / Mrs Leanne Straney
							HOS Medicine M&UC (& Ambulatory Care) - Mrs Catriona Kavanagh / Mrs Mary Haughey
							HOS Multi Services Nurse Manager (8B) - Mrs Mary Burke / Mr Paul Smyth / Ms Patricia Loughan
							HOS Acute Hosp Social Work - Mrs Ruth Donaldson / Mrs Florence Fegan
							HOS Multi Services Nurse Manager (8B) - Mrs Catherine Carroll
							Operational Support Lead - Mrs Lisa McAreavey
							Quality & Patient Support Mgr - Miss Catherine Corr
							HOS Acute Geriatric & Stroke - Mrs Kathleen McGoldrick
							HOS Gastro Rheum & Diabetes - Mrs Louise Devlin
							HOS Medicine Dermatology & Haematology - Ms Patricia Loughan
							Donning & Doffing DHH/CAH - Miss C McAteer/Mrs M Markey / Mrs P McAloran / Mrs S Burns
							DHH Renal Nurse Manager - Mrs Catherine Donegan
							DHH Nursing - Lead Nurse - Mrs C Connolly / Mrs Margaret Markey / Miss L McAuliffe / Mrs A McConnell
							Service Improvement/Winter Planning Lead - Ms Patricia Loughan

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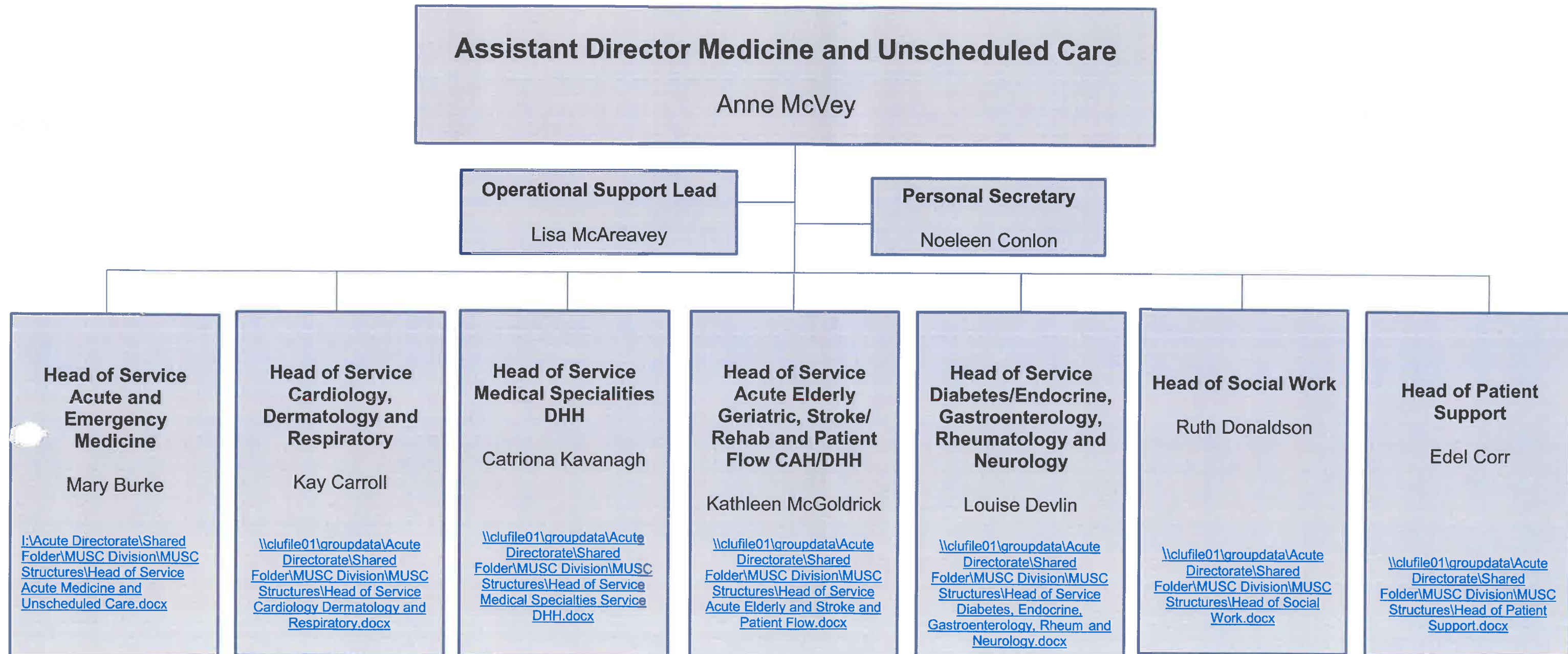




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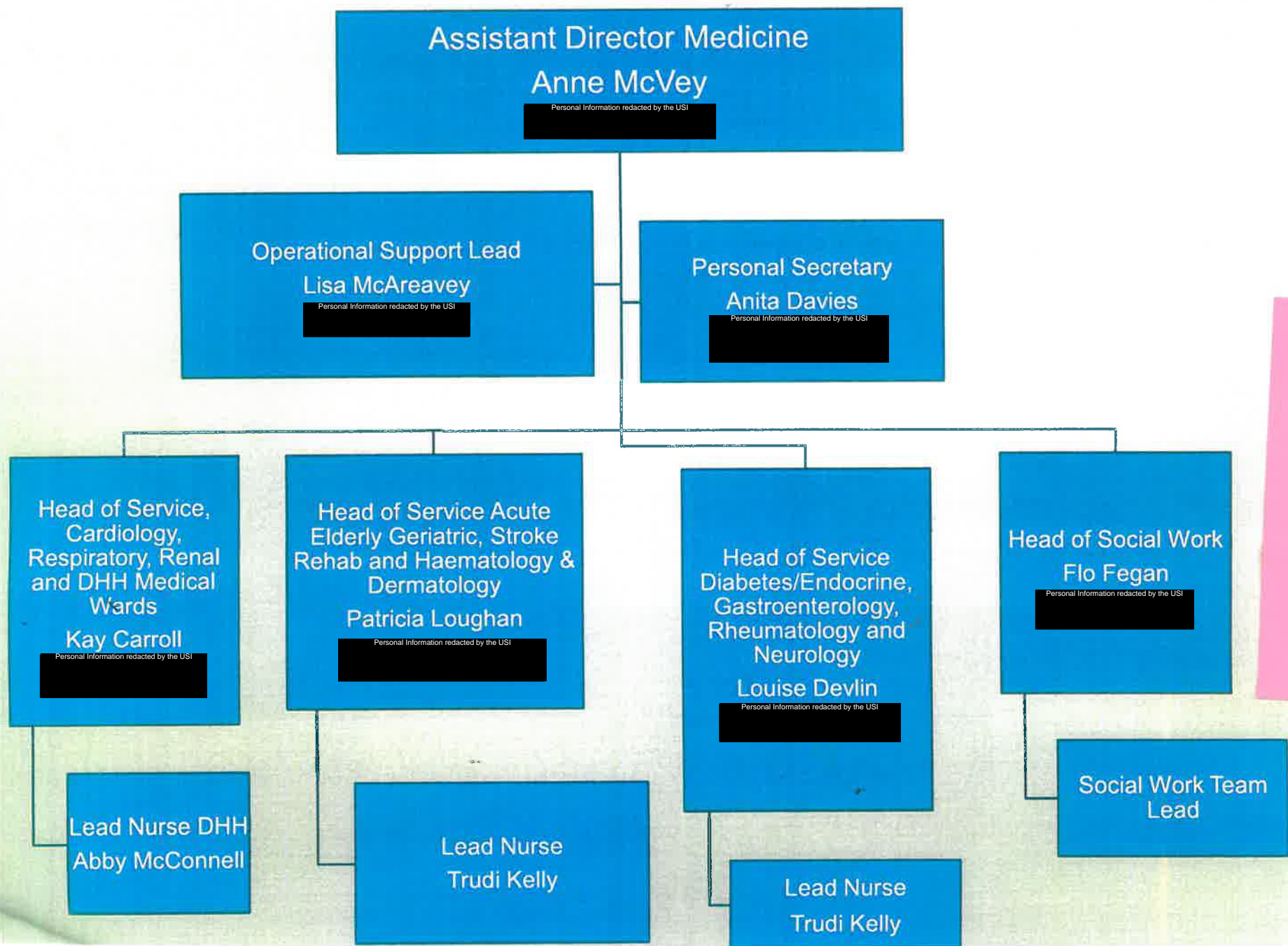


# MUSC Organisational Structure





## Directorate of Acute Services





## Directorate of Acute Services

**Director, Mrs Melanie McClements**  
SHSCT, Craigavon Area Hospital

Personal Information redacted by the USI

**Personal Assistant**

Kerri Hogan

Personal Information redacted by the USI

**Assistant  
Director  
of Acute  
Services;  
Surgery &  
Elective  
Care &  
ATICs**

Ronan  
Carroll

Personal Information redacted by the  
USI

**Assistant  
Director of  
Acute  
Services;  
Medicine  
and Covid-  
19 Lead**

Anne McVey

Personal Information redacted by the  
USI

**Assistant  
Director of  
Acute  
Services-  
Cancer  
and  
Clinical  
Services**  
Barry  
Conway

Personal Information redacted by the  
USI

**Assistant  
Director of  
Acute  
Services  
Functional  
Support  
Services**

Anita Carroll

Personal Information redacted by  
the USI

**Director of  
Pharmacy**

Ann McCorry

Personal Information redacted by the  
USI

**Acting  
Assistant  
Director of  
Unscheduled  
Care**

Mary Burke

Personal Information redacted by the USI

**Assistant  
Director of  
Acute  
Services;  
Integrated  
Maternity  
and  
Women's  
Health**

Caroline  
Keown

Personal Information redacted by the USI



**Head of Midwifery / Gynaecology****Ref:** 88207114**Closing Date:** 20 June 2007 12:00**Location:** Craigavon Area Hospital**Contract:** Permanent**Salary:** 8b (£39,346 - £50,733)**Hours:** Full time / Job Share**Interview Dates:** To be confirmed

2022.25.05

Q6.56.A

**Job Description:****SOUTHERN HEALTH AND SOCIAL CARE TRUST****JOB DESCRIPTION****JOB TITLE:** Head of Midwifery / Gynaecology**REPORTS TO:** Assistant Director of Integrated Maternity and Women's Health**BAND:** 8b**JOB SUMMARY:**

The Head of Midwifery/Gynaecology will be responsible to the Assistant Director of Integrated Maternity and Women's Health (the division) for the delivery of a high quality nursing and midwifery service that is both effective and efficient, and developed in line with national and locally agreed targets and guidelines. He/she will be responsible for the operational management of maternity and gynaecology services supported by a Lead Midwife on the Daisy Hill Hospital site. The post holder is required to participate as a member of the division's senior management team, supporting operational planning, service development and delivery. He/she is required to participate in the budget setting process and is responsible for managing the delegated budget, participating in the achievement of performance targets, the Trust's delivery plan and financial control. He/she will be responsible for the provision of professional leadership and midwifery advice to the division. In collaboration with the Associate Medical Director and Assistant Director of Integrated Maternity and Women's Health the post holder is required to ensure that robust arrangements are in place to support governance activities. Communicating and liaising with the multi-disciplinary team and other agencies is an essential element of this post.

**KEY RESULT AREAS****Service Delivery**

- Lead nursing, midwifery and multidisciplinary teams to ensure the delivery of high quality and equitable maternity and gynaecology care to the women using the services.
- Support the Assistant Director of Integrated Maternity and Women's Health and the Associate Medical Director with the successful implementation of all DHSSPS, HSCA, commissioning priorities and targets for maternity and gynaecology with a particular emphasis on those relating to patient safety and access targets.
- Contribute to the development of robust clinical and professional networks within the division and across the Trust.

**Quality and Governance**

- Promote a culture in which multi-disciplinary teams strive to safeguard high standards of care and treatment, continuously improve the quality of care and treatment and tackle poor performance where it occurs.
- Ensure that the needs of women and their families are at the core of how the Trust delivers its maternity and gynaecology services and in accordance with DHSSPS Quality Standards for Health and Social Care and other relevant requirements.
- Assist the Assistant Director of Integrated Maternity and Women's Health to ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's Safety First framework.
- Assist the Trust's Patient Support Manager and support the Maternity Services Liaison Committee.
- Ensure the maternity and gynaecology service across the division complies with all professional, regulatory and requisite standards.
- Ensure the maternity and gynaecology service across the division meets all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.
- Ensure all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
- Ensure effective systems of communication are in place and utilised.
- Work closely with the Assistant Director of Integrated Maternity and Women's Health and the Lead Midwife to ensure the management of complaints and clinical incidents comply with the HPSS and Trust procedures and are underpinned by transparency and a culture of continuous improvement.
- Ensure all Health & Safety guidance is followed in the clinical areas; ensure regular Risk Assessments/COSHH are carried out and actioned as appropriate.
- Support the Assistant Director of Integrated Maternity and Women's Health with the implementation of quality initiatives such as Investors in People and Charter Standards.
- Liaise with the Executive Director of Nursing and the Assistant Director of Nursing Governance on matters relating to clinical and social care governance/practice development as required.

#### **Service Planning and Development**

- Contribute to the reform and modernisation of services for women and their families.
- Responsible for service planning and for the advancement of clinical practice in line with women/family focused care and service delivery and government and professional directives e.g. NSF for Children, Young People and Maternity Services.
- Ensure the development and implementation of policies, procedures and guidelines.
- Ensure active engagement with user groups in the design, delivery and evaluation of maternity and gynaecology services.
- Support the Assistant Director of Integrated Maternity and Women's Health and Associate Medical Director with service planning and development initiatives and to ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.
- Act as a member of the directorate's senior management team and contribute to its policy development processes.

#### **Financial and Resource Management**

- Accept devolved responsibility for the management of the maternity and gynaecology services budget and the meeting of financial targets.
- Ensure the effective implementation of all Trust financial policies and procedures in each facility/team to; include ensuring the safe custody of patient's property and accounts and the use of endowments and gifts.
- Ensure the effective management, use and maintenance of all physical assets in each facility/team.

#### **People Management**

- Create an environment in which staff feel valued and respected.

- Provide clear leadership to midwifery, nursing and clerical/administration staff and ensure all facilities/teams have a highly skilled, flexible and motivated workforce.
- Work closely with the Assistant Director of Integrated Maternity and Women's Health, the Assistant Director of Nursing for Workforce and Education and senior human resources staff to take forward the development and implementation of workforce planning and modernisation initiatives.
- Work closely with the Executive Director of Nursing and the Assistant Director of Nursing for Workforce and Education on matters relating to workforce and education as required.
- Ensure that the education training and development needs of registered and support staff to respond to service needs are identified and met.
- Ensure that management structures and practices within the maternity and gynaecology services in the division support a culture of effective team working, continuous improvement and innovation.
- Ensure the effective implementation of all people management policies and the achievement of all relevant targets such as those relating to staff performance and development reviews, the management of sickness and absenteeism, turnover etc.
- Ensure the effective management of staff health and safety and support across the maternity and gynaecology services in the division.

#### **Professional Responsibilities**

- Provide professional leadership and vision for midwives and nurses working in the maternity and gynaecology services.
- Lead nursing, midwifery and multi-disciplinary teams to ensure the delivery of a high quality maternity/gynaecology service to the women using the services.
- Provide midwifery advice to the division.
- Ensure professional statutory responsibility, accountability and regulation in accordance with the NMC Code of Professional Conduct: standards for conduct, performance and ethics, the Scope of Professional Practice and the Midwives Rules.
- Act as the Lead for Child Protection in the Maternity Division and work with the named professionals for child protection.
- Ensure that midwifery supervision systems are maintained.
- Link/maintain effective working relationships with the Local Supervising Authority Midwifery Officer.
- Lead in the development and implementation of professional standards which are evidence based.
- Work in partnership with the Executive Director of Nursing to deliver the Trust's Strategy for Nursing & Midwifery.

#### **Professional Development**

- Take positive action to keep up to date with current evidence –based clinical practice and research.
- Identify own development needs and draw up a personal development plan for discussion at appraisal and objective setting reviews.
- Adhere to all NMC professional guidance and maintain a professional portfolio to support PREP requirements.

#### **Information Management**

- Ensure the effective implementation of all Trust information management policies and procedures in each facility/team.
- Ensure the implementation and management of NIMATS.
- Ensure systems and procedures for the management and storage of information in each facility/team meet internal and external reporting requirements.

#### **Divisional Responsibilities**

- Develop and maintain high quality working relationships with other senior colleagues to ensure the achievement of divisional and corporate objectives.
- Contribute to the division's overall governance processes to ensure the

- development of an integrated governance framework that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability.
- Ensure the Trust's and division's objectives and decisions are effectively communicated.
  - Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers and the NMC Code of Professional Conduct: standards for conduct, performance and ethics.

General Management Responsibilities

- Participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.
- Ensure the review of performance identified above is performed for all levels of staff within the Trust in accordance with the Trust Board's policy.
- Maintain good staff relationships and morale amongst staff reporting to him/her.
- Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- Delegate appropriate responsibility and authority to the level of staff within his control consistent with effective decision making whilst retaining responsibility and accountability for results.
- Participate as required in selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.
- Promote the Trusts policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility.

GENERAL RESPONSIBILITIES

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:

- At all times provide a caring service and to treat those with whom they come in contact in a courteous and respectful manner.
- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- Comply with the Trust's No Smoking Policy.
- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- Adhere to equal opportunities policy throughout the course of their employment.
- Ensure the ongoing confidence of the public in service provision.
- Comply with the HPSS Code of Conduct.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Head of Midwifery / Gynaecology works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Assistant Director of Integrated Maternity and Women's Health.

Personnel Specification:

PERSONNEL SPECIFICATION

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they are

a permanent employee of the Southern Health and Social Care Trust and:

- Be currently registered as a midwife

AND

- Have a University degree or relevant professional qualification and worked for at least 2 years in a senior role\*.
- OR
- Have worked for at least 5 years in a senior role\*..

AND

- Delivered against challenging performance objectives for a minimum of 2 years in the last 6 years meeting a range of key targets and making significant\*\* improvements.
- Worked with a diverse range of stakeholders internal and external to the organisation, to achieve successful outcomes for a minimum of 2 years in the last 6 years.
- A proven track record of people management, governance and organisational skills for a minimum of 2 years in the last 6 years.
- A full current driving licence with access to a car or a form of transport to meet the mobility needs of the post.

#### SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at [nhsleadershipqualities.nhs.uk](http://nhsleadershipqualities.nhs.uk). Particular attention will be paid to the following:

- Self Belief
- Self Management
- Seizing the Future
- Drive for Results
- Leading Change Through People
- Holding to Account
- Effective and Strategic Influencing

\*"senior role" is defined as experience gained at Head of Service, Team Manager or Team Leader or equivalent;

\*\* "significant" is defined as contributing directly to key corporate objectives of the organisation.

June 2007

#### Other

##### Information:

Informal and confidential enquiries about this post may be made to Mrs Anne McVey, Assistant Director of Integrated Maternity and Women's Health.

**Downloads:** [SHSCT rpa + pocva](#)

**Instructions:** [Instructions for Completing Application Form](#)



2022 . 25 . 05

Q6 . 56 . B

**SOUTHERN HEALTH & SOCIAL CARE TRUST****JOB DESCRIPTION**

**JOB TITLE:** Operational Support Lead

**BAND:** Band 7

**REPORTS TO:** Assistant Director of a division within Acute Services

**JOB PURPOSE:** To work as a key member within a division of the Trust's Acute Services Directorate, responsible for managing the day-to-day operational functions associated with patient access and flow in line with the reform and modernisation agenda, quality of patient care and resources available.

To assist the Assistant Director within the division in the delivery of the operational functions associated with the development of a booked elective pathway and maintenance of patient access via management of the Primary Target Lists (PTL) and waiting list management processes. Where applicable, to assist the Assistant Director within the division in the delivery of the operational functions associated with the maintenance of patient access to Medicine and Unscheduled Care services in line with DHSSPS standards of care.

To assume day to day line management responsibility for the administrative and clerical staff within the division (Personal Secretaries, Audio Typists, Ward Clerks), ensuring efficient and flexible administrative support to clinical teams.

**MAIN DUTIES:****OPERATIONAL MANAGEMENT – PATIENT ACCESS AND FLOW:**

1. Engage with senior medical, nursing, administrative and allied health professional teams to ensure that the main focus continues to be on the management of specialty specific PTLs to meet maximum patient access targets for inpatient and daycase patients and where applicable to meet access targets for unscheduled care.
2. Work with clinical directorate teams to develop realistic capacity plans to facilitate planning for the achievement of PTL schedules and to ensure identified capacity is fully utilised across the division. Similarly for the planning of unscheduled care capacity requirements.

3. Support and facilitate elective and non-elective clinical teams in sustaining patient flow, for example assisting in capacity assessment, job planning and service development issues particularly in relation to issues affecting capacity and service provision.
4. Assess the waiting list and unscheduled access target positions for risk, identify and communicate issues affecting access and work with clinical and functional directorate teams to ensure plans are in place to deal with bottle-necks and pressures, escalating as appropriate.
5. Support staff from all key disciplines to ensure a whole system approach to improve and sustain waiting list and unscheduled care management and the development of elective and non elective access pathways.
6. Ensure the Trust is compliant with regional access policy issues for elective and non elective patients and that all supporting processes are in place, documented and implemented.
7. Manage development projects as directed by the Assistant Director for the division to further improve patient access and operational performance across the hospital system.
8. Be the main point of contact for day-to-day operational performance issues for the division.
9. Develop excellent working relations with key stakeholders to encourage collaborative working.
10. Provide updates on performance at Trust and regional meetings as required.

#### INFORMATION AND ANALYSIS:

1. Work with the Trust's Information Department to co-ordinate the collection and analysis of data to facilitate the monitoring of elective and non elective access and flows across the hospital system.
2. To analyse complex performance information to identify areas for improvement and to work collaboratively to develop plans to deliver improvement.
3. To monitor ongoing projects to assess outcomes, benchmarked against expected outcomes.

#### GENERAL MANAGEMENT:

1. Assume day to day line management responsibility for the administrative and clerical staff within the division.

2. Participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of staff. Provide guidance on personal development requirements, advise on and initiate, where appropriate, further training.
3. Maintain good staff relationships and morale amongst staff reporting to him/her.
4. Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
5. Participate as required in selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.
7. Promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility.

#### GENERAL RESPONSIBILITIES

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:

- ☐ At all times provide a caring service and to treat those with whom they come in contact in a courteous and respectful manner.
- ☐ Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- ☐ Comply with the Trust's No Smoking Policy.
- ☐ Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- ☐ Adhere to equal opportunities policy throughout the course of their employment.
- ☐ Ensure the ongoing confidence of the public in service provision.
- ☐ Comply with the HPSS Code of Conduct.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the postholder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Assistant Director of the division.



2022.25.05

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Southern Health  
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### **JOB DESCRIPTION**

<b>JOB TITLE</b>	Lead Midwife Intra-partum Care
<b>BAND</b>	8a (37.5hrs)
<b>DIRECTORATE</b>	Acute Services
<b>INITIAL LOCATION</b>	Trustwide
<b>REPORTS TO</b>	Head of Midwifery & Gynaecology Service
<b>ACCOUNTABLE TO</b>	Assistant Director of Acute Services, Integrated Maternity & Women's Health

### **JOB SUMMARY**

The Lead Midwife for Intra-partum Care will be responsible to the Assistant Director of Integrated Maternity & Women's Health for the delivery of a high quality admission and assessment service and intra-partum care service to mothers and babies across the division. He/she will also provide professional leadership and midwifery advice and will support the Head of Midwifery & Gynaecology to discharge his/her functions. The post holder will contribute to the further development of clinical and social care governance. He /she will contribute to service planning and to the advancement of clinical practice in line with women/family focused care and service delivery and government and professional directives for e.g. Safer Childbirth document, The Maternity Strategy and Midwifery 2020 . He/she is required to participate in the achievement of performance targets, the Trust Delivery Plan and financial control. Communicating and liaising with the multidisciplinary team and other agencies is an essential element of the post.

### **KEY RESULT AREAS**

#### **Service Delivery**

- Lead midwifery and multidisciplinary teams to ensure the delivery of high quality and equitable care to women attending the Admission & Assessment Units and labour Wards and Midwifery led Unit.
- Support the Head of Midwifery & Gynaecology with the successful implementation of all DHSSPS , HSCA , commissioning priorities and targets for intra-partum care with a particular emphasis on those relating to patient safety.

- Contribute to the development of robust clinical and professional networks within the Division and across the Trust.
- Contribute to the development and implementation of care pathways for women using the maternity services.
- Ensure active engagement with User Groups in the design and delivery of services in order to inform service improvement.

#### **Quality and Governance**

- Promote a culture in which multi-disciplinary teams strive to safeguard high standards of care and treatment, continuously improve the quality of care and treatment and tackle poor performance where it occurs.
- As a member of the Clinical & Social Care Governance Committee for the Division and the Labour Ward Forum the postholder will contribute to developing realistic, achievable objectives and auditable evidence-based clinical standards, policies, protocols, and guidelines.
- Contribute to ensuring that the needs of women and their families are at the core of how the Trust delivers its maternity services and in accordance with DHSSPS Quality Standards for Health and Social Care and other relevant requirements.  
Assist the Head of Midwifery/Gynaecology to ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's Safety First framework.  
Contribute to compliance with all professional, regulatory and requisite standards.  
Contribute to meeting all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.  
Contribute to ensuring all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
- Contribute to ensuring effective systems of communication are in place and utilised.
- Contribute to the management of complaints and clinical incidents to comply with the HPSS and Trust procedures and are underpinned by transparency and a culture of continuous improvement.
- Ensure all Health & Safety guidance is followed in the clinical areas; ensure regular Risk Assessments/COSHH are carried out and actioned as appropriate.
- Contribute to benchmarking standards including those associated with the Supervisors of Midwives to ensure good quality care is central to midwifery practice.

#### **Service Planning and Development**

- Contribute to the reform and modernisation of services to women and their families.

- Contribute to service planning and to the advancement of clinical practice in line with women/family focused care and service delivery and government and professional directives e.g. Safer Childbirth document.
- Contribute to the development of policies, procedures and guidelines.
- Contribute to the active engagement with user groups in the design, delivery and evaluation of maternity services.
- Support the Assistant Director of Integrated Maternity and Women's Health and the Head of Midwifery/Gynaecology with service planning and development initiatives and to ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.
- Act as a member of the directorate's

#### **Financial and Resource Management**

- Contribute to the management of the midwifery services budget and the meeting of financial targets.
- Contribute to the effective implementation of all Trust financial policies and procedures in each facility/team to include ensuring the safe custody of patient's property and accounts and the use of endowments and gifts.
- Contribute to the effective management, use and maintenance of all physical assets in each facility/team.

#### **People Management**

- To create an environment in which staff feel valued and respected.
- Provide leadership to midwives and support staff and ensure a highly skilled, flexible and motivated workforce.
- Contribute to the development and implementation of workforce planning and modernisation initiatives.
- Ensure that all new staff receive appropriate induction's and supervision.
- Ensure that the education, training and development needs of registered and support staff to respond to service needs are identified and met.
- Ensure that management and nursing/midwifery practices within the facility/team support a culture of effective team working, continuous improvement and innovation.
- Ensure the effective implementation of all people management policies and the achievement of all relevant targets such as those relating to staff performance and development reviews, the management of sickness and absenteeism, staff turnover etc.

Contribute to the effective management of staff health and safety and support across the division.

#### **Professional Responsibilities**

- Act as a professional role model and provide strong, facilitative and

effective midwifery leadership and advice in each facility/team, which ensures the advancement of midwifery practice.

- Lead midwifery and multidisciplinary teams to ensure the delivery of high quality midwifery service to the women using the services.
- Ensure professional statutory responsibility, accountability and regulation in accordance with the NMC Code of Professional Conduct: standards for conduct, performance and ethics, the Scope of Professional Practice, the Midwives Rules and the Standards to Support Learning and Assessment in Practice
- Facilitate the professional development of midwives within the facility/team.
- Ensure that midwifery supervision systems are maintained.
- Ensure that all staff are appraised annually in accordance with the Trust policy and are supported to achieve the objectives set out in their personal development plan.
- Act as the lead for Child Protection matters in the Maternity facility/teams and work closely with the named professionals for Child Protection.
- Facilitate attendance at Midwifery Forums to ensure knowledge remains up to date in order to provide advice on the implementation of strategies locally.

#### **Professional Development**

- Take positive action to keep up to date with current evidence based clinical practice and research.
- Identify own development needs and draw up a personal development plan for discussion at appraisal and objective setting reviews.
- Adhere to all NMC professional guidance and maintain a professional portfolio to support PREP requirements.

#### **Information Management**

- Contribute to the effective implementation of all Trust information management policies and procedures in each facility/team.
- Contribute to the implementation and management of NIMATS.
- Contribute to ensuring systems and procedures for the management and storage of information in each facility/team meet internal and external reporting requirements

#### **Human Resource Management Responsibilities**

- Review individually, at least annually, the performance of immediately subordinate staff, provide guidance on personal development

requirements and advises on and initiate, where appropriate, further training.

- Maintain staff relationships and morale amongst the staff reporting to him/her.
- Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
- Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

#### **GENERAL REQUIREMENTS**

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - Standards of attendance, appearance and behaviour.
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the

Trusts policy and procedures on records management and to seek advice if in doubt.

- 7. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
- 8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
- 9. Available / able to work any 5 days out of 7 over the 24 hour period, which may include on-call / stand-by / sleep-in duties, shifts, night duty, weekends and Public Holidays if required immediately on appointment or at a later stage following commencement in response to changing demands of the service.
- 10. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



Quality Care - for you, with you

### **PERSONNEL SPECIFICATION**

**JOB TITLE** Lead Midwife 8a Intrapartum Care

**DIRECTORATE** Acute

August 2013

**Notes to applicants:**

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below:

**The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;**

1. Applicants must provide evidence by the closing date for application that they are an employee of the Southern Health & Social Care Trust currently employed within the Midwifery & Gynaecology Service
  2. Registered Midwife on the Live NMC Register Part 2.
  3. A relevant university degree, in a Health or Social Care related field and a minimum of 2 years relevant experience in a senior role **OR** have a minimum of 5 years relevant experience in a senior role (senior role refers to band 7 or above)
  4. Relevant Delivery suite experience.
  5. Hold a full current driving license valid for use in the UK and have access to a car on appointment<sup>1</sup>
- <sup>1</sup> this criterion will be waived in the case of applicants who are prevented from driving due to a disability, providing the applicant can organise suitable alternative arrangements in order to meet the requirements of the post in full.

**The following are essential criteria which will be measured during the interview**

**stage.**

6. Excellent leadership skills
7. Effective communication skills to meet the needs of the post in full.
8. An ability to work with a diverse range of stakeholders to successfully implement change.
9. Be able to demonstrate an excellent understanding of the issues relating to service reform and modernisation within the field of Midwifery Services.
10. An ability to effectively manage financial and other resources whilst ensuring high quality of service provision.
11. Excellent analytical and planning skills.
12. Ability to use computers for a range of tasks including word processing, Emails etc.
13. Ability to meet ongoing deadlines within a tight timeframe.

**As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.**

**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**

**Successful applicants may be required to attend for a Health Assessment**

**All staff are required to comply with the Trusts Smoke Free Policy**

2022. 25. 05

Q6.56.E



Southern Health  
and Social Care Trust

Ref No: 73512030

Quality Care - for you, with you

**THIS POST IS FOR THOSE EMPLOYED IN A HEALTH & SOCIAL CARE  
ORGANISATION (NI)**

**JOB DESCRIPTION**

<b>JOB TITLE</b>	Lead Midwife Community Midwifery Services.
<b>BAND</b>	8A
<b>DIRECTORATE</b>	Acute Services
<b>INITIAL LOCATION</b>	Craigavon Area Hospital & Daisy Hill Hospital
<b>REPORTS TO</b>	Head of Midwifery & Gynaecology Service
<b>ACCOUNTABLE TO</b>	Assistant Director of Acute Services, Integrated Maternity & Women's Health

**JOB SUMMARY**

The Lead Midwife for Community Midwifery Services will be responsible to the Assistant Director of Integrated Maternity & Women's Health for the delivery of a high quality Community Midwifery service to mothers and babies across the division. He/she will also provide professional leadership and midwifery advice and will support the Head of Midwifery & Gynaecology to discharge his/her functions. The post holder will contribute to the further development of clinical and social care governance. He /she will contribute to service planning and to the advancement of clinical practice in line with women/family focused care and service delivery and government and professional directives and guidelines, i.e. NICE Guidelines for Ante Natal, Intra Natal and Post Natal Care. He/she is required to participate in the achievement of performance targets, the Trust Delivery Plan and financial control. Communicating and liaising with the multidisciplinary team and other agencies is an essential element of the post.

**KEY RESULT AREAS**

**Service Delivery**

1. Lead midwifery/nursing and multidisciplinary teams to ensure the delivery of high quality and equitable care to women through the Ante Natal, Intra Natal and Post Natal period in the community setting.
2. Support the Head of Midwifery & Gynaecology with the successful implementation of all DHSSPS ,commissioning priorities and targets for the Community Service.

3. Contribute to the development of robust clinical and professional networks within the Division and across the Trust.
4. Contribute to the development and implementation of care pathways for women using the maternity services.
5. Ensure active engagement with User Groups in the design and delivery of services in order to inform service improvement.

#### Quality and Governance

- Promote a culture in which multi-disciplinary teams strive to safeguard high standards of care and treatment, continuously improve the quality of care and treatment and tackle poor performance where it occurs.
- As a member of the Clinical & Social Care Governance Committee for the Division the postholder will contribute to developing realistic, achievable objectives and auditable evidence-based clinical standards, policies, protocols, and guidelines.
- Contribute to ensuring that the needs of patients, women and their families are at the core of how the Trust delivers its Maternity Services in the Community setting in accordance with DHSSPS Quality Standards for Health and Social Care and other relevant requirements.
- Assist the Head of Midwifery/Gynaecology to ensure high standards of governance in the division to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's Safety First framework.
- Contribute to compliance with all professional, regulatory and requisite standards.
- Contribute to meeting all targets for the prevention and control of healthcare associated infection and standards of environmental cleanliness.
- Contribute to ensuring all recommendations from the RQIA and other regulatory bodies are implemented within requisite timescales.
- Contribute to ensuring effective systems of communication are in place and utilised.
- Contribute to the management of complaints and clinical incidents to comply with the HPSS and Trust procedures and are underpinned by transparency and a culture of continuous improvement.
- Ensure all Health & Safety guidance is followed in the clinical areas of the community ,ensure regular Risk Assessments/COSHH are carried out and actioned as appropriate.

- Contribute to benchmarking standards including those associated with the Supervisors of Midwives and supervision for nurses to ensure good quality care is central to midwifery / nursing practice.

#### **Service Planning and Development**

- Contribute to the reform and modernisation of services to patients, women and their families.
- Contribute to service planning and to the advancement of clinical practice in line with patient women/family focused care and service delivery and government and professional directives.
- Contribute to the development of policies, procedures and guidelines.
- Contribute to the active engagement with user groups in the design, delivery and evaluation of maternity services.
- Support the Assistant Director of Integrated Maternity and Women's Health and the Head of Midwifery/Gynaecology with service planning and development initiatives and to ensure adherence to targets set by the HSSA and the Trust's corporate and delivery plans.
- Act as a member of the directorate's senior management team and contribute to its policy development processes.

#### **Financial and Resource Management**

- Contribute to the management of the midwifery / nursing services budget and the meeting of financial targets.
- Contribute to the effective implementation of all Trust financial policies and procedures in each facility/team to include ensuring the safe custody of patient's property and accounts and the use of endowments and gifts.
- Contribute to the effective management, use and maintenance of all physical assets in each facility/team.

#### **People Management**

- To create an environment in which staff feel valued and respected.
- Provide leadership to midwives and nurses and support staff and ensure a highly skilled, flexible and motivated workforce.
- Contribute to the development and implementation of workforce planning and modernisation initiatives.

- Ensure that all new staff receive appropriate induction's and supervision.
- Ensure that the education, training and development needs of registered and support staff to respond to service needs are identified and met.
- Ensure that management and midwifery / nursing within the facility/team support a culture of effective team working, continuous improvement and innovation.
- Ensure the effective implementation of all people management policies and the achievement of all relevant targets such as those relating to staff performance and development reviews, the management of sickness and absenteeism, staff turnover etc.

Contribute to the effective management of staff health and safety and support across the division.

#### **Professional Responsibilities**

- Act as a professional role model and provide strong, facilitative and effective midwifery/nursing leadership and advice in each facility/team, which ensures the advancement of midwifery practice.
- Lead midwifery and multidisciplinary teams to ensure the delivery of high quality midwifery/nursing service to the women using the services.
- Ensure professional statutory responsibility, accountability and regulation in accordance with the NMC Code of Professional Conduct: standards for conduct, performance and ethics, the Scope of Professional Practice, the Midwives Rules and the Standards to Support Learning and Assessment in Practice
- Facilitate the professional development of midwives / nurses within the facility/team.
- Ensure that midwifery / nursing supervision systems are maintained.
- Ensure that all staff are appraised annually in accordance with the Trust policy and are supported to achieve the objectives set out in their personal development plan.
- Act as the lead for Child Protection matters in the Community setting and work closely with the named professionals for Child Protection.
- Facilitate attendance at Midwifery / Nursing Forums to ensure knowledge remains up to date in order to provide advice on the implementation of strategies locally.

**Professional Development**

- Take positive action to keep up to date with current evidence based clinical practice and research.
- Identify own development needs and draw up a personal development plan for discussion at appraisal and objective setting reviews.
- Adhere to all NMC professional guidance and maintain a professional portfolio to support PREP requirements.

**Information Management**

- Contribute to the effective implementation of all Trust information management policies and procedures in each facility/team.
- Contribute to the implementation and management of NIMATS.
- Contribute to ensuring systems and procedures for the management and storage of information in each facility/team meet internal and external reporting requirements.

**Human Resource Management Responsibilities**

- Review individually, at least annually, the performance of immediately subordinate staff, provide guidance on personal development requirements and advises on and initiate, where appropriate, further training.
- Maintain staff relationships and morale amongst the staff reporting to him/her.
- Review the organisation plan and establish the level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
- Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

**GENERAL REQUIREMENTS**

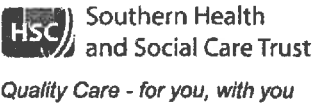
The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
9. Available / able to work any 5 days out of 7 over the 24 hour period, which may include on-call / stand-by / sleep-in duties, shifts, night duty, weekends and Public Holidays if required immediately on appointment or at a later stage following commencement in response to changing demands of the service.
10. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing

guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



PERSONNEL SPECIFICATION

JOB TITLE	Lead Midwife, Band 8A Community Midwifery Service
DIRECTORATE	Acute Services
SALARY	£38,851 - £46,621 per annum
HOURS	37.5 per week, participate in an on call rota

Ref No: 73512030 April 2012

- Notes to applicants:
- You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
  - Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

**The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;**

- Applicants must provide evidence by the closing date for application that they are employed within a Health & Social Care organisation as defined<sup>1</sup>
- Registered Midwife on the NMC Register and have at least 4 years Midwifery experience at Band 7.
- Degree in a Health Related Subject **OR** currently working towards completion of a degree.
- Be a Supervisor of Midwives or be willing to undertake the Supervisor of Midwives modules.
- Hold a full current driving license valid for use in the UK and have, on appointment, access to a car<sup>2</sup>

<sup>1</sup> This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well-being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

<sup>2</sup> This criterion will be waived in the case of applicants who are prevented from driving due to a disability, providing the applicant can organise suitable alternative arrangements in order to meet the requirements of the post in full.

- 6. Have a minimum of 1 years' experience working with diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change in initiative.

*The following are essential criteria which will be measured during the interview stage.*

- 7. Have an ability to provide effective leadership
- 8. Effective communication skills to meet the needs of the post in full.
- 9. Be able to demonstrate an excellent understanding of the issues relating to service reform and modernisation within the field of Midwifery Services.
- 10. Ability to effectively manage a delegated budget to maximize utilization of available resources
- 11. Demonstrate evidence of highly effective planning and organizational skills
- 12. Ability to use computers for a range of tasks including word processing, Emails etc.
- 13. Ability to meet ongoing deadlines within a tight timeframe.
- 14. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement

**INTERVIEW ARRANGEMENTS – FOR NOTING BY ALL CANDIDATES**

*Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Framework, details of which can be accessed at [www.nhsleadership.org.uk/framework.asp](http://www.nhsleadership.org.uk/framework.asp) Particular attention will be given to the following competencies:*

o Demonstrating Personal Qualities	o Setting Direction
o Working with Others	o Creating the Vision
o Improving Services	o Delivering the Strategy
	o Managing Services

**This post involves working with children and/or vulnerable adults. In this regard the Trust will carry out a Protection of Children and Vulnerable Adults check (POCVA) before any appointment to this post can be confirmed.**

*As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.*

**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**

**Successful applicants may be required to attend for a Health Assessment**

**All staff are required to comply with the Trusts Smoke Free Policy**

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



[www.kilnaree.com](http://www.kilnaree.com)



<http://www.middle-mountains.com/mountain/>



<http://www.armagh.co.uk>

**SOUTHERN TRUST JOB DESCRIPTION  
CONSULTANT PHYSICIAN IN GENITOURINARY &  
HIV MEDICINE – DAISY HILL HOSPITAL**



Approval:	 <b>Royal College of Physicians</b>   <b>Approved</b>
	<i>Approved by Royal College of Physicians – 26<sup>th</sup> October 2020</i>

JOB TITLE:	CONSULTANT PHYSICIAN
DEPARTMENT:	Genitourinary & HIV Medicine
BASE/LOCATION:	All posts are appointed to the Southern Health and Social Care Trust. The base hospital for this post is <b>John Mitchell Place Newry</b> however the post holder may be required to work on any site within the Southern Health and Social Care Trust.
REPORTS TO:	Dr M Kamath or Dr A Currie - Clinical Director – Obstetrics & Gynaecology
RESPONSIBLE TO:	Dr D Scullion – Interim Associate Medical Director – Maternity and Women’s Health
ACCOUNTABLE TO:	Mrs M McClements – Interim Director of Acute Services

The post will form a part of a team of medical and nursing staff providing Genitourinary Services at the Southern and Social Care Trust. The main duty of the consultant will be to integrate with consultant colleague Dr Emma McCarty and other staff. He/she will have continuing clinical responsibility for the patients in his/her supervision. Provide ample opportunity for mentoring of a new Consultant Appointee by senior Consultant Colleagues. As well as informal contact, formal mentoring is facilitated by regular meetings, with the opportunity for case discussion and review.

As with all staff in the Trust, job purpose is subject to regular review in light of emerging pressures and priorities. In particular the Trust would wish to highlight at this time, that you will be required to work with other colleagues in seeking to attain access and other targets set by the Department of Health.

**SUMMARY OF POST:**

- This is a 10PA post with no on-call requirement.
- This post will attract a salary of **£80,253 - £108,200 per annum**
- This is a full-time permanent position, however anyone interested in working part-time / job share is also welcome to apply.
- Annual leave will be 32 days per annum initially rising to 34 days after 7 years' seniority, plus 10 statutory and public holidays.
- The post also has an attractive study leave entitlement of up to 30 days paid leave with expenses in any period of three years.
- A relocation package may also be available if required.
- The Southern Trust has established a dedicated revalidation support team which ensures all doctors have an annual appraisal with a trained appraiser and supports all doctors through the revalidation process. The Trust has also appointed corporate, Consultant and SAS Leads for appraisal and revalidation.
- The Trust offers a medical mentoring scheme which can be viewed on the Southern Docs website [CLICK HERE](#) (Password 2012).
- The Trust supports the requirements for continuing professional development (CPD) as laid down by the GMC and is committed to providing time and financial support for these activities.
- The post will attract all the terms and conditions and employment benefits associated with an NHS post e.g. NHS indemnity; access to NHS pension scheme and many additional benefits such as child care vouchers etc.

**THE SOUTHERN TRUST:**

The Southern Trust is one of the largest employers in Northern Ireland and Craigavon Area and Daisy Hill hospitals form the Southern Trust Acute Hospital Network - serving a population of over 360,000. Each year in our hospital network there are approximately 63,000 inpatient admissions; 25,000 day cases; 300,000 outpatient appointments; 116,000 Emergency Department attendances; and over 6,000 births. Statistics updated in 2015

The Southern Trust's acute hospital network was reaffirmed in 2015 as one of the UK's Top Hospitals for the fourth consecutive year. The national CHKS Top 40 Hospitals programme recognises acute sector organisations for their achievements in healthcare quality, improvement and performance. The Top Hospitals award is based on the evaluation of over 20 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. As well as being placed in the Top 40 Hospitals, the Southern Trust was shortlisted for the first time ever for the CHKS National Data Quality Improvement Award. Our vision is to 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them'.

**WHY SHOULD YOU WORK FOR US?**

The Southern Trust was the first Trust in Northern Ireland to invest and implement in a fully electronic job planning system which is available for all permanent consultant and SAS doctors. This makes it much easier for doctors to maintain an up to date job plan to ensure they are paid correctly and to support the revalidation and appraisal process. Doctors in longer term temporary posts may also be able to use this system. As well as

Corporate and Departmental Induction each new permanent medical employee will have an opportunity to have an informal meeting with the Medical Director at the end of month three / four of commencement with the Trust during which time they can explore the option of job shadowing a non-clinical manager within their speciality for a morning / afternoon. This will be facilitated via the relevant Associate Medical Director. There is also a fully embedded revalidation and appraisal process which supports all doctors with all of their appraisal and revalidation requirements. Opportunities also exist for doctors to avail of the Trust medical mentoring scheme.

The Southern Trust is keen to become an employer of choice for Consultants and SAS doctors who choose to spend their career with us. The Trust has been proactive in encouraging the role of Consultants and SAS doctors within the Trust and has a number of trained Medical Appraisers and Mentors. Our doctors play a vital role in the care and treatment of our patients and in return you can expect a positive experience that will support your development as a key member of the Southern Trust. But don't just take our word for it – listen to the comments of a few of our European doctors who have chosen to relocate from their home country and make a career with the Southern Trust:

<https://www.youtube.com/watch?v=Pmfx1fiAoac>

<https://www.youtube.com/watch?v=IPMi3xDKUXQ>

<https://www.youtube.com/watch?v=bV7EnYNN9Ns>

**SOUTHERN TRUST – IN THE SPOTLIGHT**

The Southern Trust is one of the largest employers in Northern Ireland. Follow us on Twitter to hear all the latest news <https://mobile.twitter.com/southernhsct> or visit our YouTube channel for more news: <https://www.youtube.com/channel/UC0YNNigHJwX4WKregeRIDQ/videos>.

Some of our key achievements:

A day in the life of Southern Trust  
[CLICK HERE](#)

Children and Young People's Consultants Recognised for Excellence  
<http://www.southerntrust.hscni.net/about/3850.htm>

UK Wide Recognition for Southern Trust Trauma & Orthopaedic Service  
[CLICK HERE](#)

Breast Surgery Team Trial Innovative Procedure  
[CLICK HERE](#)

Southern Trust Dermatology Team Recognised Amongst the Best in UK  
[CLICK HERE](#)

Psychiatrist of the Year for the UK  
[CLICK HERE](#)

Southern Trust Renal Unit Amongst the Best in the UK for Patient Experience  
[CLICK HERE](#)

Southern Trust Recognised as a Top UK Hospital  
[CLICK HERE](#)

Obstetrics and Gynaecology Service top in the UK  
[CLICK HERE](#)

## WORK OF THE DEPARTMENT

The Genitourinary service is currently provided by one visiting consultant in genitourinary medicine, Dr Emma McCarty. The unit has approximately 3000 GUM outpatients' attendances annually. It serves a population of approximately 250000.

The service currently provides:

Outpatients Genitourinary Clinics

Advise to other specialties e.g. GP, Antenatal team, ED

It is anticipated that HIV services will be developed within SHSCT in line with regional strategic direction.

## DUTIES OF THE POST:

The post holder will:

- Work with other colleagues to deliver Genitourinary within the Southern Health & Social Care Trust.
- Provide Outpatients Genitourinary Clinic and provide Consultant supervision to medical and nurse led GUM clinics. Presently the clinical team comprises 1 WTE Clinical Nurse Specialist, 0.3 WTE specialty doctor with support provided by nurses, healthcare support workers and health advisers.
- The post holder is responsible for all administrative work to direct patients under their named responsibility. Urgent administrative work related to direct patients care is covered on a prospective basis between consultants during study/professional/annual leaves. The average DCC administrative work approximates to 1PA. Support will be provided by a medical secretary.
- With colleagues, provide a liaison service to other specialties, via telephone advice to medical and paramedical practitioners in SHSCT on all clinical and non-clinical matters in relation to the management of patients with GUM related conditions.
- Work with professional colleagues in the care of patients referred to him/her and to keep up to date with innovative change and development within the speciality, profession and the Health Service
- Undertake the administrative duties associated with the care of his/her patients and the running of the departments in conjunction with colleagues. This will include ensuring with colleagues overseeing the provision of statutory returns and reports including the annual GUMCAD returns.
- Be encouraged to develop his/her own skills and interest within those currently

practiced by the consultants in post.

- Work within the Trust's Clinical Governance Framework and GMC guidance on good medical practice.
- Participate fully in medical and multi-professional clinical audit and is expected to develop research interests relevant to this post.
- Be expected to participate actively in the teaching of undergraduate and post graduate students as well as staff in relates disciplines and co-operate with colleagues in developing local educational programmes.
- Be expected to take part in the annual appraisal programme and job plan review. The Trust has the required arrangements in place to ensure that all consultants have an annual appraisal with a trained appraiser and supports consultants going through the revalidation process

An office will be provided and the appointee will be supported by a dedicated personal secretary. IT facilities will be provided.

PROPOSED JOB PLAN / ROTA PATTERN

A provisional job plan is outlined below which illustrates the content, but not necessarily the distribution of the individual fixed sessions. It is indicative only and may be subject to change following discussion with your clinical manager to deliver against service delivery.

	TIME	WORK ACTIVITY	LOCATION	HOURS				Total	Prem
				DCC	SPA	APA	EPA		
Mon	0900-1300	DCC admin / letters/ emails etc.	JMP, Newry	1.0					
	1300-1700	GUM/HIV clinic	JMP, Newry	1.0					
Tues	0900-1300	GUM clinic	Portadown Health Centre	1.0					
	1300-1700	Results Management / Clinical Supervision (alt weeks)	Portadown Health Centre	0.5					
		GUM Clinic (alt weeks)		0.5					
Wed	0900-1300	GUM/HIV Clinic	JMP, Newry	1.0					
	1300-1700	GUM clinic	JMP, Newry	1.0					
Thurs	0900-1300	GUM clinic	Portadown Health Centre	1.0					
	1300-1700	Service development / Education & training	Office based/flexible		1.0				
Fri	0900-1300	GUM clinic	JMP, Newry	1.0					
	1300-1700	SPA/CPD/QI/Appraisal	Office based/flexible		1.0				
TOTAL HOURS				28	8			40	
TOTAL PROGRAMMED ACTIVITIES				8.0	2.0			10	

Programmed Activities	Number of PA's/ Sessions
Direct Clinical Care	8.0
Supporting Professional Activities	2.0
Premium time	-
On call	-
Total PA's	10PA

*All job plans will be reviewed on a regular basis in accordance with the Trust's commitment to job planning.*

#### **JOB PLAN REVIEW**

This Job Plan is subject to review at least once a year with the Clinical Director before being approved by the Director of Acute Services. In the case of a new employee, a review of the Job Plan will take place 3 months after commencement and annually thereafter. If it is not possible to agree a Job Plan, either initially or at an annual review, there are agreed procedures for facilitation and appeal with the final decision normally being accepted by the Trust Board. The allocation of SPAs included in the Job Plan will be subject to review.

#### **Balance between Direct Clinical Care and Other Programmed Activities**

The Trust expects that all consultants undertake a minimum of 1.5 SPA's (6 hours) in their job plan every week, however it has been agreed by the Medical Director that all new consultant appointments will be allocated 2SPA's per week for a period of 12 months to facilitate induction and orientation into the organisation and the role. This position will be reviewed after the consultant completes 12 months in post.

The Trust also recognises that there are various activities as identified by all the Associate Medical Directors in each directorate and approved by the Medical Director where additional SPA time will be necessary. Where a newly appointed consultant will be involved in these additional SPA commitments, the precise balance of Programmed Activities in their job plan will be reviewed on appointment and agreed as part of their individual Job Plan review. These Supporting Professional Activities may include participation in training of other staff, medical education, continuing professional development, formal teaching of other staff, audit, job planning, appraisal, research, clinical management and local clinical governance activities are recognised within the Southern Health and Social Care Trust.

Programmed Activities for additional HPSS responsibilities and external duties will also be allocated for special responsibilities that have been formally approved and/or appointed by the Trust.

#### **TERMS AND CONDITIONS:**

This post will be contracted in accordance with:

Consultant Terms and Conditions which can be viewed at:  
[CLICK HERE](#)

Your salary scale will be in accordance with the NHS Remuneration for your grade, which can be viewed at: [CLICK HERE](#)

If you would like any additional information about this post, for example details of the specialty or existing staff, please contact Dr Emma McCarty – GUM Consultant OR Dr Damian Scullion – Interim Associate Medical Director - Craigavon Area Hospital. Tel: (028) 37564701 (via Medical Recruitment office)

#### GENERAL REQUIREMENTS:

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. The HSC Code of Conduct for Employees sets out the standards of conduct expected of all staff in the Southern Health & Social Care Trust and outlines the standards of conduct and behaviours required during and after employment with the Trust. Professional staff are expected to also follow the code of conduct for their own professions.
4. Adhere at all times to all Trust policies including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
5. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
6. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
7. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
8. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
9. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This post may evolve over time and this Job Description will therefore be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

SOUTHERN HEALTH & SOCIAL CARE TRUST

PERSONNEL SPECIFICATION

JOB TITLE:	Consultant Physician Genitourinary & HIV Medicine – John Mitchell Place	
DIRECTORATE:	Acute Services	
HOURS:	Full-time	
Ref No:	73820080	October 2020
SALARY:	£80,253 - £108,200 per annum	

- Notes to applicants:
- Your application form:** You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should do this for both essential and desirable criteria requirements. All essential criteria requirements listed below must be met by the stated closing date, unless otherwise stated.*
  - Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

You **MUST** demonstrate all necessary shortlisting criteria on the Trust’s standard application form or you may not be shortlisted.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

**The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;**

- Hold Full registration with the General Medical Council (London) with Licence to Practice or be able to obtain by time of appointment;<sup>1</sup>
- Hold a higher professional diploma i.e. MRCP or equivalent qualification;
- Entry onto the GMC Specialist Register via
  - CCT in Genitourinary Medicine (proposed CCT date must be within 6 months of interview)
  - CESR or
  - European Community Rights

<sup>1</sup> If successful at interview, applicants will be required to provide proof of their GMC application. Applicants must be registered, with a licence to practice at the time of appointment.

4. Hold a full current driving licence valid for use in the UK and have access to a car on appointment.<sup>2</sup>
5. Hold a Diploma in HIV Medicine

***The following are essential criteria which will be measured during the interview stage.***

6. Demonstrate advanced skills and training in Genitourinary/HIV medicine to provide services.
7. Demonstrate an ability to deliver modern Genitourinary/HIV service.
8. Demonstrate an ability to deliver of supervision of junior medical staff.
9. Demonstrate good leadership skills.
10. Ability to work in a team setting including multidisciplinary working.
11. All applicants to have demonstrable skills in written and spoken English that are adequate to enable effective communication about medical topics with patients and colleagues. Communication, reasoning and team-working skills to be demonstrated on application and at interview.

**DESIRABLE CRITERIA** – these will only be used where it is necessary to introduce additional job related criteria to ensure files are manageable. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being short listed

1. Have some formal training in teaching methods and have been actively involved in teaching
2. Experience in organizing and liaising with multidisciplinary team meeting.
3. Have experience in developing or setting up a new service.

**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**

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<sup>2</sup> This criterion will be waived in the case of a suitable applicant who has a disability which prohibits them from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.



2022. 25. 05  
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**JOB DESCRIPTION**

<b>JOB TITLE</b>	Team Lead Patient Flow / Control Room Expeditor
<b>BAND</b>	8A
<b>DIRECTORATE</b>	Acute Services
<b>LOCATION</b>	Craigavon Area and Daisy Hill Hospitals
<b>REPORTS TO</b>	Head of Service for Patient Flow
<b>ACCOUNTABLE TO</b>	Assistant Director

**JOB SUMMARY**

The post holder will be responsible to the Head of Service for the operational and professional nursing management of the Patient Flow and Hospital at Night Team (H@N). The Post holder is expected to function at a senior level providing visible and professional nursing leadership, support and direction to ensure safe patient centered care. They will proactively manage, lead and provide solutions to resolve complex operational issues ensuring the efficient and effective utilisation of all in-patient beds across the two acute sites, (Craigavon Area Hospital and Daisy Hill Hospital).

The post holder will have an intrinsic role in the Control Room which has the function of a central escalation point for delays and issues that arise within the organisation. They will circulate through the hospital having hands on senior presence at ward and department level to actively seek and resolve issues. They will assist in identifying delays and mitigate against same networking with services in and outside the Trust.

The post holder will work with the entire Multi- disciplinary team (MDT) Heads of Service, Lead Nurses, Ward Sisters/Charge Nurses to optimize patient experience and outcomes of care through service and workforce efficiency, productivity and effectiveness ensuring optimum usage of all inpatient beds appropriately.

The Post holder will be expected to contribute to strategic direction and policy setting for the nursing within their Division.

The post holder will carry out additional duties as appropriate in the absence of the Head of Service.

#### **KEY DUTIES/RESPONSIBILITIES**

##### **Service Delivery**

1. Assure the highest standards of clinical care by the provision of management & leadership for the patient flow and H@N nursing teams, patients, relatives, carers and visitors.
2. As part of the Control Room team work very closely with wards and departments within and outside of the Trust to expedite delays in the patient's journey, networking with all disciplines to ensure a timely and safe patient experience.
3. Attend and lead on the control room meetings when required, agreeing actions to be taken forward with staff, monitoring and recording progress with same.
4. Work with other Trusts to repatriate patients in a timely manner to the most appropriate setting.
5. Lead and develop excellent patient care through continuous review of evidence based clinical standards, policies & standard operating

procedures, taking a lead role in the implementation of the Trusts strategic plan regarding the utilisation of beds and the management of patient flow.

6. Create a strong patient focused team, embedding the regional patient/client experience standards (Respect, Attitude, Behaviour Communication, Privacy and Dignity), that challenges organisational and professional barriers and boundaries.
7. Maintain accurate and concise records providing reports for senior management as required.
8. Line manage the patient flow and H@N teams, ensuring all clinical and professional standards are met by the teams.
9. Participate in the major incident plan as per the Trusts Bedmanager Action Card.
10. Operationally oversee the implementation of the escalation policy in relation to the 4hr and 12hr Emergency Department standard.
11. Develop a culture that is flexible and positive to change, where staff feel valued and where opportunities are actively created for individuals to maximise their potential and excel.
12. Promote a learning environment for staff, ensuring that the education, training and developmental needs of staff are reflected in the annual Education Commissioning, appraisal and PDP processes.
13. Promote a culture, which is underpinned by honest, open communication and team working across disciplines
14. Participate in clinical and professional networks across acute hospital sites within the Trust.
15. Contribute to the development and implementation of the nursing strategy as agreed by the Executive Director of Nursing.
16. Lead the effective implementation and ongoing monitoring of regional quality and operational initiatives

17. Provide advice, guidance, support and professional leadership to the Patient Flow Team, H@N team, Support Workers, Ward/Department Sisters/Charge Nurses demonstrating a responsible attitude in order to promote confidence in the service.
18. Ensure close collaborative working with the ward based staff to deliver on the regional performance standards for unscheduled and elective care
19. Responsible for the monitoring of clinical standards, training needs within the H@N service and be involved in the development of the H@N service locally and regionally.
20. Support the process for monitoring patient experience and assist to implement actions in the light of patient feedback, thus achieving a high level of patient satisfaction.
21. Act as mentor/coach to enhance the performance and capability of staff through formal and informal interactions, provide constructive feedback to staff, supporting them to develop enhanced skills and ability.
22. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services
23. Undertake any other duties as the role develops in relation to patient flow and H@N

#### Quality/Governance

1. Take personal responsibility for individual professional growth, development & revalidation. Maintaining clinical competence and credibility within nursing practice
2. Support the Head of Service in the effective and efficient management of clinical services.
3. Work to foster and develop an environment where nurses are valued and in adherence with the NMC Code of Professional Conduct: Standards for

Conduct, Performance and Ethics. Ensure effective record keeping and documentation in line with NMC Guidelines.

4. Ensure systems are in place that ensures that staff keep up to date with current developments regarding patient care.
5. Ensure staff maintain confidentiality at all times, including the storage of records and the transfer of verbal and written information.
6. Ensure effective communication systems are in place to support programmes of care and, or care pathways.
7. Assist the Head of Service in the effective implementation of ;
  - (I) robust induction and development review/ appraisal programmes
  - (II) clinical supervision framework
  - (III) preceptorship programmes for newly appointed nursing staff.
8. Establish and maintain clear systems and processes for accountability for staff.
9. Monitor and support the use of appropriate clinical governance policies, guidelines, and protocols for staff, reviewing and monitoring compliance, specifically to support the Trust's policy and procedures for dealing with complaints, clinical incidents and serious adverse incidents
10. Assist the Head of Service with co-ordinating the response to complaints prior to submission through line management structures.
11. Review nursing issues arising from complaints about services provided ensuring that appropriate action is taken; lessons are learnt and reflected in practice.
12. Work with the infection control team and clinical colleagues, monitor infection control rates and take forward those actions and changes necessary to prevent and minimise hospital acquired infections
13. Ensure control robust systems are in place to assure the Executive Director of Nursing that all nurses have current registration with NMC
14. Ensure that all recommendations arising from RQIA inspections are acted

upon and implemented in a timely manner.

#### **Leadership & Setting Direction**

Provide highly accessible, approachable and visible professional nursing leadership and operational management support to Ward Sisters/Charge Nurses, ensuring clinical services develop in line with evidence based practice.

1. Act as a role model inspiring and empowering nurses to implement new ways of working
2. Ensure efficient and appropriate professional development and succession planning are in place for nursing staff.
3. Support the Head of Service in the development of the directorate policies and to contribute to the development of Trust policies where appropriate.
4. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
5. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.
6. Assist the Head of Service with service development proposals and business cases as related to nursing.
7. Deputise for the Head of Service

#### **Development and Innovation**

1. Promote and facilitate the implementation of the Trusts Personal Performance and Development Review.

2. Support the management structures and practices to ensure a culture of effective team working, continuous improvement and innovation
3. Lead the annual training needs analysis for nurses in all relevant Specialities.
4. Participate in the recruitment and appointment of staff in accordance with Trust policy.
5. Actively promote new ways of working and models of service delivery to improve services for patients.

In conjunction with the Head of Service, promote innovation and change to underpin the modernisation of services with a view to re-profiling across the Trust where necessary

#### **Strategic Planning and Development**

1. Support the Service with the development of the strategic plan for the delivery of facilities within the Acute Services Directorate on behalf of Director of Acute Services, in line with regional strategies, Ministerial and HSCA priorities.
2. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
3. Work with members of relevant teams on the innovative development of new and existing services.
4. Challenge the status quo in the planning and delivery of all relevant clinical services.

#### **Financial and Resource Management**

1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise
2. In conjunction with the Head of Service critically assess workforce, skill mix and explore options to create new roles within financial constraints.
3. In conjunction with the Head of Service monitor the use of bank and agency staff and ensure that the Trust policies for bank and agency use are implemented
4. Assist the Head of Service to ensure systems are in place for procurement, maintenance and replacement of all medical devices
5. Assist in the management of services and budget and ensure financial targets are met.
6. Assist with identification of cash releasing schemes and meet financial savings as outlined by Director of Acute Services.

#### **People Management**

1. Provide clear and strategic leadership to staff and ensure a highly skilled, flexible and motivated workforce to provide high quality patient care.
2. Support the Head of Service in the development and implementation of workforce modernisation initiatives within clinical services.
3. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required.
4. Encourage a culture that allows staff to maximise their potential, ensuring that they are able to contribute to the Trust Corporate strategy.
5. Ensure full engagement of all professional staff working in areas of responsibility.
6. Ensure staff are led and managed within agreed Policies and procedures.

7. Manage staff performance and action accordingly.
8. Ensure the Trust's sickness absence policy is implemented within the services and establish an effective mechanism for regularly monitoring levels of sickness and absence, taking corrective action where necessary.

#### **HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES**

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organizational plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

#### **Corporate Management**

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Acute Services Directorate objectives and decisions are effectively communicated.
2. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Directorate effectively discharges its functions.

3. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

#### **GENERAL REQUIREMENTS**

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize his/her potential and continue to meet the demands of the post.

6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances.  
*Other duties of a similar nature and appropriate to the grade may be assigned from time to time.*

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



PERSONNEL SPECIFICATION

JOB TITLE	Team Lead Patient Flow / Control Room Expeditor
DIRECTORATE	Acute
BAND	8a
HOURS	37.5 per week

Ref No:

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below:

**The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;**

1. Applicants must provide evidence by the closing date for application that they are employed in a Health & Social Care Organisation, Northern Ireland.
2. Currently a Registered Nurse Level 1, (Adult) on the Live NMC Register.
3. Hold a university degree or equivalent and worked for at least 2 years in a Senior role<sup>1</sup>

**OR**

Have worked for at least 5 years in a senior role<sup>1</sup>

**AND**

4. Have a minimum of 2 years' experience in staff management
5. Have a minimum of 1 years' experience in a lead role delivering objectives  
Which have led to a significant<sup>2</sup> Improvement in Service.
6. Have a minimum of 1 years' experience working with a diverse range of  
internal and external stakeholders in a role which has contributed to the  
successful implementation of a significant change in initiative.
7. Hold a full current license valid for use in the UK and have access to a car  
On appointment<sup>3</sup>.

***The following are essential criteria which will be measured during the  
interview stage.***

8. Have an ability to effectively manage a delegated budget to maximize  
utilisation of available resources.
9. Have an ability to provide effective leadership.
10. Demonstrate evidence of highly effective planning and organisational skills
11. Demonstrate a commitment to the provision of high quality and safe services  
with an ability to drive a culture of continuous improvement.
12. Demonstrate a commitment to the provision of high quality and safe  
Services with an ability to drive a culture of continuous improvement.

<sup>1</sup> "senior role" is defined as experience gained at Band 7 or above

<sup>2</sup> Significant' is defined as contributing directly to key Directorate objectives

<sup>3</sup>This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

## SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at [nhsleadershipqualities.nhs.uk](https://nhsleadershipqualities.nhs.uk).

Particular attention will be given to the following:

- Self Belief
- Self Management
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

*As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.*

## WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

**Successful applicants may be required to attend a Health Assessment  
All staff are required to comply with the Trust Smoke Free Policy**

2022. 25. 05

Q6. 60 'F



Southern Health  
and Social Care Trust

Quality Care - for you, with you

Ref No:73212057

## JOB DESCRIPTION

**THIS POST IS FOR THOSE EMPLOYED IN A HEALTH & SOCIAL CARE  
ORGANISATION (NI)**

**JOB TITLE:** Head of Cardiology, Haematology, Dermatology, Rheumatology, Diabetology and Neurology

**BAND:** 8B

**DIRECTORATE:** Acute Services

**LOCATION:** Craigavon Area Hospital

**REPORTS TO:** Assistant Director of Acute Services –  
Medicine & Unscheduled Care

**ACCOUNTABLE TO:** Director of Acute Services

## JOB SUMMARY

- The Head of Service is accountable to the Assistant Director of Acute Services – Medicine & Unscheduled Care (M&UC) for the leadership and direction of staff within the relevant specialities.
- The post holder has overall responsibility for the operational management of the services, to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.
- Areas of responsibilities will include:  
Cardiology, Haematology, Dermatology, Rheumatology, Diabetology and Neurology
- The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The post holder will also be responsible for identifying and implementing BCBV initiatives within their area of responsibility.
- The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.
- The post holder will provide Managerial Leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.

- The post holder will work in collaboration with the Lead Clinician(s) and Lead Nurse(s) and develop a team approach to the clinical services for which they are accountable.
- The post holder will work in collaboration with the Head of Service – Medicine and Unscheduled Care, Craigavon Area Hospital Site, to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

## KEY RESULT AREAS

### Service Delivery

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.
8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.
10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s).
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.
12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints

14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency applying the principles of lean. Lead the implementation of necessary actions to develop, implement and maintain a flow system which "pulls" patients through

#### **Quality**

1. Ensure that the needs of the patients and their carers are at the core of the way M&UC deliver their services.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Lead Clinician(s) to ensure that M&UC services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation within M&UC.
5. Establish and maintain clear systems and processes for accountability and performance management within M&UC.
6. Monitor and support the use of clinical guidelines and protocols for staff within the M&UC.
7. Ensure public involvement of users and carers in the planning of services within the M&UC.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Lead Clinician(s).
9. Participate in quality initiatives such as eg: Investors in People and any relevant Charter standards.
10. Work in partnership with the Lead Clinician (s) to ensure robust clinical governance and risk management systems are in place within M&UC ensuring corrective action plans are developed and implemented.
11. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

#### **Strategic Planning and Development**

1. Support to Assistant Director Medicine & Unscheduled Care with the development of the strategic plan for the delivery of Medicine & Unscheduled Care services in line with regional, Ministerial and HSCA priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

#### **Financial and Resource Management**

1. Manage the M&UC budget and ensure the meeting of all financial targets
2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
3. Lead the achievement of cash releasing schemes within M&UC for relevant specialties.
4. With the support of the Lead Clinician(s) to review demand and capacity within M&UC utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.
5. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
6. Ensure the effective use of equipment and facilities within M&UC to optimise patient care and service delivery.
7. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.

#### **People Management**

1. Provide clear leadership to M&UC staff and ensure that highly skilled and motivated staff support M&UC where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within M&UC, as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within M&UC.

#### **Corporate Management**

1. Assist with Trust's corporate planning by supporting the Assistant Director, Acute Services – M&UC.
2. Develop and maintain working relationships with other General Manager colleagues and to ensure achievement of M&UC objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure M&UC effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

#### **Leadership**

1. Lead the operational management within M&UC ensuring priorities meet objectives
2. Provide leadership to staff within M&UC to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all M&UC policies are operationalised appropriately and proportionately.
4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across M&UC.
6. Ensure the development of robust mechanisms for consistent communication with M&UC staff to enable them to influence the health agenda.
7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

#### **Monitoring and Reviewing Performance**

1. Responsible for developing robust performance indicators within M&UC, translating regional indicators/targets into speciality targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for M&UC, ensuring financial balance is achieved.
3. Manage M&UC inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the M&UC strategy or objectives
5. Ensure the M&UC plans are in place to monitor achievement against corporate objectives, e.g.: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across M&UC to all Trust policies and procedures and contribute to their formulation as appropriate.
7. Ensure that robust performance arrangements are development and implemented within M&UC.

**HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES**

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

**GENERAL REQUIREMENTS**

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are

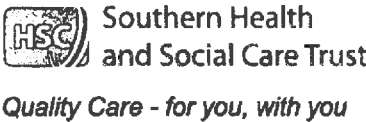
required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

*October 2010*



PERSONNEL SPECIFICATION

**JOB TITLE:** Head of Service Band 8B –Cardiology, Haematology, Dermatology, Rheumatology, Diabetology and Neurology

**DIRECTORATE:** Acute Services

**SALARY:** £45,254 – £55,945 per annum

**HOURS:** 37.5 per week

Ref No: 73212057 November 2012

Notes to applicants:

- 1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
- 2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

**The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;**

ELIGIBILITY

- 1. Applicants must provide evidence by the closing date for application that they are employed within a Health & Social Care organisation as defined<sup>1</sup> **OR** an agency worker engaged by the Southern H&SC Trust.

You must therefore clearly demonstrate your eligibility on your application form.  
**Please note that failure to do this will result in you not being shortlisted.**

QUALIFICATIONS / EXPERIENCE / SKILLS

- 2. Hold a relevant<sup>2</sup>, University Degree or recognised Professional Qualification or equivalent qualification **AND** 2 years’ experience in a Senior Role<sup>3</sup> **OR** have at least 5 years’ experience in a Senior Role<sup>3</sup>.

<sup>1</sup> This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

<sup>2</sup> ‘relevant qualification’ will be defined as any business, administrative, corporate function or health related qualification

<sup>3</sup> ‘Senior Role’ is defined as Band 7 or equivalent or above.

3. Have a minimum of 1 years' experience in a lead role delivering objectives which have led to a significant<sup>4</sup> Improvement in Service.
4. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant<sup>4</sup> change in initiative.
5. Have a minimum of 2 years' experience in staff management
6. Hold a full current license valid for use in the UK and have access to a car on appointment<sup>5</sup>.

#### **KNOWLEDGE & SKILLS**

7. Have an ability to effectively manage a delegated budget to maximize utilization of available resources.
8. Have an ability to provide effective leadership.
9. Demonstrate evidence of highly effective planning and organisational skills
10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.

#### **PLEASE NOTE:**

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. It is therefore intended that shortlisted applicants will be assessed against the domains in the NHS Leadership Framework.

*As part of the Recruitment & Selection process it will be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.*

#### **WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**

**Successful applicants may be required to attend for a Health Assessment**

**All staff are required to comply with the Trusts Smoke Free Policy**

<sup>4</sup> 'Significant' is defined as contributing directly to key Directorate objectives

<sup>5</sup> This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.



**JOB DESCRIPTION**

**JOB TITLE:** Head of Service – Medicine and Unscheduled Care

**BAND:** 8B

**DIRECTORATE:** Acute Services

**LOCATION:** Craigavon Area Hospital

**REPORTS TO:** Assistant Director of Acute Services – Medicine & Unscheduled Care

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**JOB SUMMARY**

- The Head of Service is accountable to the Assistant Director of Acute Services – Medicine & Unscheduled Care (M&UC) for the leadership and direction of staff within the relevant specialities.
- The post holder has overall responsibility for the operational management of the services (CAH site), to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.
- Areas of responsibilities will include:
  - General medicine and medical specialties (CAH – Unscheduled and Elective Services)
  - Medical wards – CAH
  - Day Clinical Centre - CAH
  - Emergency Department – CAH
  - Minor Injuries Unit – STH
  - Emergency Dental Clinic – CAH
- The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The postholder will also be responsible for identifying and implementing BCBV initiatives within their area of responsibility.
- The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.
- The post holder will provide Managerial Leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.
- The post holder will work in collaboration with the Lead Clinician(s) and Lead Nurse(s) and develop a team approach to the clinical services for which they are accountable.
- The post holder will work in collaboration with the Head of Service – Medicine and Unscheduled Care, Daisy Hill Hospital Site, to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

**KEY RESULT AREAS****Service Delivery**

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.
8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.
10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s).
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.
12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints
14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency applying the principles of lean. Lead the implementation of necessary actions to develop, implement and maintain a flow system which "pulls" patients through.

**Quality**

1. Ensure that the needs of the patients and their carers are at the core of the way M&UC deliver their services.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Lead Clinician(s) to ensure that M&UC services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation within M&UC.
5. Establish and maintain clear systems and processes for accountability and performance management within M&UC.
6. Monitor and support the use of clinical guidelines and protocols for staff within the M&UC.
7. Ensure public involvement of users and carers in the planning of services within the M&UC.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Lead Clinician(s).
9. Participate in quality initiatives such as eg: Investors in People and any relevant Charter standards.
10. Work in partnership with the Lead Clinician (s) to ensure robust clinical governance and risk management systems are in place within M&UC ensuring corrective action plans are developed and implemented.
11. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

**Strategic Planning and Development**

1. Support to Assistant Director Medicine & Unscheduled Care with the development of the strategic plan for the delivery of Medicine & Unscheduled Care services in line with regional, Ministerial and HSCA priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

**Financial and Resource Management**

1. Manage the M&UC budget and ensure the meeting of all financial targets
2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
3. Lead the achievement of cash releasing schemes within M&UC for relevant specialties.

4. With the support of the Lead Clinician(s) to review demand and capacity within M&UC utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.
5. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
6. Ensure the effective use of equipment and facilities within M&UC to optimise patient care and service delivery.
7. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.

#### **People Management**

1. Provide clear leadership to M&UC staff and ensure that highly skilled and motivated staff support M&UC where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within M&UC, as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within M&UC.

#### **Corporate Management**

1. Assist with Trust's corporate planning by supporting the Assistant Director, Acute Services – M&UC.
2. Develop and maintain working relationships with other General Manager colleagues and to ensure achievement of M&UC objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure M&UC effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

#### **Leadership**

1. Lead the operational management within M&UC ensuring priorities meet objectives
2. Provide leadership to staff within M&UC to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all M&UC policies are operationalised appropriately and proportionately.

4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across M&UC.
6. Ensure the development of robust mechanisms for consistent communication with M&UC staff to enable them to influence the health agenda.
7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

#### **Monitoring and Reviewing Performance**

1. Responsible for developing robust performance indicators within M&UC, translating regional indicators/targets into speciality targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for M&UC, ensuring financial balance is achieved.
3. Manage M&UC inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the M&UC strategy or objectives
5. Ensure the M&UC plans are in place to monitor achievement against corporate objectives, eg: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across M&UC to all Trust policies and procedures and contribute to their formulation as appropriate.
7. Ensure that robust performance arrangements are development and implemented within M&UC.

#### **General Management Responsibilities**

1. Participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiative, where appropriate, further training
2. Ensure that the review of performance identified above is performed for all levels of staff within the postholder's remit of responsibility in accordance with the Trust Board's policy
3. Maintain good staff relationships and morale amongst the staff reporting to him/her

4. Review the organisational plan within the postholder's remit of responsibility and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate
5. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for the outputs of the relevant services within the postholder's remit of responsibility.
6. Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust
7. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust
8. Promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility
9. Ensure that the principle of public participation is adhered to through commitment to involving service users, their carers and the wider public in all decision making that affects them as individuals or as a community through a range of consultation processes
10. All staff have a responsibility to ensure that a high standard of cleanliness is maintained throughout Trust facilities as this is essential for the delivery of Health and Social Care Services.

#### **GENERAL RESPONSIBILITIES**

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:-

- At all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner
- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them

**October 2010**



## PERSONNEL SPECIFICATION

**JOB TITLE:** Head of Service – Medicine and Unscheduled Care

**BAND:** 8B

**DIRECTORATE:** Acute Services

### Knowledge, skills and experience required:

- Hold a University degree or relevant professional qualification and have worked for at least 2 years in a senior management role<sup>1</sup>

OR

Have worked for at least 5 years in a senior management role\*

AND

- Delivered against challenging performance management programmes meeting a range of key targets and making significant<sup>2</sup> improvements.
- Possess excellent communication and interpersonal skills with a proven track record of having worked with a diverse range of stakeholders, internal and external to the organisation, to achieve successful outcomes for a minimum of 2 years within the last 6 years.
- A proven track record of people management, governance and organisational skills for a minimum of 2 years within the last 6 years.
- Hold a full current driving license valid for use in the UK and have, on appointment, access to a car<sup>3</sup>

<sup>1</sup>\*"senior role" is defined as experience gained as Head of Service, Team Manager or Team Leader or equivalent.

<sup>2</sup>"significant" is defined as contributing directly to key corporate objectives of the organisation.

<sup>3</sup> this criterion will be waived in the case of applicants who are prevented from driving due to a disability, providing the applicant can organise suitable alternative arrangements in order to meet the requirements of the post in full.

### SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the Expression of Interest form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at [nhsleadershipqualities.nhs.uk](https://nhsleadershipqualities.nhs.uk).

Particular attention will be given to the following:

- Self Belief
- Self Management
- Seizing the future
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

Informal and confidential enquiries about the post may be made to Mr Barry Conway, Assistant Director of Medicine & Unscheduled Care (Acting) on 028 3861 2790.

**The Trust is an Equal Opportunities Employer**



JOB DESCRIPTION

JOB TITLE	Head of Acute Social Work
BAND	8b
INITIAL LOCATION	Based in Craigavon Area Hospital with regular travel required to Daisy Hill Hospital
DIRECTORATE	Acute
REPORTS TO	Assistant Director of Medicine and Unscheduled Care
ACCOUNTABLE TO	Director of Acute Services

JOB SUMMARY

The post holder will be responsible to the Assistant Director of Medicine and Unscheduled Care for delivery of high quality social work services to the Acute Services Directorate. The post holder will fulfil a professional management role, providing operational and professional management for social work staff within the Division of Medicine and Unscheduled Care.

The post holder will also be the lead social work professional for the Protection of Vulnerable Adults within the Acute Service Directorate.

The post holder will ensure the objectives of the Trust's Delivery Plan for Medicine and Unscheduled Care are successfully implemented through effective multidisciplinary working and the provision of an effective, efficient and flexible social work services. He/she will provide clear professional leadership to all staff across the Trust area working in Acute Hospital Social Work within Acute Services Directorate. This will cover all acute hospital sites. The post holder will be responsible for effective financial management and the efficient use of all resources. The post holder will also support Assistant Director of Medicine and unscheduled Care with long term planning and service reform initiatives.

As part of the Trust's strategy for enhancing the quality of care to the Acute Services Directorate the post holder will make an active contribution to the development and implementation of a model of fully integrated and multidisciplinary care.

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As a Head of Service, the post holder will be a member of the Division's senior management team and will therefore contribute to policy development in the Division and the achievement of its overall objectives.

**KEY DUTIES / RESPONSIBILITIES**

**1. Service Delivery**

- 1.1 To review the delivery of social work services for the Acute Services Directorate and make recommendations for the reform, modernisation and further development of this service. Manage the implementation of the reform and modernisation which will include leading on the introduction of changes in practice.
- 1.2 Lead uni-professional and multidisciplinary teams to oversee the co-ordination of all processes to ensure the delivery of high quality, effective, efficient and flexible acute hospital social work services.
- 1.3 Ensure the successful implementation of all DHSS, HSCB and commissioning priorities and targets for patients with a particular emphasis on those relating to the provision of social work services across all of the Trust's Acute Hospital Services and Sites. These services will have a clear enablement ethos and an aim to maximise protection of patients, clients and staff to maximise rehabilitation of patients.
- 1.4 To review the existing adult safeguarding processes in the Acute Services Directorate and in conjunction with acute services management, contribute to reform and development of this programme.
- 1.5 Ensure that high quality social work services are developed that can respond effectively and flexibly to patient and service users needs to secure an appropriate balance between hospital and community based services and achieve an integrated approach in reducing inappropriate hospital admissions and lengths of stay within a 24/7 context.
- 1.6 Ensure clear care pathways are developed and implemented for patients/clients referred to social work services from other Divisions in the Directorate and other programmes of care.
- 1.7 Ensure active engagement with service users, user groups and those who commission services in the design and delivery of services in order to inform service improvement
- 1.8 Ensure high quality Acute social work services are provided in a

consistent way across the Southern Trust by ensuring processes are put in place to monitor the quality of the service provided and change the service where needed.

- 1.9 Ensure that effective, efficient and consistent processes are put in place to roster the workforce appropriately. This includes providing information to permit invoicing for services provided, specialty costing exercises and it will ensure that accurate payroll information is gathered.
- 1.10 Ensure staff within Acute Hospital Social Work, contribute to the timely discharge of patients where this is required.
- 1.11 Participate in the Acute Head of Service on Call rota on a rotational basis.

## 2. Quality and Governance

- 2.1 Ensure that the needs of the patients/clients and their carers are at the core of how the Trust delivers Acute Hospital Social Work and are in accordance with DHSS Quality Standards and relevant professional standards and guidelines
- 2.2 Liaise closely with the Trust's Social Work Governance Lead to ensure robust arrangements are in place to meet controls assurance standards, the assessment and management of risk and the implementation of the DHSS's *Safety First* Framework.
- 2.3 Ensure all social work services across the Acute Services Directorate meet quality, service and best practice recommendations.
- 2.4 Support the Assistant Director with the implementation of effective performance management and governance arrangements.
- 2.5 Ensure the processing and management of complaints comply with HPSS and Trust complaints procedures and are underpinned by transparency and a culture of continuous improvement.
- 2.6 Support the Assistant Director with the implementation of quality initiatives.

### 3. Service Planning and Development

- 3.1 Promote innovations and change to underpin the reform and modernisation of services to patients/clients and there carers.
- 3.2 Support the Assistant Director with service planning and development initiatives. This will include making an active contribution to the development and implementation of a model of fully integrated and multidisciplinary care for the Acute Services Directorate and liaising closely with senior planning/performance staff in order to implement the objectives of the Trust's Delivery Plan and local commissioning priorities.
- 3.3 Act as a member of the Division's senior management team and contribute to its policy development processes
- 3.4 Represent the Division and/or Directorate in Trust project teams as appropriate.

### 4. Financial and Resource Management

- 4.1 Be responsible for the management of the social work services budget and the meeting of all financial targets in respect of accurate payroll and invoicing.
- 4.2 Ensure the effective implementation of all Trust Financial policies and procedures within each team to include ensuring the safe custody of client's property and accounts and the use of endowment and gifts.
- 4.3 Ensure the effective management, use and maintenance of all physical assets within each team.

### 5. People Management

- 5.1 Provide clear leadership to staff and ensure all teams have a highly skilled, flexible and motivated workforce.
- 5.2 Work closely with senior Human Resources staff to take forward, the development and implementation of workforce planning and modernisation initiatives.
- 5.3 Ensure that management structures and practices support a culture of effective team working, continuous improvement and innovation.
- 5.4 Ensure the effective implementation of the Trust's people management policies and the achievement of all relevant targets such as those

relating to staff performance, the management of sickness and absenteeism, turnover etc.

5.5 Ensure the effective management of staff health and safety and support within each team.

5.6 Ensure that appropriate people management systems are developed across Acute Social Work including active supervision, Team Meetings, continuous staff development and performance reviews via the KSF framework.

5.7 Develop a training strategy to ensure that the social work services workforce is supported in carrying out continuing professional development and there is therefore fit for purpose and able to meet the requirements of external regulation.

#### 6. Information Management

6.1 Ensure the effective implementation of all Trusts information management policies and procedures within each team.

6.2 Ensure systems and procedures for the management and storage of information within each team meet internal and external reporting requirements.

#### 7. Divisional Responsibilities

7.1 Develop and maintain high quality working relationships with other senior colleagues to ensure the achievement of Divisional and corporate objectives.

7.2 Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.

7.3 Contribute to the Divisions overall governance processes to ensure the development of an integrated governance framework that assures safe and effective care for patients and clients and complies with public sector values and codes of conduct, operations and accountability. Ensure the Trust's and Directorates' objectives and decisions are effectively communicated. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

## 8. General Management Responsibilities

- 8.1 Participate in the Trust's Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.
- 8.2 Ensure that the review of performance identified above is performed for all levels of staff within Acute Social Work in accordance with the Trust's policy.
- 8.3 Maintain good staff relationships and morale amongst the staff reporting to him/her.
- 8.4 Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- 8.5 Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- 8.6 Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- 8.7 Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust
- 8.8 Promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

## GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - Standards of attendance, appearance and behaviour
4. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
5. Comply fully with the Trust's policy and procedures regarding records management, as well as the Data Protection Act, accepting legal responsibility for all manual or electronic records held, created or used as part of his/her duties, and ensuring that confidentiality is maintained at all times.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trust's policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
9. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



PERSONNEL SPECIFICATION

JOB TITLE	Head of Acute Hospital Social Work Band 8b
DIRECTORATE	Acute
SALARY	
HOURS	37.5 per week

Ref No:

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.
3. 'equivalent level in a relevant degree programme' is defined as having successfully completed 6 modules of a health related course of study.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

1. Hold a professional social work qualification (Degree In Social Work, DipSW, CQSW or equivalent).
2. Hold full registration on the social work part of the register with the NISCC.
3. Have a minimum of two years' experience, in the last 6 years, of working in a senior role (Band 7 level or above) as a manager of social work services or manager of an Integrated Care Team.
4. Hold a current driving license (Valid in the UK) and have access to a car or access to a form of transport which will permit the full requirements of the post to be met.

*The following are essential criteria which will be measured during the interview stage.*

1. Delivered against challenging performance objectives, for 2 years out of the last 6 years, meeting key targets and making significant improvements.
2. Have achieved or give a commitment to achieve an award in social work within the Northern Ireland PQ Framework and linked to the service area and post.
3. Effective planning and organisational skills with an ability to prioritize own workload.
4. Effective communication skills to meet the needs of the post in full.
5. An ability to promote the rights of patients whilst ensuring that professional standards are maintained in the assessment and provision of services to individuals and/or their carers.
6. Ability to identify solutions to problems and implement them.
7. Ability to motivate and lead Teams, managing and directing others.
8. A commitment to the learning and development of the staff team and students.
9. Demonstrate an ability to work independently.
10. Demonstrate evidence of a proven track record of achieving challenging targets and standards.

**As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.**

**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**  
**Successful applicants may be required to attend a Health Assessment**  
**All staff are required to comply with the Trust Smoke Free Policy**

**JOB DESCRIPTION**

JOB TITLE	Lead Nurse / Specialty Manager, Nephrology
BAND	
DIRECTORATE	Acute Services
INITIAL LOCATION	Daisy Hill Hospital
REPORTS TO	Head of Service, Specialist Medicine
ACCOUNTABLE TO	Assistant Director of Acute Services – Medicine and Unscheduled Care

**JOB SUMMARY**

The Lead Nurse for Nephrology and Renal Services will be responsible for operational and professional management and Leadership within the Nephrology Service. The post holder will function at a senior level providing visible professional leadership, support and direction to ensure safe patient centred care for all patients using the Service. He/She will be responsible for ensuring that standards of clinical practice are at the required professional standard to ensure safe high quality care whilst constantly endeavoring to develop and improve programs of care.

He/She will promote and establish innovative clinical practice tailored to meet the changing needs of the patient/client population. The post holder will empower clinical staff at all levels and promote an ethos of continuous development to deliver high quality renal Services for patients. The post holder will be a key member of the multidisciplinary team ensuring that the processes of quality assurance, change management and service improvement are embedded in the culture of the Department.

The Post holder will represent Nephrology and Renal Dialysis Services within the Acute Sector and work in partnership with the Head of Service and Lead Consultant, to deliver Renal Services within the Southern Trust. The post holder will represent Nephrology and Renal Dialysis Services at a regional, National and International level. The post holder will contribute to strategic direction and policy setting for the Nephrology Service.



V4 – Released 15.08.2019

2022.25.05  
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The post holder will demonstrate autonomous progressive thinking to optimize and develop service provision within the Nephrology Service and Acute directorate.

KEY DUTIES / RESPONSIBILITIES

Service Delivery

- 1. Lead and develop excellent patient care through continuous review of evidence based clinical standards, proven research and ensure these are within an agreed framework incorporating policies, protocols and procedures.
- 2. Be responsible for the professional Leadership and standards of clinical practice in the Haemodialysis Unit, Home Therapies Service and Renal Outpatient service.
- 3. Provide expert advice, guidance, support and professional leadership to the Home Therapies Department, the Haemodialysis Unit and Renal Outpatients' staff including Specialist Nurses, team leaders, staff nurses and HCAs demonstrating a responsible attitude in order to promote confidence in the service.
- 4. Work in collaboration with microbiology and the infection control team to develop and implement strategies and protocols to reduce the risk of HAI in a very complex immuno-compromised patient cohort. This area requires continuous development and innovation.
- 5. Monitor and review patient pathways to ensure that clinical outcomes are achieved by all levels of clinical staff, medical, nursing, dietetics, pharmacy and implement strategies/ measures to address any shortfalls.
- 6. Formulate and review Renal Service Contracts in collaboration with procurement services including construction of Renal Service Tenders and represent the Trust in Regional tender processes.
- 7. Establish collaborative relationships with external stakeholders in the public, private and voluntary sectors to ensure the service is recognised as a facility of excellence.
- 8. Be accountable for the recruitment development and management of nurse practitioners and specialist nurses who provide patient treatment plans, ensuring care is in line with agreed protocols / pathways and guidelines (drawn up by the post holder) specific to the needs of the patients using the Nephrology and Dialysis Services
- 9. Actively develop leadership and management skills in specialist renal nurses to encourage and promote succession management.
- 10. Organize and oversee regular periodic MDT review of service needs and issues through the clinical governance forum



11. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services.
12. Act on own initiative and discretion and ensure that all Nephrology and Dialysis clinical resources are effectively managed, ensuring its nursing workforce is fit for purpose and meets the need of the service and patients, identifying priorities as necessary and adjusting the skill mix as required
13. Lead the development and implementation of professional policies related to the Nephrology and Renal Dialysis specialty.

#### **Quality/Governance**

1. Work to foster and develop an environment where nurses are valued and working within the NMC (2014) Code of Professional Conduct including effective record keeping and documentation in line with NMC Guidelines.
2. Compile and maintain a Risk Register incorporating generic clinical and non-clinical risks in the ward / department as per HSC Trust policy.
3. Promote a culture of research and evidence-based practice within the ward / department to enhance person-centred care.
4. Act as a change agent, developing clinically effective practice through the effective utilisation and integration of evidence within the role of expert practitioner.
5. Lead and oversee the process of continuous performance review within nephrology nursing including clinical supervision, appraisal, probationary reporting and revalidation.
6. Lead and develop preceptorship and induction programmes for all new staff in a specialist area ensuring that nursing staff gain the required generic and specialist skills with full comprehensive training and competency assessment for all bands of staff
7. Organise and ensure mandatory training is achieved and monitor percentages of staff trained. Work with the head of service to identify and address any shortfalls in training provision and offer innovative solutions to achieve and maintain personal development opportunities.
8. Maintain clinical competence and be an expert role model, inspiring all clinical staff with vision and value and providing an expert level of advice and support to all clinicians.
9. Review national Renal Dialysis and Transplantation guidelines/ clinical practices ensuring up to date practice and compliance with clinical governance structures



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- 10. Ensure high standards of governance are met for all areas of responsibility ensuring that systems are in place to identify and minimise the exposure to risk within the Nephrology and Renal Dialysis Service SHSCT wide.
- 11. Take a lead on benchmarking services regionally and nationally, ensuring that objective assessment is undertaken and action plans are developed which effectively improves patient care across the Nephrology and Renal Dialysis Service.
- 12. Investigate clinical incidents, SAIs, near misses and complaints in order to ensure corrective action is taken and subsequent learning is disseminated throughout the service.
- 13. Monitor and review clinical outcomes and patient satisfaction to ensure care complies with the agreed patient management pathways / protocols and that the expected individual patient care outcomes have been achieved to British Renal Association guidelines and standards.

Strategic Planning and Development

- 1. Work with the HOS in the production and of the development of the strategic plan for the Specialty, in line with regional strategies, Ministerial and HSCA priorities
- 2. Assess dialysis and nephrology trends and identify appropriate resources to meet demand.
- 3. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
- 4. Collaborate with colleagues at a regional and national level to develop strategies and planning of future dialysis pathways, training and standardised working and protocol development using shared "Emed" IT system.
- 5. Collaborate at a national level to provide cross border dialysis services and associated care within the CAWT initiative.
- 6. Represent SHSCT on regional and national Nephrology working groups i.e Regional Renal Nurses Practice Development Group and VASBI.

Financial and Resource Management

- 1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise.



2. Monitor and manage nursing staff budgets ensuring service delivery within the various renal services, in unit haemodialysis, HDU haemodialysis, Home therapies and
3. Nephrology outpatient service, including the use of overtime and bank staff as required to meet the demands of the service.
4. In conjunction with the Head of Service, critically assess workforce and skill mix and explore options to create new roles within financial constraints.
5. Ensure that nurse rostering meets service demands, is safe and is cost effective and adheres to Trust guidelines
6. In conjunction with the Head of Service monitor the use of agency nurses and bank nurses and ensure that the Trust policies aimed at reducing expenditure are implemented within the specialty.
7. Discuss and review job plans with Lead Consultant to meet the needs of the service
8. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise the delivery of effective dialysis and nephrology services within budget i.e. R/v of HD schedules, optimization of virtual clinics, optimization of resources to provide effective "one stop" clinic visits. Effective use of pharmaceutical budget including ESA and TPA.
9. Be responsible for staff skills development with effective and efficient deployment of same across the Nephrology and Dialysis service.
10. Be Responsible for the physical resources within the specialty, managing a designated budget with responsibility to sign off expenses for equipment, stock and non-stock via electronic processes in use across the Trust.
11. Actively support the Head of Service with the achievement of access, governance and finance targets and other relevant management and service initiatives.

#### ***Development and Innovation***

1. Assess dialysis and nephrology trends and identify appropriate resources to meet demand.
2. Work in collaboration with the directorate team to plan and develop/expand services for nephrology within the Southern Trust
3. Use forward thinking and planning to Identify and address training/skills deficits for future direction of service.



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- 4. Liaise closely with Head of service to develop training needs analysis and the annual post registration commissioning plan for the service.
- 5. Participate in clinical and professional networks across acute hospital sites both within and outside the Trust and influence future service developments regionally.
- 6. Think innovatively and challenge existing methods in the planning and provision of all renal services.
- 7. Work with the Planning department in assisting with writing of investment proposal templates for all investment requirements in Nephrology i.e. 1. Proposed extension to existent renal unit. 2 .Expansion of Renal Outpatients and Home Therapies Nursing services. 3. Dialysis provision in CAH

People Management

- 1. Provide clear and strategic leadership to staff and ensure the Nephrology and Dialysis Services has a highly skilled, flexible and motivated workforce to provide high quality patient care.
- 2. Develop a culture that is flexible and adaptive to change, where nurses feel valued and where opportunities are actively created for individuals to maximise their potential and excel in the provision of innovative clinical practice.
- 3. Ensure Nurse Practitioners, Specialist nurses and other staff members are supported in their decision-making and are responsible for leading and managing their areas of clinical responsibility.
- 4. Act as mentor/coach/expert practitioner to enhance the performance and capability of nurses through formal and informal interactions, provide constructive feedback to nurses and support and enable them to develop increased skills and ability
- 5. Promote the development and implementation of workforce modernisation initiatives within your clinical services supporting the HOS in gaining management/ commissioning support for these initiatives.
- 6. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required
- 7. Facilitate New Medical staff induction and training needs i.e. Establishment of Induction programme to incorporate roles and responsibilities and clinical skills competencies to ensure safe practice and aid professional development, in partnership with lead Consultant to manage and resolve any issues in staff performance
- 8. Facilitate all staff with the opportunity to gain expert advice in relation to the performance of clinical research within the specialty



**Corporate Management**

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Directorates objectives and decisions are effectively communicated within the specialty.
2. Provide lead role in development of Trust policy and strategies in respect of Renal Services
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the specialty is recognized as a facility of excellence.
4. Contribute to the Trust's overall corporate governance processes to ensure the specialty assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
5. Produce statistical information for Department for submission to Trust and DOH including PFA renal access and HD activity.

**Leadership**

1. Provide effective, accessible, approachable and visible professional leadership and operational support to Team Leaders within Nephrology ensuring clinical services develop in line with evidence based practice.
2. Ensure an effective and appropriate professional development programme for nursing staff with particular emphasis on succession planning
3. Act as a role model inspiring and empowering nurses to think creatively, challenge current practice and implement new ways of working i.e. continuing modification and redesign of the Therapy Monitor Interface and Emed records system software to meet the needs of patients and the Trust
4. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
5. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.



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**HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES**

The Trust supports and promotes a culture of collective leadership where those who have responsibility for managing other staff:

1. Establish and promote a supportive, fair and open culture that encourages and enables all parts of the team to have clearly aligned goals and objectives, to meet the required performance standards and to achieve continuous improvement in the services they deliver.
2. Ensure access to skills and personal development through appropriate training and support.
3. Promote a culture of openness and honesty to enable shared learning.
4. Encourage and empower others in their team to achieve their goals and reach their full potential through regular supportive conversation and shared decision making.
5. Adhere to and promote Trust policy and procedure in all staffing matters, participating as appropriate in a way which underpins Trust values.

**RAISING CONCERNS - RESPONSIBILITIES**

1. The post holder will promote and support effective team working, fostering a culture of openness and transparency.
2. The post holder will ensure that they take all concerns raised with them seriously and act in accordance with the Trust's 'Your Right to Raise a Concern (Whistleblowing)' policy and their professional code of conduct, where applicable.
3. The post holder will, in the event of a concern being raised with them, ensure that it is managed correctly under the Trust's 'Your Right to Raise a Concern (Whistleblowing)' policy and ensure feedback/learning is communicated at individual, team and organisational level.

**PERSONAL AND PUBLIC INVOLVEMENT RESPONSIBILITIES (PPI)**

- Promote and support the implementation of the Trust's PPI Strategy and ensure all staff are aware of their responsibilities as appropriate to their job role.



**GENERAL REQUIREMENTS**

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom



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he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.





	4. Have a university degree or equivalent and worked for at least 3 years in a senior role in a nephrology setting* OR Have worked for at least 5 years in a senior role in a nephrology setting*  5. Hold a post registration qualification in Renal Nursing, i.e. Specialist Practice qualification, Full Renal Course or ENB 136	
Other	6. Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. <i>This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</i>	Shortlisting by Application Form
SECTION 2: The following are <b>ESSENTIAL</b> criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	7. Have an ability to effectively manage a delegated budget to maximize utilisation of available resources  8. Have an ability to provide effective leadership.  9. Demonstrate evidence of highly effective planning and organisational skills  10. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.	Interview

*\*senior role – is defined as experience gained at Band 7 or above*

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at <http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>. Particular attention will be given to the following dimensions:



- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

*As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.*

*Successful applicants may be required to attend for a Health Assessment*

**THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER**



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**JOB DESCRIPTION**

<b>JOB TITLE</b>	Lead Nurse
<b>BAND</b>	8A
<b>DIRECTORATE</b>	Acute Services
<b>INITIAL LOCATION</b>	Daisy Hill Hospital
<b>REPORTS TO</b>	Head of Service Medicine
<b>ACCOUNTABLE TO</b>	Assistant Director

**JOB SUMMARY**

The Lead Nurse will be responsible to the Head of Service for the operational and professional nursing management and leadership within the Division. The Post holder is expected to function at a senior level providing visible, professional nursing leadership, support and direction to ensure safe patient centered care and will proactively manage, lead and provide solutions to resolve complex operational issues working with Ward Sisters/Charge Nurses, Patient Flow team & Heads of Service including the lead for nursing workforce, education, training and development and governance.

He / She will be responsible for ensuring the standards of nursing practice throughout all relevant specialities are at the required professional standard ensuring that safe, high quality clinical services are delivered and will lead on programmes of improvement related to implementing and sustaining Regional Nursing Quality Indicators (NQIs).

As the Lead Nurse you will work with the entire Multi- disciplinary team (MDT) to optimize patient experience and outcomes of care through service and workforce efficiency, productivity and effectiveness. The Post holder will be expected to contribute to strategic direction and policy setting for the nursing within their Division.

**KEY DUTIES/RESPONSIBILITIES****Service Delivery**

1. Assure the highest standards of clinical care by the provision of management & leadership for nursing staff, patients, relatives, carers and visitors.
2. Lead and develop excellent patient care through continuous review of evidence based clinical standards, policies & standard operating procedures.
3. Create a strong patient focused team, embedding the regional patient/client experience standards (Respect, Attitude, Behaviour Communication, Privacy and Dignity), that challenges organisational and professional barriers and boundaries.
4. Develop a culture that is flexible and positive to change, where staff feel valued and where opportunities are actively created for individuals to maximise their potential and excel.
5. Promote a learning environment for staff, ensuring that the education, training and developmental needs of staff are reflected in the annual Education Commissioning, appraisal and PDP processes.
6. Promote a culture, which is underpinned by honest, open communication and team working across disciplines
7. Participate in clinical and professional networks across acute hospital sites within the Trust.
8. Contribute to the development and implementation of the nursing strategy as agreed by the Executive Director of Nursing.
9. Lead the effective implementation and ongoing monitoring of regional quality and operational initiatives
10. Provide advice, guidance, support and professional leadership to Ward/Department Sisters/Charge Nurses, Nurses, Specialist Nurses, the Patient Flow Team and Support Workers, demonstrating a responsible attitude in order to promote confidence in the service.
11. Ensure close collaborative working with the patient flow team to deliver on the regional performance standards for unscheduled and elective care

12. Responsible for the monitoring of clinical standards including observations of care provision e.g. all NQI's thus providing an assurance to senior management.
13. Support the effective implementation of environmental cleanliness standards. Ensure staff have a clear understanding of the care and environmental standards they are expected to be maintained, taking prompt action to rectify any non-compliance.
14. Support the process for monitoring patient experience and assist to implement actions in the light of patient feedback, thus achieving a high level of patient satisfaction.
15. Act as mentor/coach to enhance the performance and capability of staff through formal and informal interactions, provide constructive feedback to staff, supporting them to develop enhanced skills and ability.
16. Ensure that all decontamination requirements are met and adhered to in all Trust services under your span of control.
17. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services

#### Quality/Governance

1. Take personal responsibility for individual professional growth, development & revalidation. Maintaining clinical competence and credibility within nursing practice
2. Support the Head of Service in the effective and efficient management of clinical services.
3. Work to foster and develop an environment where nurses are valued and in adherence with the NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics. Ensure effective record keeping and documentation in line with NMC Guidelines.
4. Ensure systems are in place that ensures that staff keep up to date with current developments regarding patient care.
5. Ensure staff maintain confidentiality at all times, including the storage of

records and the transfer of verbal and written information.

6. Ensure effective communication systems are in place to support programmes of care and, or care pathways.
7. Assist the Head of Service in the effective implementation of ;
  - (I) robust induction and development review/ appraisal programmes
  - (II) clinical supervision framework
  - (III) preceptorship programmes for newly appointed nursing staff.
8. Establish and maintain clear systems and processes for accountability for staff.
9. Monitor and support the use of appropriate clinical governance policies, guidelines, and protocols for staff, reviewing and monitoring compliance, specifically to support the Trust's policy and procedures for dealing with complaints, clinical incidents and serious adverse incidents
10. Assist the Head of Service with co-ordinating the response to complaints prior to submission through line management structures.
11. Review nursing issues arising from complaints about services provided ensuring that appropriate action is taken; lessons are learnt and reflected in practice.
12. Work with the infection control team and clinical colleagues, monitor infection control rates and take forward those actions and changes necessary to prevent and minimise hospital acquired infections
13. Ensure systems are in place for the procurement, safe use. Storage, maintenance, decontamination and disposal of medical devices and other equipment.
14. Support the Head of Service to ensure that the service complies with the requisite controls assurance standards with particular reference to decontamination, medicines management, environmental cleanliness, infection control and management of medical devices.
15. Ensure control robust systems are in place to assure the Executive Director of Nursing that all nurses have current registration with NMC
16. Ensure that all recommendations arising from RQIA inspections are acted upon and implemented in a timely manner.

**Leadership & Setting Direction**

Provide highly accessible, approachable and visible professional nursing leadership and operational management support to Ward Sisters/Charge Nurses, ensuring clinical services develop in line with evidence based practice.

1. Act as a role model inspiring and empowering nurses to implement new ways of working
2. Ensure efficient and appropriate professional development and succession planning are in place for nursing staff.
3. Support the Head of Service in the development of the directorate policies and to contribute to the development of Trust policies where appropriate.
4. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
5. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.
6. Assist the Head of Service with service development proposals and business cases as related to nursing.
7. Deputise for the Head of Service

**Development and Innovation**

1. Promote and facilitate the implementation of the Trusts Personal Performance and Development Review.
2. Support the management structures and practices to ensure a culture of effective team working, continuous improvement and innovation
3. Lead the annual training needs analysis for nurses in all relevant Specialities.
4. Participate in the recruitment and appointment of staff in accordance with Trust policy.
5. Actively promote new ways of working and models of service delivery to

improve services for patients.

In conjunction with the Head of Service, promote innovation and change to underpin the modernisation of services with a view to re-profiling across the Trust where necessary

#### **Strategic Planning and Development**

1. Support the Service with the development of the strategic plan for the delivery of facilities within the Acute Services Directorate on behalf of Director of Acute Services, in line with regional strategies, Ministerial and HSCA priorities.
2. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
3. Work with members of relevant teams on the innovative development of new and existing services.
4. Challenge the status quo in the planning and delivery of all relevant clinical services.

#### **Financial and Resource Management**

1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise
2. In conjunction with the Head of Service critically assess workforce, skill mix and explore options to create new roles within financial constraints.
3. In conjunction with the Head of Service monitor the use of bank and agency staff and ensure that the Trust policies for bank and agency use are implemented
4. Assist the Head of Service to ensure systems are in place for procurement, maintenance and replacement of all medical devices
5. Assist in the management of services and budget and ensure financial targets are met.
6. Assist with identification of cash releasing schemes and meet financial savings as outlined by Director of Acute Services.

**People Management**

1. Provide clear and strategic leadership to staff and ensure a highly skilled, flexible and motivated workforce to provide high quality patient care.
2. Support the Head of Service in the development and implementation of workforce modernisation initiatives within clinical services.
3. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required.
4. Encourage a culture that allows staff to maximise their potential, ensuring that they are able to contribute to the Trust Corporate strategy.
5. Ensure full engagement of all professional staff working in areas of responsibility.
6. Ensure staff are led and managed within agreed Policies and procedures.
7. Manage staff performance and action accordingly.
8. Ensure the Trust's sickness absence policy is implemented within the services and establish an effective mechanism for regularly monitoring levels of sickness and absence, taking corrective action where necessary.

**HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES**

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organizational plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.

5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

#### **Corporate Management**

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Acute Services Directorate objectives and decisions are effectively communicated.
2. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Directorate effectively discharges its functions.
3. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

#### **GENERAL REQUIREMENTS**

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients,

corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



PERSONNEL SPECIFICATION

JOB TITLE	Lead Nurse Medicine and Scheduled Care
DIRECTORATE	Acute
BAND	8a
HOURS	37.5 per week

Ref No:

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below:

**The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;**

1. Applicants must provide evidence by the closing date for application that they are employed in a Health & Social Care Organisation, Northern Ireland.
2. Currently a Registered Nurse Level 1, (Adult) on the Live NMC Register.
3. Hold a university degree or equivalent and worked for at least 2 years in a Senior role<sup>1</sup>

**OR**  
Have worked for at least 5 years in a senior role<sup>1</sup>

**AND**

4. Have a minimum of 2 years' experience in staff management
5. Have a minimum of 1 years' experience in a lead role delivering objectives Which have led to a significant<sup>2</sup> Improvement in Service.
6. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change in initiative.
7. Hold a full current license valid for use in the UK and have access to a car On appointment<sup>3</sup>.

***The following are essential criteria which will be measured during the interview stage.***

8. Have an ability to effectively manage a delegated budget to maximize utilisation of available resources.
9. Have an ability to provide effective leadership.
10. Demonstrate evidence of highly effective planning and organisational skills
11. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.
12. Demonstrate a commitment to the provision of high quality and safe Services with an ability to drive a culture of continuous improvement.

<sup>1</sup> "senior role" is defined as experience gained at Band 7 or above

<sup>2</sup> Significant' is defined as contributing directly to key Directorate objectives

<sup>3</sup> This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

**SHORTLISTING**

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at [nhsleadershipqualities.nhs.uk](https://nhsleadershipqualities.nhs.uk).

Particular attention will be given to the following:

- Self Belief
- Self Management
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

*As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.*

**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**

**Successful applicants may be required to attend a Health Assessment**

**All staff are required to comply with the Trust Smoke Free Policy**

2022 . 25 . 05  
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**JOB DESCRIPTION**

<b>JOB TITLE</b>	Lead Nurse Medicine
<b>BAND</b>	8A
<b>DIRECTORATE</b>	Acute Services
<b>INITIAL LOCATION</b>	Craigavon Area Hospital
<b>REPORTS TO</b>	Head of Service
<b>ACCOUNTABLE TO</b>	Assistant Director

**JOB SUMMARY**

The Lead Nurse will be responsible to the Head of Service for the operational and professional nursing management and leadership within the Division. The Post holder is expected to function at a senior level providing visible, professional nursing leadership, support and direction to ensure safe patient centered care and will proactively manage, lead and provide solutions to resolve complex operational issues working with Ward Sisters/Charge Nurses, Patient Flow team & Heads of Service including the lead for nursing workforce, education, training and development and governance.

He / She will be responsible for ensuring the standards of nursing practice throughout all relevant specialities are at the required professional standard ensuring that safe, high quality clinical services are delivered and will lead on programmes of improvement related to implementing and sustaining Regional Nursing Quality Indicators (NQIs).

As the Lead Nurse you will work with the entire Multi- disciplinary team (MDT) to optimize patient experience and outcomes of care through service and workforce efficiency, productivity and effectiveness. The Post holder will be expected to contribute to strategic direction and policy setting for the nursing within their Division.

**KEY DUTIES/RESPONSIBILITIES**

**Service Delivery**

1. Assure the highest standards of clinical care by the provision of management & leadership for nursing staff, patients, relatives, carers and visitors.
2. Lead and develop excellent patient care through continuous review of evidence based clinical standards, policies & standard operating procedures.
3. Create a strong patient focused team, embedding the regional patient/client experience standards (Respect, Attitude, Behaviour Communication, Privacy and Dignity), that challenges organisational and professional barriers and boundaries.
4. Develop a culture that is flexible and positive to change, where staff feel valued and where opportunities are actively created for individuals to maximise their potential and excel.
5. Promote a learning environment for staff, ensuring that the education, training and developmental needs of staff are reflected in the annual Education Commissioning, appraisal and PDP processes.
6. Promote a culture, which is underpinned by honest, open communication and team working across disciplines
7. Participate in clinical and professional networks across acute hospital sites within the Trust.
8. Contribute to the development and implementation of the nursing strategy as agreed by the Executive Director of Nursing.
9. Lead the effective implementation and ongoing monitoring of regional quality and operational initiatives
10. Provide advice, guidance, support and professional leadership to Ward/Department Sisters/Charge Nurses, Nurses, Specialist Nurses, the Patient Flow Team and Support Workers, demonstrating a responsible attitude in order to promote confidence in the service.
11. Ensure close collaborative working with the patient flow team to deliver on the regional performance standards for unscheduled and elective care

12. Responsible for the monitoring of clinical standards including observations of care provision e.g. all NQI's thus providing an assurance to senior management.
13. Support the effective implementation of environmental cleanliness standards. Ensure staff have a clear understanding of the care and environmental standards they are expected to be maintained, taking prompt action to rectify any non-compliance.
14. Support the process for monitoring patient experience and assist to implement actions in the light of patient feedback, thus achieving a high level of patient satisfaction.
15. Act as mentor/coach to enhance the performance and capability of staff through formal and informal interactions, provide constructive feedback to staff, supporting them to develop enhanced skills and ability.
16. Ensure that all decontamination requirements are met and adhered to in all Trust services under your span of control.
17. Develop appropriate mechanisms for accessing the views and facilitating the involvement of service users and carers in the development and delivery of services

#### Quality/Governance

1. Take personal responsibility for individual professional growth, development & revalidation. Maintaining clinical competence and credibility within nursing practice
2. Support the Head of Service in the effective and efficient management of clinical services.
3. Work to foster and develop an environment where nurses are valued and in adherence with the NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics. Ensure effective record keeping and documentation in line with NMC Guidelines.
4. Ensure systems are in place that ensures that staff keep up to date with current developments regarding patient care.
5. Ensure staff maintain confidentiality at all times, including the storage of

records and the transfer of verbal and written information.

6. Ensure effective communication systems are in place to support programmes of care and, or care pathways.
7. Assist the Head of Service in the effective implementation of ;
  - (I) robust induction and development review/ appraisal programmes
  - (II) clinical supervision framework
  - (III) preceptorship programmes for newly appointed nursing staff.
8. Establish and maintain clear systems and processes for accountability for staff.
9. Monitor and support the use of appropriate clinical governance policies, guidelines, and protocols for staff, reviewing and monitoring compliance, specifically to support the Trust's policy and procedures for dealing with complaints, clinical incidents and serious adverse incidents
10. Assist the Head of Service with co-ordinating the response to complaints prior to submission through line management structures.
11. Review nursing issues arising from complaints about services provided ensuring that appropriate action is taken; lessons are learnt and reflected in practice.
12. Work with the infection control team and clinical colleagues, monitor infection control rates and take forward those actions and changes necessary to prevent and minimise hospital acquired infections
13. Ensure systems are in place for the procurement, safe use. Storage, maintenance, decontamination and disposal of medical devices and other equipment.
14. Support the Head of Service to ensure that the service complies with the requisite controls assurance standards with particular reference to decontamination, medicines management, environmental cleanliness, infection control and management of medical devices.
15. Ensure control robust systems are in place to assure the Executive Director of Nursing that all nurses have current registration with NMC
16. Ensure that all recommendations arising from RQIA inspections are acted upon and implemented in a timely manner.

**Leadership & Setting Direction**

Provide highly accessible, approachable and visible professional nursing leadership and operational management support to Ward Sisters/Charge Nurses, ensuring clinical services develop in line with evidence based practice.

1. Act as a role model inspiring and empowering nurses to implement new ways of working
2. Ensure efficient and appropriate professional development and succession planning are in place for nursing staff.
3. Support the Head of Service in the development of the directorate policies and to contribute to the development of Trust policies where appropriate.
4. Support the Head of Service in the review, development, implementation and delivery of services, ensuring integration with corporate and service group strategies and service delivery priorities.
5. Support the Head of Service in the development of strategic and operational plans for the delivery of services, in line with regional strategies, Ministerial and HSSA priorities.
6. Assist the Head of Service with service development proposals and business cases as related to nursing.
7. Deputise for the Head of Service

**Development and Innovation**

1. Promote and facilitate the implementation of the Trusts Personal Performance and Development Review.
2. Support the management structures and practices to ensure a culture of effective team working, continuous improvement and innovation
3. Lead the annual training needs analysis for nurses in all relevant Specialities.
4. Participate in the recruitment and appointment of staff in accordance with Trust policy.
5. Actively promote new ways of working and models of service delivery to

improve services for patients.

In conjunction with the Head of Service, promote innovation and change to underpin the modernisation of services with a view to re-profiling across the Trust where necessary

#### **Strategic Planning and Development**

1. Support the Service with the development of the strategic plan for the delivery of facilities within the Acute Services Directorate on behalf of Director of Acute Services, in line with regional strategies, Ministerial and HSCA priorities.
2. Contribute to the strategic direction of the Trust and to the achievement of corporate objectives as appropriate.
3. Work with members of relevant teams on the innovative development of new and existing services.
4. Challenge the status quo in the planning and delivery of all relevant clinical services.

#### **Financial and Resource Management**

1. Deliver all services within remit of responsibility within financial balance and identify to the Head of Service where conflicts arise
2. In conjunction with the Head of Service critically assess workforce, skill mix and explore options to create new roles within financial constraints.
3. In conjunction with the Head of Service monitor the use of bank and agency staff and ensure that the Trust policies for bank and agency use are implemented
4. Assist the Head of Service to ensure systems are in place for procurement, maintenance and replacement of all medical devices
5. Assist in the management of services and budget and ensure financial targets are met.
6. Assist with identification of cash releasing schemes and meet financial savings as outlined by Director of Acute Services.

**People Management**

1. Provide clear and strategic leadership to staff and ensure a highly skilled, flexible and motivated workforce to provide high quality patient care.
2. Support the Head of Service in the development and implementation of workforce modernisation initiatives within clinical services.
3. Ensure compliance with employment legislation, HSS directives and Trust standing orders, policies, procedures and regulations by introducing appropriate systems when required.
4. Encourage a culture that allows staff to maximise their potential, ensuring that they are able to contribute to the Trust Corporate strategy.
5. Ensure full engagement of all professional staff working in areas of responsibility.
6. Ensure staff are led and managed within agreed Policies and procedures.
7. Manage staff performance and action accordingly.
8. Ensure the Trust's sickness absence policy is implemented within the services and establish an effective mechanism for regularly monitoring levels of sickness and absence, taking corrective action where necessary.

**HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES**

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organizational plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.
5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.

6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

#### **Corporate Management**

1. Contribute to the Trust's corporate planning, policy and decision making processes and ensure the Acute Services Directorate objectives and decisions are effectively communicated.
2. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Directorate effectively discharges its functions.
3. Contribute to the Trust's overall corporate governance processes to ensure the development of an integrated governance framework for the Trust that assures safe and effective care for patients and clients and complies with public sector values, codes of conduct, operations and accountability.
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

#### **GENERAL REQUIREMENTS**

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour
4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of

Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximize his/her potential and continue to meet the demands of the post.
6. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Individual works. Other duties of a similar nature and appropriate to the Band may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.



## PERSONNEL SPECIFICATION

**JOB TITLE** Lead Nurse - Medicine

**DIRECTORATE**      **Acute**

BAND 8a

**HOURS** 37.5per week

Ref No:

04/04/19

**Notes to applicants:**

1. You must clearly demonstrate on your application form how you meet the required criteria - failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made - if you are unable to provide this, the offer may be withdrawn.

**ESSENTIAL CRITERIA** – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

*The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;*

1. Applicants must provide evidence by the closing date for application that they are employed in a Health & Social Care Organisation, Northern Ireland.
2. Currently a Registered Nurse Level 1, (Adult) on the Live NMC Register.
3. Hold a university degree or equivalent and worked for at least 2 years in a Senior role<sup>1</sup>

OR

Have worked for at least 5 years in a senior role<sup>1</sup> in ED and/or Acute Medicine

AND

4. Have a minimum of 2 years' experience in staff management
5. Have a minimum of 1 years' experience in a lead role delivering objectives Which have led to a significant<sup>2</sup> Improvement in Service.
6. Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role which has contributed to the successful implementation of a significant change in initiative.
7. Hold a full current license valid for use in the UK and have access to a car On appointment<sup>3</sup>.

*The following are essential criteria which will be measured during the interview stage.*

8. Have an ability to effectively manage a delegated budget to maximize utilisation of available resources.
9. Have an ability to provide effective leadership.
10. Demonstrate evidence of highly effective planning and organisational skills
11. Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement.
12. Demonstrate a commitment to the provision of high quality and safe Services with an ability to drive a culture of continuous improvement.

<sup>1</sup> "senior role" is defined as experience gained at Band 7 or above

<sup>2</sup> Significant' is defined as contributing directly to key Directorate objectives

<sup>3</sup> This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

#### **SHORTLISTING**

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all

applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework, details of which can be accessed at [nhsleadershipqualities.nhs.uk](https://nhsleadershipqualities.nhs.uk).

Particular attention will be given to the following:

- Self Belief
- Self Management
- Drive for results
- Leading change through people
- Holding to account
- Effective and Strategic Influencing
- Collaborative working

*As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.*

**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**

**Successful applicants may be required to attend a Health Assessment**

**All staff are required to comply with the Trust Smoke Free Policy**

2022.06.10

Q6.65A

Head of Service  
Band 8b  
Cardiology, Respiratory, Renal  
Medicine and Medical Wards Daisy Hill  
Hospital





Quality Care - for you, with you

**JOB DESCRIPTION**

JOB TITLE	Head Of Service Cardiology, Respiratory, Renal Medicine and Medical Wards Daisy Hill Hospital
BAND	8b
DIRECTORATE	Acute Services
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Assistant Director of Acute Services
ACCOUNTABLE TO	Director of Acute Services

**JOB SUMMARY**

The Head of Service is accountable to the Assistant Director for Acute Services in Medicine for the leadership and direction of staff within the relevant specialities.

Areas of responsibilities will include:

- Ward 1 North, 2 North, Cath Lab, Craigavon Area Hospital
- Ward Female Medical, Male Medical, CCU Daisy Hill Hospital

The post holder has overall responsibility for the operational management of the services, to ensure that programmes are identified and managed to improve the service provided to patients through improved performance, improved quality and an improved patient experience.

The post holder will be responsible for budget and for delivering financial balance within their area of responsibility and the management of cost improvement programmes to support the achievement of balanced budget. The post holder will also be responsible for identifying and implementing service improvement initiatives within their area of responsibility.

The post holder will ensure that staff are fully engaged in the process of change management and in particular, that clinicians and multi-disciplinary professionals are fully involved at the forefront of service improvement initiatives.



The post holder will provide managerial leadership for the staff within the relevant speciality(s) in order to support the delivery of high quality clinical services for patients.

The post holder will work in collaboration with Clinical Directors/Lead Clinician(s) to develop a team approach to the clinical services for which they are accountable.

The post holder will work in collaboration with other Head of Services to ensure a consistent management approach across sites for efficient management of safe, high quality, Unscheduled and Elective Services to ensure delivery of all access standards.

### **KEY DUTIES / RESPONSIBILITIES**

#### **Service Delivery**

1. Provide leadership and direction to staff so that agreed objectives and policies set are achieved.
2. Be accountable for the effective and efficient operation of clinical services.
3. Ensure that management is provided with advice and information required to formulate policies, decide priorities, set and achieve objectives and monitor progress in collaboration with the Clinical Directors/Lead Clinician(s).
4. Review service provisions defining priorities and objectives in order to maintain and further develop the services.
5. Undertake mapping of existing strategy services and policies and outline appropriate action plans for improvement in collaboration with the Clinical Directors/Lead Clinician(s).
6. Lead service change working with key stakeholders to redesign plan and deliver improvements to patient care pathways in collaboration with the Lead Clinician(s).
7. Empower and engage all staff and ensure involvement at all levels to achieve new ways of working and implement alternative models of service delivery.
8. Responsible for management of all staff including medical staff, ensuring good systems are in place for annual leave, sick leave and appropriate plans in place for replacing staff including short notice absences.
9. In line with regional guidance review access and waiting times, agree key target priorities and ensure targets are met both locally and regionally.
10. Be responsible for the development, implementation and ownership of effective information and communication systems and co-ordinate working practices between staff within the clinical service(s)
11. Contribute to the continuing success of the Acute Services Directorate, assisting in the delivery of the Corporate agenda by way of specific objectives, projects and initiatives.



12. Work in collaboration with key stakeholders to enhance and improve services.
13. Respond to patient complaints, learn lessons and implement improvements as a result of such complaints
14. Monitor and regularly review the flow of patients and staffing levels/mix to improve productivity and efficiency. Lead the implementation of necessary actions to develop, implement and maintain a flow system which "pulls" patients through

### Quality

1. Ensure that the needs of the patients and their carers are at the core of the way services are delivered.
2. Ensure that practice and service developments are underpinned by the most up to date evidence based research.
3. Work in partnership with the Clinical Directors/Lead Clinician(s). to ensure that services comply with all professional regulatory and requisite standards and the discharge of statutory functions.
4. Work in partnership with the Clinical Directors/Lead Clinician(s) and working with the full range of staff groups, lead innovation and change to underpin the modernisation of services.
5. Establish and maintain clear systems and processes for accountability and performance management.
6. Monitor and support the use of clinical guidelines and protocols for staff within the Division.
7. Ensure public involvement of users and carers in the planning of services within the Division.
8. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Clinical Directors/Lead Clinician(s).
9. Work in partnership with the Clinical Directors/Lead Clinician(s) to ensure robust clinical governance and risk management systems are in place within the Division ensuring corrective action plans are developed and implemented.
10. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.
11. Ensure public involvement of users and carers in the planning of services within the Division.



12. Actively seek and encourage feedback from users to enable continuous improvement plan for implementation with the support of the Clinical Directors/Lead Clinician(s).
13. Work in partnership with the Clinical Directors/Lead Clinician(s) to ensure robust clinical governance and risk management systems are in place within the Division ensuring corrective action plans are developed and implemented.
14. Work in partnership with the Trust Governance management to support the quality and clinical & social care governance agenda.

#### **Strategic Planning and Development**

1. Support to Assistant Director, Medicine & Unscheduled Care with the development of the strategic plan for the delivery of services in the Medicine Division in line with regional, Ministerial and HSC priorities.
2. Assist with corporate initiatives aimed at cost effectiveness and improving patient flow

#### **Financial and Resource Management**

1. Manage the service budgets and ensure the meeting of all financial targets
2. Develop and promote staff understanding of the financial requirements in order to ensure opportunity to maximise income generation potential in the delivery of services
3. With the support of the Lead Clinician(s) to review demand and capacity within Acute Medicine & Unscheduled Care utilising the Real Capacity Model and implement a programme of service changes to improve the matching of demand, capacity and target performance.
4. Ensure the effective deployment of staff and skills to ensure all standards and targets are achieved to maximise staff performance and retention through training and development and modern employment practices.
5. Ensure the effective use of equipment and facilities within Acute Medicine & Unscheduled Care to optimise patient care and service delivery.
3. Lead on all relevant capital investment and service development proposals, liaising with multi-disciplinary colleagues as and when required.

#### **People Management**



1. Provide clear leadership to Acute Medicine & Unscheduled Care staff and ensure that highly skilled and motivated staff support the Division where/when requested.
2. Lead the development and implementation of workforce reform and modernisation initiatives within Acute Medicine & Unscheduled Care as and when required.
3. Ensure compliance with employment legislation, HPSS directions and Trust standard orders, policies, procedures and regulations by introducing appropriate systems, management and control processes within Acute Medicine & Unscheduled Care.

#### **Corporate Management**

1. Assist with the Trust's corporate planning by supporting the Assistant Director, Medicine & Unscheduled Care.
2. Develop and maintain working relationships with other Manager colleagues and ensure achievement of objectives and the effective functioning of all relevant services.
3. Establish collaborative relationships and networks with external stakeholders in the public, private and voluntary sectors to ensure the Division effectively discharges its functions
4. Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers

#### **Leadership**

1. Lead the operational management within Acute Medicine and Unscheduled Care, ensuring priorities meet objectives
2. Provide leadership to staff within Acute Medicine and Unscheduled Care to ensure the delivery of safe, effective patient care and to enable effective sharing of knowledge, ideas and skills through the development of a culture of continuous improvement
3. Ensure all policies are operationalised appropriately and proportionately.
4. Promote positive working relationships within all relevant specialties and be empathetic to the implications of service developments or changes for other parts of the Acute Hospital services.
5. Ensure strong professional leadership across the Division.
6. Ensure the development of robust mechanisms for consistent communication with Acute Medicine and Unscheduled Care staff to enable them to influence the health agenda



7. Establish, implement and maintain standards of practice within all relevant specialties consistent with the standards of the relevant professional bodies.

#### **Monitoring and Reviewing Performance**

1. Responsible for developing robust performance indicators within Acute Medicine and Unscheduled Care translating regional indicators/targets into specialty targets, ensuring monitoring control and remedial action systems are in place.
2. Responsible for the performance against the plan for Acute Medicine and Unscheduled Care, ensuring financial balance is achieved.
3. Manage inpatient and day case and outpatients access targets and ensure the required level of performance is achieved and that safe care is delivered at all times.
4. Lead on activities to review the effective use of resources and facilities within all relevant specialties and improvements that may be made in the achievement of the Acute Medicine and Unscheduled Care strategy or objectives
5. Ensure the Acute Medicine and Unscheduled Care plans are in place to monitor achievement against corporate objectives, e.g.: Junior Doctor compliance, waiting time targets for access and governance etc. Assess level of risk to delivery of required performance and address all relevant issues by expedient management action.
6. Ensure adherence across Acute Medicine and Unscheduled Care to all Trust policies and procedures and contribute to their formulation as appropriate.
7. Ensure that robust performance arrangements are development and implemented within Acute Medicine and Unscheduled Care.

#### **HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES**

1. Review individually, at least annually, the performance of immediately subordinate staff, provides guidance on personal development requirements and advises on and initiates, where appropriate, further training.
2. Maintain staff relationships and morale amongst the staff reporting to him/her.
3. Review the organisation plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives, and recommend change where appropriate.
4. Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making, while retaining overall responsibility and accountability for results.



5. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
6. Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

#### **GENERAL MANAGEMENT RESPONSIBILITIES**

1. The post holder will, in the event of a concern being raised with them, ensure that feedback/learning is communicated at individual, team and organisational level (as per HSC Trust policy) regarding concerns and how they were resolved.
2. To work proactively with the Trust's Emergency planner and other internal and external stakeholders to develop appropriate emergency response and business continuity plans to ensure the service can maintain a state of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption.

#### **PERSONAL AND PUBLIC INVOLVEMENT RESPONSIBILITIES (PPI)**

Lead on and be responsible for the co-ordination of the Trust's PPI Strategy within the Division or other sphere of responsibility. This will include supporting active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.

#### **GENERAL REQUIREMENTS**

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
  - Smoke Free policy
  - IT Security Policy and Code of Conduct
  - standards of attendance, appearance and behaviour



4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.
7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

*June 2022*



PERSONNEL SPECIFICATION

JOB TITLE AND BAND	Head of Service Cardiology, Respiratory, Renal Medicine and Medical Wards Daisy Hill Hospital Band 8b
DEPARTMENT / DIRECTORATE	Acute
HOURS	37.5

Ref No: <to be inserted by HR>

June 2022

- Notes to applicants:
- You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
  - Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.*
  - Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA		
<b>SECTION 1:</b> The following are <b>ESSENTIAL</b> criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.		
Factor	Criteria	Method of Assessment
Qualifications/ Registration/Experience	1. Hold a relevant <sup>1</sup> , University Degree or recognised Professional Qualification or equivalent qualification AND 2 years' experience in a Senior Role <sup>2</sup>  OR  Have at least 5 years' experience in a Senior Role <sup>3</sup>  2. Have a minimum of 1 years'	Shortlisting by Application Form



	<p>experience in a lead role delivering objectives which have led to a significant<sup>3</sup> Improvement in Service.</p> <p>3 Have a minimum of 1 years' experience working with a diverse range of internal and external stakeholders in a role that has contributed to the successful implementation of a significant<sup>4</sup> change in initiative.</p> <p>4 Have a minimum of 2 years' experience in staff management</p>	
Other	<p>5 Hold a current full driving licence, which is valid for use in the UK, and have access to a car on appointment. <i>These criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the Trust which will permit them to carry out the duties of the post.</i></p>	Shortlisting by Application Form
<b>SECTION 2:</b> The following are <b>ESSENTIAL</b> criteria which will be measured during the interview/ selection stage:		
<b>Skills / Abilities</b>	<p>6 Have an ability to effectively manage a delegated budget to maximize utilization of available resources</p> <p>6 Have an ability to provide effective leadership.</p> <p>7 Demonstrate evidence of highly effective planning and organizational skills</p> <p>8 Demonstrate a commitment to the provision of high quality and safe services with an ability to drive a culture of continuous improvement</p>	Interview / Test

'Significant' is defined as contributing directly to key Directorate objectives



<sup>4</sup> This criterion will be waived in the case of a suitable applicant who has a disability which prohibits from driving but who is able to organize suitable alternative arrangements in order to meet the requirements of the post in full.

<sup>1</sup> This will be defined as one of the following organisations in Northern Ireland - The Regional HSC Board; The Regional Agency for Public Health & Social Well being; the Regional Business Services Organisation; HSC Trusts, Special Agencies, the Patient Client Council, the RQIA, the NI Practice & Education Council and the NI Social Care Council

<sup>5</sup> 'relevant qualification' will be defined as any business, administrative, corporate function or health related qualification

<sup>6</sup> 'Senior Role' is defined as Band 7 or equivalent or above

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at <http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>. Particular attention will be given to the following dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

**If this post is being sought on secondment then the individual MUST have the permission of their line manager IN ADVANCE of making application.**

*As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.*

*Successful applicants may be required to attend for a Health Assessment*

**THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER**



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