



Urology Services Inquiry

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

Anita Carroll
Assistant Director for Support Services and Service Improvement
Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

28 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 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 15 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:

Anita Carroll
Assistant Director for Support Services and Service Improvement
Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

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

WITNESS STATEMENT TO BE PRODUCED

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

APPLICATION TO VARY OR REVOKE THE NOTICE

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

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

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

Dated this day 28th April 2022

Signed:

Personal Information redacted by USI

Christine Smith QC

Chair of Urology Services Inquiry



SCHEDULE
[No 15 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:** Section 21 Notice No. 15 of 2021**Date of Notice:** 28th April 2022

Note: An Addendum amending this Section 21 Statement can be found at WIT-96828 to WIT-96843. Annotated by the Urology Services Inquiry.

Witness Statement of: Anita Carroll, Assistant Director Functional Support Services

I, Anita Carroll, will say as follows:-

Question 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.

1.1 From 2007, my role in the SHSCT has been Assistant Director Functional Support Services (AD FSS). This is a non-clinical role with responsibility for a wide range of support services including administrative staff working within the Acute Services Directorate. As a support service, we are there to support clinical colleagues and act on any instructions from the Speciality area.

1.2 I have laid out my role and responsibilities in my response at Q5.1 to Q5.9. I have added detail regarding how my role changed over time, in particular, taking on responsibility for the Referral and Booking Centre and Health Records from 2009 and responsibility for Secretarial Services from 2013 in my responses at Q6.1 to Q6.12 where



Urology Services Inquiry

I have elaborated on my portfolio and described in more detail the services which I manage.

1.3 At Q7.1 to Q7.21 I have concentrated on those services that interface with the clinical services. I have provided more detail in particular on the Referral and Booking Centre, Health Records and Secretarial Services which fall under my span of control. Also, for the purposes of clarity, I have explained some administrative functions that do not sit within my management area at Q5.4.

1.4 I have set out at Q8.8 and Q8.9 the initial 2 key issues that were escalated to the Urology Specialty by my team and by myself, those issues being unavailability of charts - taking patient charts home (off site) and late(delayed)/non-return of triage. Both of these issues were escalated to Heather Trouton AD SEC (Assistant Director Surgery and Elective Care) and to Martina Corrigan HOS (Head of Service) Urology and to Deborah Burns DAS. In addition, Mr Michael Young Clinical lead for Urology and Mr Eamon Mackle AMD were aware of these issues. I have described the level of escalation at Q8.1 to Q8.9.

1.5 I have advised at Q24.7 to Q24.10 that another issue was raised in relation to Mr O'Brien – undictated clinics - i.e. the non-dictation of clinics, and I have described the escalation and follow-up action taken including escalation to Ronan Carroll AD SEC and Martina Corrigan HOS Urology.

1.6 I have never been involved in any Urology Speciality meetings and I never met with any of the Urology Consultants. I was interviewed by Dr Neta Chada as part of an investigation under the Maintaining High Professional Standards Framework on 19 May 2017 as referred to at Q31.4, Q31.5 and Q55.1

1.7 I was aware of decisions taken by others to address the 3 issues which I have raised above - please see responses at Q8.9, Q32.5 and Q48 (d).

Question 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.

2.1 All documentation within my custody and control has been supplied to the SHSCT Public Inquiry Team.

Question 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.

3.1 I have answered all the questions in this Notice.

Question 4

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

4.1 Qualifications I hold include:

- a) BSc Economics and Accounting 1983
- b) Post Graduate Diploma in Financial Accounting 1984

c) MSc Inter-professional Health & Social Studies 2011

4.2 My employment history before commencing employment in the Southern Health & Social Care Trust (SHSCT) is as follows:

Name of Employer	Period of Employment	Position held
Atkinson & Boyd Chartered Accountants	1/10/1984 – 20/04/1986	Trainee Accountant
Newry & Mourne Unit of Management	21/04/1986 – 30/09/1989	Principal Administrative Assistant Financial Accounting
Southern Health & Social Care Board	01/10/1989 – 28/02/1991	Head of Management Accounts
Newry & Mourne HSS Trust	01/03/1991 – 31/10/2002	Assistant Director of Finance
Newry & Mourne HSS Trust	01/11/2002 – May 2007	Director of Administrative & Support Services

Question 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.

5.1 Within the SHSCT, the only substantive post I have held is AD FSS. I was appointed to this post following the Review of Public Administration and took up post in May 2007 and I still hold this post at present.

5.2 My job description was not really an accurate description of the entirety of my role and contained some errors from the beginning, for example, I have never had

responsibility for the mortuary. Other services were not reflected in my job description as these were added to my role such as Health Records, Ward Clerks, Emergency Department Admin, Acute Referral and Booking Centre (RBC), and Secretaries in Medicine and Surgery. On this basis on the 21/01/16, I emailed Helen Walker, Assistant Director in Human Resources with an amended version that reflected my added responsibilities; this was because at that time all acute AD roles were being revised however, I have never been formally issued with a revised job description. The relevant documents are located at

1. 20160121 E fACtoHW and JD AD FSS, located in S21 15 of 2022 Attachments
2. 20160121 E fACtoHW and JD AD FSS A1 located in S21 15 of 2022 Attachments

Description of my role

5.3 My role as AD FSS sits within Acute Services Directorate reporting to the Director of Acute Services. The role of AD FSS is a post that has responsibility for a large range of non-clinical support services including Domestic Services, Catering, Portering, Security, Switchboard, Laundry, Sterile Services, Residential Accommodation, Health Records, Ward Clerks, Emergency Department Administration Staff, RBC and Secretarial Services within Medicine, Surgery and Integrated Maternity and Women's Health (IMWH).

5.4 The role does not hold responsibility for all Acute Admin staff. For example, the Red Flag Referral Team (except for Breast) Cancer Admin staff and Diagnostic Admin staff do not sit under my remit, these sit with Barry Conway AD Cancer and Clinical Services from 2016 (Ronan Carroll 2007 to 2016).

5.5 My role carries with it responsibility for multiple services as outlined, a staffing complement of 1,527 (1,123 whole time equivalent) staff and a budget of £55m.

5.6 In addition to my responsibilities as AD FSS, within Acute Services, we have an on-call rota and I along with AD (Assistant Director) colleagues took part in the on-call rota for evenings and at weekends until 2016 (Personal information redacted by the USI) when I was permitted to come off the rota.



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5.7 In addition to the main duties outlined in the job description, I take part in the AD of the week rota, which is a rota to deputise for the Director if needed and to chair the Patient Flow Meetings 3 times per day at 9am, 12 mid-day and 3pm, Monday to Friday of that week.

5.8 I am the Acute AD with responsibility for collating the list of capital priorities in terms of medical equipment for presentation to the Capital Allocations Committee. I am also the Acute Directorate representative on a number of other committees such as Water Safety, Strategic Accommodation, Information Governance, Health and Safety, Cyber Security and Emergency Planning.

5.9

Personal Information redacted by the USI

Question 6

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 had responsibility for.

6.1 Throughout my entire time in the SHSCT, my line manager has been the "Director of Acute Services" – this role was held by a number of people detailed in the table below.

Director of Acute Services	Period
Mr James McCall	April 2007 – April 2008
Mrs Joy Youart	April 2008 – November 2009
Dr Gillian Rankin (Initially Interim)	December 2009 – 31/03/2013
Mrs Deborah Burns	01/04/2013 – April 2015
Mrs Esther Gishkori	August 2015 - 2020
Mrs Melanie McClements (Initially Interim)	June 2019 – present



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6.2 However, in 2018 for a brief period while Esther Gishkori, Director of Acute Services (DAS) was on Personal Info leave I covered the Director of Acute Services post. I was appointed as Acting Director of Acute Services from 26th July 2018 to 29th September 2018 and I reported for this period to the Chief Executive, Shane Devlin. Initially when Esther Gishkori DAS Personal Information redacted by UST all ADs covered the role as part of AD of the week rota, but as her Personal Info leave continued the Chief Executive decided that there was a need to provide some continuity at Senior Management Team (SMT). I was clear on the basis of instructions from the Chief Executive, Shane Devlin that my focus was to provide continuity, a point of contact for the Chief Executive and to concentrate on managing patient flow to assist with large numbers of patients awaiting admission in Emergency Department (ED). During this 9-week period, I still held full responsibility for my own AD FSS role.

6.3 During this time, I attended SMT meetings and Trust Board (TB) on the following dates:

SMT	TB
8 th August 2018	30 th August 2018
15 th August 2018	
29 th August 2018	
12 th September 2018	
20 th September 2018	
26 th September 2018	

6.4 There were no agenda items raised/discussed regarding Urology Services at these meetings as far as I recall.

6.5 The details on the staff and services that I have managed in my role as AD FSS from 2007 is provided in the table below.

Position	Band	Key Services Covered	Postholder	Period	Comments	Approx. Current	Approx. Current
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						Staffing WTEs	Staffing Nos.
Head of Catering, Domestic, Portering & Security Services	8B	Catering, Domestic, Portering & Security Services. The post also included DHH switchboard and residential accommodation .	Kate Corley	2007 to June 2019 when she retired	Mrs Corley had been Locality Support Services manager C/B Band 7 from 2007 to 2014 when she was appointed Head of Catering, Domestic, Portering & Security Services following internal restructuring within my Division.		
Locality Support Services Manager A/D	7	Catering, Domestic, Portering & Security Services	Brenda Cullen	2007-2014	From 2014 Mrs Cullen reported to Mrs Corley.		
Locality Support Services Manager N/M	7	Catering, Domestic, Portering & Security Services	Dorothy Morton	2007-2014	From 2014 Mrs Morton reported to Mrs Corley		
Head of Catering, Domestic, Portering & Security Services	8B	Catering, Domestic, Portering & Security Services. The post also included DHH switchboard and residential accommodation .	Andrew Dines	October 2019 to October 2021	When Mr Dines left he was not replaced due to internal restructuring within the Support Services side of my portfolio.		
Locality Support Services	8A	Catering, Domestic, Portering &	Neil Casey	1 st November		422	568



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Manager CAH & Bluestone Unit		Security Services		2021 to presen t			
Locality Support Services Manager DHH & Community	7	Catering, Domestic, Portering & Security Services. The post also includes DHH switchboard and residential accommodation .	Julie Cunningha m	1 st Nove mber 2021 to presen t		244	352
Head of Decontamina tion, Laundry & Switchboard Services	8A	Decontaminatio n, Laundry, CAH Switchboard and Staff Residential Accommodation .	Maria Fegan	1st Nove mber 2021 to presen t		105	124
Head of Decontamina tion, Laundry & Switchboard Services	8A	Decontaminatio n, Laundry, CAH Switchboard and Staff Residential Accommodation .	Sandra McLoughlin	2007- 2021 when she retired	2007-2014 Mrs McLoughlin held responsibility for Decontamination Services only. Following the internal restructuring within my Division in 2014, Mrs McLoughlin took on responsibility for Laundry, CAH Switchboard and Staff Residential Accommodation.		



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Head of Linen and Laundry Services	7	Linen & Laundry Services	Ann Forbes	2007 to 2014	From 2014, Mrs Forbes reported to Mrs McLoughlin.		
Head of Decontamination, Laundry & Switchboard Services	Acting 8A	Decontamination, Laundry, CAH Switchboard and Staff Residential Accommodation	Gerard White	May 2021 to 31 st October 2021	Mr White covered this post on a temporary basis.		
Head of Health Records and Admin Services	8A	Health Records, Ward Clerks, Outpatient Receptionists, Emergency Department and Minor Injuries Admin staff.	Joanne McEvoy	December 2020 to present		157	206
Head of Health Records	8A	Health Records, Ward Clerks, Outpatient Receptionists, Emergency Department and Minor Injuries Admin staff.	Helen Forde	October 2009 to November 2020 when she retired	Under the Directorship of Deborah Burns, Secretaries and Ward Clerks in Medicine & Surgery and ED Admin moved across to my portfolio in June 2013. At that time Helen McCaul, Irene Hewitt and Sinead Corr moved into my structure to be managed by Helen Forde along with the staff they managed.		



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Head of Health Records and Referral & Booking Centre (RBC)	8A	Health Records and RBC	Dr Catherine Weaver	April 2009 to October 2009	When Dr Weaver joined my portfolio this move had been agreed between my Director, Joy Youart and the Director of Performance and Reform, Mairead McAlinden. My understanding of the rationale for this move from Performance & Reform Directorate was that they believed that as most of the work related to Health Records and RBC was Acute Service facing then the staff should be managed within that structure. The Performance and Reform Directorate also believed that the management of this area was creating budgetary pressures which were as a response to behaviours within Acute Services over which they had little control, for example late notice bookings and cancellations.		
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Head of Administrative Services	8A	Administrative Services in Community facilities.	Helen Forde	2007 to 2009	The Head of Administrative Services job role changed. Mrs Forde replaced Dr Catherine Weaver as Head of Health Records as the post of Head of Administrative Services had largely been devolved to community teams and there was no need to recruit to this position.		
Head of Acute Booking and Secretarial Services	7	Medical Secretaries, Audio Typists and Clerical Officers, that provide a service on all hospital sites for inpatients, outpatients and investigations. The Acute RBC books appointments for 26 Specialties one of which is Urology.	Katherine Robinson	2013 to present	In 2013 the Service Administrators (SAs) Lucia Cunningham, Andrea Cunningham and Marie Evans moved into my structure to be managed by Mrs Robinson along with the staff they managed.	195	257
Head of Governance, Performance & Training	8A	Governance, Performance & Training for Catering, Domestic and	Alyson Smyth	2007-2008	Mrs Smyth after a Personal Information redacted by leave, embarked on a career break in 2008,		



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		Portering/Security Services			Personal Information redacted by [REDACTED]		
Training Officer	6	Training and Audit for Catering and Domestic Services	Anne Hawthorne	Sept 2008 to May 2009	Ms Hawthorne moved to my team as she had been managed by Mrs Smyth before she went on career break. From 2009 Mrs Hawthorne then reported to Mrs Kate Corley, Locality Support Services Manager, Craigavon & Banbridge.		
Head of Strategic Transformation and Service Improvement	8B	Service improvement work across Divisions within Acute Services Directorate	Charlotte Anne Wells	16th September 2015 to August 2016 when she went on [REDACTED] Leave	Mrs Wells had joined my team as a temporary measure. Mrs Wells transferred with her own work plan already in place.		

6.6 As stated earlier, the role of AD FSS is a post that has responsibility for a large range of non-clinical support services including Domestic Services, Catering, Portering, Security, Switchboard, Laundry, Sterile Services, Residential Accommodation, Health Records and RBC (from 2009), Ward Clerks and Emergency Department



Administration Staff and Secretarial Services within Medicine, Surgery and IMWH (from 2013).

6.7 In 2009, I was given responsibility for the RBC and Health Records.

6.8 In 2013, I was given responsibility for Secretarial Services and the Service Administrators (SAs) Lucia Cunningham, Andrea Cunningham and Marie Evans moved into my structure to be managed by Katherine Robinson, Head of Service (HOS) RBC along with the staff they managed.

6.9 In 2013, Service Managers Helen McCaul, Irene Hewitt and Sinead Corr moved into my structure with their teams and were placed under the management of Helen Forde HOS Health Records.

The relevant documents are located at:

3. 2013 AandC Centralisation Action Plan located in S21 15 of 2022 Attachments

4. 20130524 E fAC to HWandOrs Admin Centralisation located in S21 15 of 2022 Attachments

6.10 In 2015, Deborah Burns DAS had arranged for Charlotte-Anne Wells to undertake some improvement work, and at that time, she did not want Mrs Wells to report directly to her. As Mrs Wells was an acting Band 8A it would not have been appropriate for this band of staff to report directly to the Director. On this basis, Mrs Burns placed Mrs Wells in my structure as she was to work across all Service Divisions within Acute Services. Mrs Wells joined my team on 16th September 2015 as a temporary measure, as Service Improvement Lead. Mrs Wells had a work plan and she went on maternity leave in August 2016.

The relevant documents are located at:

5.2015 Work Plan C Wells located in S21 15 of 2022 Attachments

6.2015 Acute Services Improvement Register located in S21 15 of 2022 Attachments

6.11 In 2016, I was off on Personal Information redacted by the USI leave and Barry Conway who was the AD for Service Improvement had operational responsibility for my Division for this period. My period of absence was April 2016 to 3rd October 2016.



6.12 In 2017,

Personal Information redacted by the USI

. During this absence period, no cover was in place and all my HOS reported to the Director if there were issues that they were unable to manage.

Question 7

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

7.1 Firstly by way of context, the Trust has an Integrated Governance Framework in place which sets out the high level integrated governance, risk management, performance management and financial control arrangements in place in the organisation by which the Board will be assured that there is a comprehensive system for continuous quality improvement, controls assurance, risk management, clinical and social care governance; that objectives are being met and services are safe and of a high quality. The Integrated Governance Framework sets out the governance responsibilities of its Sub Committees and the Trust Chair, Non-Executive Directors, Chief Executive, Directors, Operational Governance Leads, Managers, Professionals and Staff, and operational governance arrangements within the Trust.

7.2 My role as AD FSS is a non-clinical role managing non-clinical staff. In relation to my role and governance in the Urology Service, I manage a range of services that interface / support the urology service, namely Health Records, the RBC and Secretarial Services.

Background

7.3 From when Dr Catherine Weaver, who was the Head of Service for Health Records and the RBC joined my management structure in 2009, the day-to-day work of these staff has remained unchanged. I have set out below a brief synopsis of the roles of the RBC and the Health Records. In 2013, Deborah Burns DAS transferred the Secretaries and Ward Clerks within Surgery, Medicine and IMWH to my structure and again I have set out below a brief synopsis of the Secretarial Services



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Brief Overview RBC

7.4 The team in the RBC is divided into specialty areas and would be responsible for receiving referrals for 26 Specialties (see table below) one of which is Urology.

1.	Cardiology including Rapid Access Chest Pain
2.	Chemical Pathology
3.	Dermatology
4.	Haematology
5.	Pain
6.	Rheumatology
7.	Endocrinology
8.	Diabetology
9.	Gastroenterology
10.	General Medicine
11.	Neurology
12.	ENT
13.	Orthopaedics including Icats
14.	Thoracic Surgery
15.	Oral Surgery
16.	General Surgery
17.	Breast (including RF)
18.	Breast Family History
19.	Orthodontics
20.	Paediatrics
21.	Paed Dentistry
22.	Gynae
23.	Colposcopy
24.	Urology
25.	Orthoptics
26.	Virology



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7.5 The RBC is the centralised Trust Booking Centre for Consultant Outpatient appointments. The volume of referrals and appointments booked are circa 150-200k per annum, which are sent to the relevant Consultant for triage and the referral registered on the Patient Administration System (PAS), which would add the patient to the relevant waiting list.

The relevant documents are located at:

Booking and Secretarial Staffing Structure bates reference TRU-02050-TRU-02050

Integrated Elective Access Protocol Revised 30 April 2008 bates reference TRU-00840-TRU-00854

No. 6 - Integrated Elective Access Protocol Draft 27 April 2020 not approved yet by DOH can be located at Relevant to Acute, Document Number 6

7. 2021-22 Report New Outpatient Referrals Acute Booking Centre located in S21 15 of 2022 Attachments

7.6 The RBC do not manage Red Flag referrals. The only exception is Breast since April 2014. All Red Flag referrals (except Breast) are managed by the Red Flag team, who are managed by Barry Conway AD Cancer and Clinical Services (up to 2016 Ronan Carroll was in this role).

7.7 When I took over responsibility for the RBC, they were receiving paper referrals from General Practitioners (GPs) – no electronic system for receipt of referrals was in place. When the referral is received, an acknowledgement letter is sent to the patient (circa. 200k letters per annum). The relevant document is located at

8. RBC Acknowledgement Letter Template located in S21 15 of 2022 Attachments

The process followed by the RBC

7.8 Whenever patients are selected to attend a clinic, they receive a Partial Booking letter approx. 6 weeks before the clinic date (PB1) inviting them to call the RBC and arrange an appointment at a date and time that suits them. If the patient fails to respond to the PB1 then a second letter is sent (PB2). This letter advises that if they fail to respond they may be removed from the waiting list. On this basis, the clinic is booked.

The relevant documents are located at

9. 20211012 RBC Partial Booking Flowchart located in S21 15 of 2022 Attachments

10. RBC Partial Booking Letter PB1 Template located in S21 15 of 2022 Attachments

11. RBC Partial Booking Letter PB2 Template located in S21 15 of 2022 Attachments

7.9 During 2014, I was part of a group to make the referral system from GPs to the Trust electronic and in September 2015 Michael Bloomfield, Director of Performance at HSCB had written to the Trust seeking confirmation of the Southern Trust's position in this regard. Aldrina Magwood, Director of Performance and Reform sent a response on 18th September 2015 on behalf of the Southern Trust advising that we were able to receive electronically all referrals made to acute hospital services (elective, emergency, red flag) with effect from 1st October 2015, with one service exception-referrals to the TIA service in the Southern Trust would need to continue to be made to the Stroke Secretary until a template was agreed by the Regional Stroke Group. This stroke referral issue was resolved a few months later.

7.10 The relevant document is located at

12. 20150918 L fAM to HSCB Electronic Referrals located in S21 15 of 2022 Attachments

Brief overview Health records

7.11 Health Records staff are responsible for making charts available for inpatient admissions and for attendances at Outpatients. Health Records would have been responsible for preparing charts for Urology Outpatients Clinics and responding to requests for charts from wards if they had an inpatient under the care of a Urologist.

7.12 When a patient is admitted to hospital the ward / ED will contact the Health Records issue desk and ask for the patient chart. This will be retrieved from the Health Records library and taken to the ward.

7.13 In respect of Outpatients when the clinic is booked, the Health Records staff use the clinic list as a pulling list to provide the chart for the clinician holding the clinic.

7.14 The relevant documents are located at

13. 20201009 E fAC to MC Admin Processes located in S21 15 of 2022 Attachments

14. 20201009 E fAC to MC Admin Processes A1 located in S21 15 of 2022 Attachments



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15. 20201009 E fAC to MC Admin Processes A2 located in S21 15 of 2022 Attachments
16. 20201009 E fAC to MC Admin Processes A3 located in S21 15 of 2022 Attachments
17. 20201009 E fAC to MC Admin Processes A4 located in S21 15 of 2022 Attachments

7.15 Health Records staff provide reception cover at Outpatient reception desks and record attendance and any DNA (did not attends) etc. on PAS.

If a Consultant wishes to review the patient in <6 weeks then the Receptionist will book a review appointment. If the Consultant wants to book a review >6 weeks then the Outpatient Receptionist will add that patient to the review waiting list and as a failsafe the Secretary / Audio Typist will check the follow-up has been actioned on PAS when typing the letter (the Urology Secretaries did not report in my structure until 2013).

Background to how secretarial services came to be in my portfolio

7.16 In 2013, when Deborah Burns DAS transferred the Secretaries and Ward Clerks within Surgery, Medicine and IMWH to my responsibility a split of responsibility took place within my teams as set out in the table below. The rationale for this move was to free up time for Operational Support Leads (OSLs) and HOS to concentrate on performance for inpatients, outpatients and day cases. The Performance of Urology in terms of waiting list management etc. sat with the OSLs for Urology, Sharon Glenny April 2007 to April 2016, and Wendy Clayton April 2016 to 2017 and, Jane Scott 2018 to present, who are managed by the AD SEC and not part of my structure. For clarification, I have the Urology Secretaries and Audio Typists in my structure but I do not have the admin staff i.e. Ward support and clerical officer in Thorndale Unit in my structure.

	Helen Forde, Head of Health Records	Katherine Robinson, Head of Secretarial Services
Areas of responsibilities	<ul style="list-style-type: none"> - Health Records - Ward Clerks - ED Admin - 	<ul style="list-style-type: none"> - Referral & Booking Centre - Secretaries - Audio Typists



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	Helen Forde, Head of Health Records	Katherine Robinson, Head of Booking & Secretarial Services
With this split the following staff moved to the above named HOS	<ul style="list-style-type: none"> - Helen McCaul - Irene Hewitt - Sinead Corr 	<ul style="list-style-type: none"> - Lucia Cunningham - Marie Evans - Andrea Cunningham

7.17 The relevant documents are located at:

18. Oct 2020 JD Head of Health Records and Admin Services Band 8A located in S21 15 of 2022 Attachments

19. Apr 2013 JD Referral and Booking Centre Manager located in S21 15 of 2022 Attachments (No updated Job Description for HOS RBC)

At the time Deborah Burns DAS transferred Secretarial Services to me some issues were raised such as the need to update clinic templates, clinic outcome sheets not being used consistently and triage not taking place in a timely manner as per the attached list.

Relevant documents are located at

20. 20130730 fAC issues list for admin located in S21 15 of 2022 Attachments

21. 20130730 fAC issues list for admin A1 located in S21 15 of 2022 Attachments

7.18 The day-to-day work of these staff Secretaries/Audio Typists /Ward Clerks remained largely unchanged and for Secretaries and Ward Clerks their reporting structure was the same, i.e. to the same Service Administrator (SA) but now the SAs were under a different manager. Set out below is some information on the roles within Secretarial Services.

Brief detail on the role of a Secretary

7.19 Consultant Secretaries are responsible for providing secretarial support to a Consultant(s) and their team, supporting the day-to-day clinical activities. Secretarial staff on a day-to-day basis report to their own Consultant and their workload is driven by their



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Consultant but they report to the SA and the SA was there for escalation – sick leave/annual leave/work flow. The relevant documents are located at

20210701 No.15(ix) Personal Secretary Band 4 JD located at Relevant to Acute/ Document Number 15/ FSS

20211001 No.15(ix) Audio Typist Band 2 JD located at Relevant to Acute/ Document Number 15/ FSS

20211001 Nos.2(d), 21 and 23 – Urology Secretarial Staff located at Relevant to Acute/Document Number 21/FSS

Brief detail on the role of the Service Administrator

7.20 The SAs have the following numbers

Service Area	Name of SA	Staffing Nos.
MUSC	Lucia Cunningham (Band 6) (Lucia has 2 x Band 5s in Daisy Hill Hospital who she manages)	137
SEC	Andrea Cunningham (Band 5)	50
IMWH	Marie Evans (Band 5)	37

7.21 The Secretary would inform the SA of the up-to-date position regarding the dictation, typing and backlogs. The SA relies on the Secretary being open and honest in providing the information to the SA. The SA would collate this information into a Backlog Report, which they share with Service ADs, HOS and Consultants in the specialty team on a monthly basis. The backlog reports were in place when I took on responsibility for secretarial services in 2013. The information included in the Backlog Report is as follows:

- Discharges awaiting dictation, volume and length of time outstanding
- Discharges to be typed, volume and length of time outstanding
- Clinic letters to be dictated, volume and length of time outstanding
- Clinic letters to be typed, volume and length of time outstanding
- Results to be dictated, volume and length of time outstanding
- Results to be typed, volume and length of time outstanding
- Filing, volume and length of time outstanding



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The relevant documents are located at

22. Feb 2021 JD Service Administrator located in S21 15 of 2022 Attachments

March 2020 Urology Backlog Report located at Relevant to Acute, Document Number 20, Urology Backlog, 2020. Other sample Backlog Reports have been submitted in Discovery.

7.22 There is an expectation that issues highlighted on these reports are addressed by the relevant person i.e.

- Discharges and clinic letters to be dictated, which are the responsibility of the Consultant, to be addressed by the Service Division/ specialty area, as these are the responsibility of the consultant.
- Typing and filing, which are the responsibility of the Secretary, to be addressed by the SA or the RBC HOS. The SA or the RBC HOS would take actions to re-allocate typing resources.

7.23 Up until mid-2011, Consultants used analogue tapes to dictate patient letters. Simon Gibson (AD Best Care Best Value) was the Senior Responsible Owner (SRO) for a project to move Consultants to using a digital dictation system (g2) and by 1st August 2012, most Consultants had moved to digital dictation. When I took over responsibility for Secretaries in 2013, most Specialties were using digital dictation. Mr O'Brien, Consultant Urologist was a late adopter of digital dictation and he did not start using digital dictation until 2017. Up to this time, Mr O'Brien continued to use analogue tapes.

Brief detail on the role of the Ward Clerk

7.24 The ward clerk role is to provide a level of clerical support to clinicians at ward level and work as part of the multi-disciplinary ward team. The ward clerk role involves dealing with incoming correspondence on the ward such as telephone and written enquiries. The ward clerk undertakes general reception duties on the ward and records the ward activity on the Patient Administration System "Patient Centre", recording all admissions, discharges, transfers and reasons for delayed discharge as well as day case / ward attender activity. Ward Clerks ensure the patient's paper chart is requested from Health Records on admission, returned on discharge, and files patient notes into the chart ensuring there is an adequate supply of documentation for medical staff. There are



some ward clerk roles, which require booking of Outpatient appointments and contacting patients by phone. The Ward Clerk is required to act upon the follow-up section of the Discharge Letter and send referrals / add patients to waiting lists for appointments, liaising with secretaries and the Referral and Booking centre as required.

Brief detail on RBC

7.25 The process for referrals and bookings is mapped out within the Integrated Elective Access Protocol (IEAP), which was issued in 2008. The purpose of the protocol was to inform staff, clinical, administrative, and managerial, of the approved processes for managing patients' access to outpatient, diagnostic and elective services.

Relevant documents are located at

Integrated Elective Access Protocol Revised 30 April 2008 bates reference TRU-00840-TRU-00854

No. 6 - Integrated Elective Access Protocol Draft 27 April 2020 not approved yet by DOH located at Relevant to Acute, Document Number 6

7.26 The RBC role includes notifying service divisions by email on non-adherence to IEAP, for example that triage should be returned within 72 hours. However, this information is readily available and visible to the Service Divisions as they managed performance and when they would have been reviewing the Primary Targeting Lists (PTLs). The PTL would act as the outpatient waiting list by Specialty. It shows all outpatients who have an open registration created. When the referral letter is triaged and the classification is known, i.e., urgent or routine or needs to go to a specific waiting list like Urodynamics then the referral is added to the appropriate waiting list. The waiting list code is shown on the PTL so if there is no waiting list code on the PTL then it is clearly known that the letter has not been triaged. The RBC would have escalated untriaged referrals to the Consultant's Secretary, or the HOS/AD for the Speciality / Service. OSLs and HOS would have run PTLs as part of their performance brief so were aware of the position in their Specialty and could clearly see the position in relation to un-triaged referrals.

Governance FSS



7.27 In relation to my interface/ support areas to the Urology Service and Governance, any issues relating to untriaged referrals and missing charts were escalated to the specialty area as this was the responsibility of the specialty area. I would advise that if there were specific complaints or issues about a member of my team, for example a Booking Clerk, a Ward Clerk, a Secretary, ED Receptionist, in relation to attitude or behaviour or alleged breach of confidentiality etc. these types of complaints would have come to my HOS, Katherine Robinson for RBC or Helen Forde for Health Records (now Joanne McEvoy) for a response and I reviewed the response, before sending it back to the Acute Complaints Team. I would either accept the response or advise of any comments, this is the standard process that I follow. I see and review every complaint and complaint response in relation to my service areas. I see every incident report recorded on Datix in relation to my service areas and I ensure my HOS are following up on incidents and closing them off and trends are reviewed at my HOS meetings.

The relevant document is located at

20180910 FSSMG HR Finance Governance and Performance Notes located at relevant document can be located at Relevant to Acute/Document Number 2L/ Functional Support Services/2018

7.28 If the Trust receives a complaint or an incident reported is logged on Datix regarding the Urology Service or a Consultant in Urology, I would not be aware of this as that would be outside my remit and would sit with HOS for Urology Services and the AD SEC.

Question 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.

8.1 As AD FSS, I have responsibility for non-clinical staff who provide non-clinical support to the Urology Service. Based on the description of my services as set out in my response to Q6 above in relation to my interface/ support areas to the Urology Service, and considering Governance in terms of overlap, issues relating to untriaged referrals,



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consultant taking charts home were escalated to the specialty area to address as these concerns arose from consultant practice and needed to be addressed by the specialty team. I would advise that if there were specific complaints or issues about a member of my team, for example a Booking Clerk, a Ward Clerk, a Secretary, ED Receptionist, in relation to attitude or behaviour or alleged breach of confidentiality etc. these types of complaints would have come to my HOS, Katherine Robinson for RBC or Helen Forde for Health Records (now Joanne McEvoy) for a response and I reviewed the response, before sending it back to the Acute Complaints Team. I would either accept the response or advise of any comments, this is the standard process that I follow. I see and review every complaint and complaint response in relation to my service areas. I see every incident report recorded on Datix in relation to my service areas and I ensure my HOS are following up on incidents and closing them off and trends are reviewed at my HOS meetings.

8.2 If a Datix incident report / or issue was sent to me in relation to a late notification of a clinic, or an error in dictation, or charts at a consultant's home, this Datix incident report would be shared with the relevant team HOS and AD for them to address with the consultant.

8.3 On this basis, there would not be any overlap with the roles of the Medical Director, Clinical Director (CD), Associated Medical Director. However, although there is no direct role or responsibility overlap with the Head of Urology Services, my teams had contact with all HOS for Specialties in relation to interface issues.

8.4 Both my HOS, Katherine Robinson for RBC and Helen Forde for Health Records (now Joanne McEvoy) have a responsibility to escalate issues relating to administration which were impacting on FSS teams' ability to process paperwork and needed to be remedied by the Urology team. Some of these escalations were copied to me to raise with the HOS for Urology and/or AD SEC.

8.5 Areas of interface issues included the escalation of un-triaged referrals as set out in paragraphs 8.9 to 8.22, late notice of a clinic, clinic cancellations, failure to advise of

additional clinics and the request for charts at the additional clinics. Charts that were tracked to a consultant but not found in his/her office are referred to at paragraph 8.8.

Such issues were raised with Martina Corrigan HOS Urology for her to address with the Consultant or for her to escalate with the AD SEC.

8.6 My HOS, Katherine Robinson for RBC and Helen Forde for Health Records would have communicated with the HOS for Urology Services in relation to a range of issues including clinic templates, theatre schedules, backlogs, delays in triage, charts for clinics etc.

8.7 Two key issues of concern frequently raised were the unavailability of charts and late/non-return of triage. I have spoken to Katherine Robinson HOS RBC and Helen Forde with reference to triage and unavailability of charts in May 2022 to refresh myself on some issues for the purpose of my Section 21 Notice response.

Unavailability of charts

1. 8.8 Helen Forde Head of Health Records had received an email from Pamela Lawson Health Records Manager on the 27/8/13 to advise her staff were wasting time searching for charts, which were not tracked properly, and this was causing extra work, as although these were tracked to Mr O'Brien they were not in his office. Helen Forde emailed this to Heather Trouton AD SEC and Martina Corrigan HOS Urology and copied me into this email. I emailed Deborah Burns DAS on 3/9/2013 and she advised she would discuss with CD / AMD. On 12/2/14, I asked Pamela Lawson Health Records Manager for an update regarding Mr O'Brien and Mrs Lawson sent me a full list of charts Mr O'Brien had to bring in from his home, which I shared with Heather Trouton AD SEC, and Mr Eamon Mackle Associate Medical Director (AMD) and Martina Corrigan HOS Urology. The following are more examples of issues regarding charts and the escalation which followed. On 14/10/14, Helen Forde HOS Health Records emailed me regarding a patient who was attending Mr Glackin's clinic and whose chart was in Mr O'Brien's home. She was made aware of this by the Health Records Manager Pamela Lawson who had e-mailed Martina Corrigan HOS Urology about this issue earlier that day. On the same day, I brought this to the attention of Heather Trouton, AD SEC so she was



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aware that this was an ongoing issue. On 21/1/15 Helen Forde HOS Health Records, emailed Martina Corrigan HOS Urology and copied to me in relation to a patient in ED Majors. Mr O'Brien had this patient's chart at home. On 21/1/15, I copied this email to Heather Trouton AD SEC to ensure she was aware of the situation. Whenever a chart was not available and it was clear that Mr O'Brien had the chart at home, whilst the case note tracking process advised it was in his office or his Secretary's office, a Datix incident form was raised. This was an attempt to highlight the incident and to quantify how frequently this was happening. In January 2015, Helen Forde HOS Health Records advised me that Deborah Burns DAS had advised her to stop this process. On 27/1/2015, I emailed Heather Trouton AD SEC and Martina Corrigan HOS Urology to ask should they have a risk relating to Mr O'Brien having charts at home logged on the risk register. Heather Trouton AD SEC did respond on 27/1/15 to say she had spoken to Mr Young Clinical lead for Urology and he had agreed to speak to Mr O'Brien.

The relevant documents are located at

20150121 E AOB Chart located at Relevant to Acute/Evidence added or renamed 19 01 2022/Acute/Retired staff/Helen Forde

20141014 Es BM, PL, HF and Ors re charts located at Relevant to Acute/Evidence added or renamed 19 01 2022/Acute/FSS/Anita Carroll Emails

20150127 E AOB and charts at home located at Relevant to Acute/Evidence Added or Renamed 19 01 2022/ Acute/ Retired Staff/ Helen Forde

23. 20140212 E fPL to AC Charts AOB located at S21 15 of 2022 Attachments

24. 20130903 E fAC to DB Charts located at S21 15 of 2022 Attachments

25. 20150127 E fHT tAC AOB and Charts at Home and Risk Register located at S21 15 of 2022 Attachments

26. 20141014 E fAC to HT Charts with AOB located at S21 15 of 2022 Attachments

Late/non-return of triage

8.9 There was a regular report (PTL Primary Targeting List a report of every referral registered in the RBC and this showed any patients untriaged at patient level detail, as that referral would not have a waiting list code) on untriaged referrals run by the RBC and this was shared with each HOS from circa 2010/11 until the introduction of eTriage. He

PTL is still available but with the introduction of eTriage (2016, 2017 in urology), the triage status is visible to each clinician/HOS on the system. This PTL report was also available to be run and viewed by OSLs/HOS at any time as this report was available on business objects. On 21/11/13, the RBC raised issues about delays in Mr O'Brien's triage and Katherine Robinson HOS RBC escalated delays in Mr O'Brien's triage to Martina Corrigan HOS Urology. On the 26/11/13, Mr O'Brien emailed Martina Corrigan HOS Urology and apologised and advised he would get caught up. Martina Corrigan HOS Urology copied this email on the same day to Katherine Robinson HOS RBC and Sharon Glenny OSL and cc'd it to Heather Trouton AD SEC. Heather Trouton AD SEC then sent an email on 26/11/13 to Mr Michael Young Clinical Lead for Urology, Mr Robin Brown CD and copied it to me and Martina Corrigan. This email referenced both triage delays and having charts at home. Previous to Heather Trouton's AD SEC email to me triage was dealt with at Dr Rankin's Tuesday morning meetings as referred to at paragraph 12.2. To the best of my knowledge this was the first time Heather Trouton AD SEC had emailed me to request that my HOS closely monitored Mr O'Brien in relation to triage delays. On 4/12/13 I forwarded Heather Trouton's AD SEC email to Katherine Robinson HOS RBC and Helen Forde HOS Health Records to advise that they needed to ensure that the return of named referrals were to be closely monitored and to advise me on any problems arising so that I could advise Mrs Trouton. On 9/12/13 Katherine Robinson HOS RBC emailed Martina Corrigan HOS Urology (copied to me) to check if Mr O'Brien would no longer be triaging unnamed referrals, only named. I forwarded this email on the same date to Heather Trouton to make her aware.

Relevant documents are located at

27. 20131209 E fAC to HT Triage located at S21 15 of 2022 Attachments

28. 20131121 to 20131209 Es fLB,KR,MC,AOB, HT and Ors Missing Triage located at S21 15 of 2022 Attachments

29. 20131121 to 20131209 Es fLB,KR,MC,AOB, HT and Ors Missing Triage A1 located at S21 15 of 2022 Attachments

8.10 On 19th December 2013, an email was sent from Martina Corrigan HOS Urology to Katherine Robinson and copied to myself and Heather Trouton to advise that Mr O'Brien's triage would be undertaken by Mr Michael Young Clinical Lead for Urology however she had not been able to progress this and that Mr O'Brien agreed to do some



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triage over the next few days. This e-mail did not indicate a time frame for Mr Young Clinical Lead for Urology to do this triage. This arrangement came into place in March 2014 to September 2014.

Relevant document is located at

30. 20131219 Es fMC to AC and KR and Ors AOB Triage located at S21 15 of 2022 Attachments

8.11 Due to continued issues with non-return of referrals from triage, in Feb 2014 a new process for triage and flowchart for escalation was put in place by Deborah Burns DAS following a meeting with Martina Corrigan HOS Urology and Katherine Robinson HOS RBC and myself. This process (a general flow chart for all Triage escalation) made it clear that if items remained untriaged after 1 week the Secretaries were to remind the Consultants and the RBC staff were to record. The process asked the SA to speak to the Consultants and if another week passed the SA was to email the OSL and HOS for the Service. If still untriaged at 4 weeks it went to the HOS for the Service and the AD FSS. When these escalations came to me on a weekly / fortnightly basis, I shared them regularly with Martina Corrigan HOS Urology and with Heather Trouton AD SEC. My expectation was that they would be discussed with the Consultant and AMD if necessary to resolve the issue. Within the triage escalation, the RBC would have advised Martina Corrigan HOS Urology and the OSL surgery also in relation to late triage after 2 weeks Relevant document is *2014 Triage Process located at Ongoing Discovery March 2022/Acute/Document No 77/FSS.*

8.12 On 6th March 2014, there was an email from Martina Corrigan HOS Urology to Katherine Robinson HOS RBC; copied to me and Mrs Burns DAS to say she and Mrs Burns DAS had met Mr O'Brien, and agreed when Mr O'Brien was on-call Surgeon of the week he was only to triage his own named referrals. This meant that when Mr O'Brien was on-call as Surgeon he would no longer be triaging general letters and on that week, these would go to Mr Michael Young Clinical Lead for Urology.

Relevant documents are:

31. 20140306 Es fMCand Ors AOB Triage No1 located at S21 15 of 2022 Attachments

32. 20140306 Es fMCand Ors AOB Triage No2 A1 located at S21 15 of 2022 Attachments



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- 33. 20140306 Es fMCand Ors AOB Triage No1 A2 located at S21 15 of 2022 Attachments
- 34. 20140306 Es fMCand Ors AOB Triage No2 located at S21 15 of 2022 Attachments
- 35. 20140306 Es fMCand Ors AOB Triage No3 located at S21 15 of 2022 Attachments
- 36. 20140306 Es fMCand Ors AOB Triage No4 located at S21 15 of 2022 Attachments

8.13 I understood this was a measure to lighten the workload of Mr O'Brien and should have brought improvement in his triage times. On 15th April 2014, Leanne Brown, Supervisor RBC advised she had shared unreturned triage with the OSL Sharon Glenny and Martina Corrigan HOS Urology. Leanne also added that Martina Corrigan HOS Urology had given permission to book Mr O'Brien's longest waiters regardless of triage. This permission meant that the RBC was instructed to book according to the GP/Referrer Categorisation of Urgency for Mr O'Brien. Leanne advised she was in the process of booking according to this instruction. I shared this email with Heather Trouton AD SEC on 15th April 2014.

Relevant documents are:

- 37. 20140415 Es fLBandOrs MissingTriage No1 located at S21 15 of 2022 Attachments
- 38. 20140415 Es fLBandOrs MissingTriage No2 located at S21 15 of 2022 Attachments
- 39. 20140415 Es fLBandOrs MissingTriage No3 located at S21 15 of 2022 Attachments

8.14 Even though the RBC was using the GP/Referrer Categorisation of Urgency to book untriaged referrals the RBC staff still continued to send reports on untriaged items in line with the triage flow process. I also continued to escalate the non-return of referrals – please see examples at 8.22. The RBC still had the expectation that triage would be completed hence they continued to bring to the attention of the OSL SEC and HOS Urology and to me triage not returned from Mr O'Brien to the RBC.

8.15 On 23/4/2014 Monica McCorry who at this time was Mr O'Brien's Secretary advised Martina Corrigan HOS Urology and Andrea Cunningham SA that he had given her a considerable number of referral letters, which he had triaged, and she was going to return these to the RBC, which demonstrated that Mr O'Brien was undertaking some triage. Martina Corrigan thanked Monica and copied to me.

Relevant documentation is:

- 40. 20140423 E fMMcC Triage located at S21 15 of 2022 Attachments

On 12th May 2014, escalations from myself were emailed to Heather Trouton AD SEC and Martina Corrigan HOS Urology.

Relevant documentation is:

41. 20140512 E fLB Triage located at S21 15 of 2022 Attachments

8.16 On 7th June 2014, escalations from myself were emailed to Heather Trouton AD SEC and Martina Corrigan HOS Urology. I was raising concerns as I thought the list had not changed from the previous week.

Relevant documentation is:

42. 20140607 E fAC to MC re Triage located at S21 15 of 2022 Attachments

8.17 On the 8th June 2014, Martina Corrigan HOS Urology emailed Heather Trouton AD SEC and copied to me indicating that she was not getting any responses from Mr O'Brien and asked to speak to Heather Trouton AD SEC.

Relevant documentation is:

43. 20140608 E fMC to AC re Triage located at S21 15 of 2022 Attachments

On the 9th June 2014, I emailed Heather Trouton AD SEC and Martina Corrigan HOS that the RBC was appointing per GP Classification but the RBC still expected the referrals to be triaged and returned. I do not recall receiving a response to this email.

Relevant documentation is:

44. 20140609 E fAC to HT and MC Triage located at S21 15 of 2022 Attachments

8.18 On 16th June 2014, I emailed Heather Trouton AD SEC and Martina Corrigan HOS Urology suggesting that as this was still an ongoing issue could they speak with Mr Young Clinical Lead for Urology.

Relevant documentation is:

45. 20140616 E fAC to HT and MC Triage located at S21 15 of 2022 Attachments

8.19 On 17th June 2014, Mr O'Brien emailed Martina Corrigan HOS Urology to advise that he would get triage completed by 30th June 2014.

Relevant documentation is:

46. 20140617 E fAOB to MC Triage located at S21 15 of 2022 Attachments

On 18th July 2014, I escalated issues to Heather Trouton AD SEC and Martina Corrigan HOS Urology. My concern was now that Mr O'Brien was only doing named referrals and why were these still outstanding. Martina Corrigan HOS Urology agreed to meet Mr O'Brien.

Relevant documents are located at:

47. 20140718 Es fAC to HT and MC Triage No2 located at S21 15 of 2022 Attachments

48. 20140718 E fAC to HT and MC Triage No3 located at S21 15 of 2022 Attachments

8.20 I am not clear when Mr O'Brien restarted triaging unnamed referrals - I think this was around September 2014.

8.21 On 15/9/2014, I forwarded an email from the RBC relating to urology missing triage to Martina Corrigan HOS Urology for follow up return of referrals from Mr O'Brien.

Relevant documentation is located at:

49. 20140915 Es fAC to MC Triage located at S21 15 of 2022 Attachments

8.22 This pattern of escalation continued and I was raising these issues with the Martina Corrigan HOS Urology as set out in my emails dated 24/9/14, 20/11/14 and 3/12/14.

Relevant documents are located at:

50. 20140924 Es fLBandOrs Missing Triage located at S21 15 of 2022 Attachments

51. 20141120 Es fLBandOrs Missing Triage located at S21 15 of 2022 Attachments

52. 20141203 Es fLBandOrs Missing Triage located at S21 15 of 2022 Attachments

Urology services/Urology unit - staffing

Question 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.

9.1 In my role as AD FSS, I had limited involvement in the establishment of the Urology Unit in the Southern Trust area until the business case was being developed. At that time when the business case was being developed in 2011/12 some of my HOS would have been involved in the preparation of the business case / Investment Proposal Template (IPT) to secure funding for FSS staff associated with the IPT. The completion of an IPT/Business Case is the standard process followed in relation to the application for funding for any new service. The IPT showing detail of the staffing requested by FSS is contained in the documents referred to at Q9.2.

9.2 On 11/09/12, Dr Gillian Rankin DAS asked ADs to consider if any of the funding could be given up for savings / efficiencies. On the 1st October 2012, I replied to Dr Gillian Rankin DAS to advise that within Health Records and the RBC Services there was no capacity for reduction.

See relevant documents located at

53. 20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings located at S21 15 of 2022 Attachments

54. 20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A1 located at S21 15 of 2022 Attachments

55. 20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A2 located at S21 15 of 2022 Attachments

56. 20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A3 located at S21 15 of 2022 Attachments

9.3 As I was responsible for collating medical equipment priorities for the Acute Services Directorate on the 27/9/12, I received quotation information from Martina Corrigan HOS Urology to request a lithotripter for the unit. This was for me to add to the capital priority equipment list.

Question 10



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

10.1 I was not directly involved in the establishment of the Urology Unit so would not have known the performance indicators. I believe this would have sat with the HOS for Urology Service and the AD SEC.

Question 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?

11.1 As AD FSS, this was not part of my remit in 2008. Whenever I took on responsibility for the RBC in 2009, I was given a copy of the IEAP by Catherine Weaver HOS for Health Records and RBC at that time. I had no responsibility to disseminate the IEAP to the Urology Consultants.

Question 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?

12.1 From April 2009 as my role incorporated a responsibility for the RBC and as there were responsibilities within the IEAP in relation to booking, this led me to circulate information to my AD colleagues in Acute Services Directorate and at the behest of Joy Youart DAS arrange a meeting to discuss issues arising from the implementation of IEAP as outlined in the documents attached (appendices). This meeting was held on 29th May 2009 and included all Acute ADs, Joy Youart DAS, Dr Patrick Loughran Medical Director and Deborah Burns AD for Performance. From this meeting it was agreed that all the Service Divisions would feed back to say who would triage within each specialty area,

would it be all consultants or the consultant of the week and also to ensure that this was clearly communicated back to the RBC. On 2nd June 2009, I sent out the notes of meeting for discussion and agreement at specialty level in relation to triage arrangements to Joy Youart DAS, Deborah Burns, Assistant Director for Performance, Mr Eamon Mackle AMD SEC, Dr Philip Murphy AMD Medicine and Unscheduled Care, Dr Martina Hogan AMD Obstetrics, Dr Patrick Loughran Medical Director, Dr Stephen Hall AMD Cancer and Diagnostics and my Acute AD colleagues. My Secretary sent a reminder on 15th June 2009 reminding them to send back their agreement as the next meeting was scheduled for 26th June 2009. Deborah Burns DAS sent an email on 2nd July 2009 advising all this work was a main focus for the Service Delivery Unit at the Department.

Relevant documents are located at

57. 20090602 Es fACandOrs IEAP, Triage and Booking Centralisation No.1 located at S21 15 of 2022 Attachments

58. 20090602 Es fACandOrs IEAP, Triage and Booking Centralisation No.2 located at S21 15 of 2022 Attachments

59. 20090602 Es fACandOrs IEAP, Triage and Booking Centralisation A1 located at S21 15 of 2022 Attachments

60. 20090602 Es fACandOrs IEAP, Triage and Booking Centralisation A2 located at S21 15 of 2022 Attachments

61. 20090602 Es fACandOrs IEAP, Triage and Booking Centralisation A3 located at S21 15 of 2022 Attachments

62. 20090602 Es fACandOrs IEAP, Triage and Booking Centralisation A4 located at S21 15 of 2022 Attachments

12.2 When Dr Gillian Rankin DAS took up post in December 2009, she set up a Tuesday morning Performance Meeting for all specialties including Urology and these meetings continued until Dr Rankin left in March 2013. The following staff attended: all Acute Service ADs, Acute Clinical HOS, Helen Forde Health Records HOS, Katherine Robinson RBC HOS, Sharon Glenny, Wendy Clayton and, Lisa McAreavey OSLs and the Corporate Performance team. OSLs would have given updates based on Specialty PTLs. In these meetings, Dr Rankin DAS held each service area to account for performance. She expected any issues regarding delays in triage to be addressed with



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the specialty areas and for Urology, this would have been Sharon Glenny OSL, SEC Martina Corrigan HOS Urology and Heather Trouton AD SEC.

On 23rd November 2011, Helen Forde Health Records HOS brought to the group's attention a new triage report, which was available, which showed patients who had not been added to the waiting list.

On 23/11/11, I forwarded Helen Forde's email to my AD colleagues and DAS to raise their awareness of this new report.

Relevant documentation is located at

63. 20111123 Es fHFandAC New Triage Report located at S21 15 of 2022 Attachments

12.3 In relation to outpatients, the booking cycle was 6 weeks to give time for partial booking letters and to give patients choice 3 weeks' notice. At this time, the aim was for waiting times to first outpatient appointment to be in line with Departmental Waiting Times targets as referenced in IEAP. Katherine Robinson RBC HOS would have brought demand and capacity information to those meetings and shared with the HOS for each Specialty, the reason was to demonstrate what capacity was needed to meet the targets. Referral letters not returned for several days if not triaged and delays in updating PAS created difficulty working out demand and capacity in terms of waiting list and outpatients. The DAS Dr Rankin would have instructed the HOS for the specialty area to speak to the consultant and ensure triage was completed.

See relevant documents located at

64. 20111111 E fKR Demand Capacity Analysis located at S21 15 of 2022 Attachments

65. 20111111 E fKR Demand Capacity Analysis A1 located at S21 15 of 2022 Attachments

66. 20111111 E fKR Demand Capacity Analysis A2 located at S21 15 of 2022 Attachments

67. 20111111 E fKR Demand Capacity Analysis A3 located at S21 15 of 2022 Attachments

68. 20111111 E fKR Demand Capacity Analysis A4 located at S21 15 of 2022 Attachments

69. 20120601 E fKR Demand Capacity Analysis located at S21 15 of 2022 Attachments

70. 20120601 E fKR Demand Capacity Analysis A1 located at S21 15 of 2022 Attachments



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71. 20120601 E fKR Demand Capacity Analysis A2 located at S21 15 of 2022 Attachments

72. 20120601 E fKR Demand Capacity Analysis A3 located at S21 15 of 2022 Attachments

73. 20120601 E fKR Demand Capacity Analysis A4 located at S21 15 of 2022 Attachments

74. 20121230 E fKR Demand Capacity Analysis located at S21 15 of 2022 Attachments

75. 20121230 E fKR Demand Capacity Analysis A1 located at S21 15 of 2022 Attachments

76. 20121230 E fKR Demand Capacity Analysis A2 located at S21 15 of 2022 Attachments

77. 20121230 E fKR Demand Capacity Analysis A3 located at S21 15 of 2022 Attachments

78. 20121230 E fKR Demand Capacity Analysis A4 located at S21 15 of 2022 Attachments

12.4 IEAP issues were discussed with all Specialty teams including urology at these meetings. All issues relating to ability to meet the targets were raised and escalated with the OSLs Specialty HOS at these meetings. These meetings continued until Dr Gillian Rankin DAS left the Trust in March 2013. This was a collaborative approach with all parts of Acute Services and had a clear emphasis on meeting waiting time targets. In these meetings, Dr Rankin DAS held each service area to account for performance. She expected any issues regarding delays in triage to be addressed with the specialty areas for urology this would have been Sharon Glenny OSL S Martina Corrigan HOS Urology and Heather Trouton AD SEC.

12.5 When Mrs Burns took up post, she restructured the Service Divisions moving Secretaries and other admin to my area (June/July 2013) with the intent the Service Divisions were to focus on performance and targets. This moved Secretaries to allow the OSLs and HOS to concentrate on performance so the Tuesday meetings were largely stood down, and the focus was on OSLs regarding performance and IEAP is central to performance.

12.6 There was a regular report (PTL a report of every referral registered in the RBC and this showed any patients untriaged, as that referral would not have a waiting list code) on untriaged referrals run by the RBC and this was shared with each HOS from circa 2010/11. The PTL is still available but with the introduction of eTriage (2016, 2017 in Urology), triage status is visible to each clinician/HOS on eTriage etc. This report was also available to be run and viewed by OSLs/HOS, as this report was available on business objects on PAS. On 13/9/2013 I wrote to all AMDs, Service ADs and the DAS reminding everyone about the IEAP rules for triaging patients within 72 hours of receipt of referral, and I asked that this was discussed within all Clinical teams and Clinicians reminded of this protocol. In February 2014, Deborah Burns DAS instigated a new triage flow chart and this was shared with all ADs see paragraph 8.11.

Further detail in relation to late/non-return of triage can be found at paragraph 8.9.

Relevant documents are located at

20130913 E fAC Triage Process located at Relevant to PIT/ Evidence added or renamed 19 01 2022/ Evidence no 77/No 77 - Eamon Mackle

20130913 E fAC Triage Process A1 located at Relevant to PIT/Evidence Added or Renamed 19 01 2022/Evidence no 77/No 77 - Eamon Mackle

12.7 In January 2015, the HSCB under Mr Michael Bloomfield, Director of Performance and Corporate Services commissioned a Review of Outpatients Booking and Maria Wright from HSCB lead a piece of work in the Southern Trust undertaking a review and outcome report which was sent to Aldrina Magwood Director of Performance and Reform on 26/6/15 who shared the report with the Service Directors including Deborah Burns DAS who in turn shared the report with Acute ADs. The report made specific reference to triage as follows, “for the majority of urology referrals, daily triage is now achieved, but there is a long-standing issue with turnaround time from one Consultant and referrals not returned from triage continues to be a key issue for Booking staff”.

Relevant documents are located at

79. 20141208 E fHSCB Review of Outpatient Booking Processes located at S21 15 of 2022 Attachments



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- 80. 20141208 E fHSCB Review of Outpatient Booking Processes A1 located at S21 15 of 2022 Attachments
- 81. 20141208 E fHSCB Review of Outpatient Booking Processes A2 located at S21 15 of 2022 Attachments
- 82. 20141208 E fHSCB Review of Outpatient Booking Processes A3 located at S21 15 of 2022 Attachments
- 83. 20150626 E fHSCB Review of Outpatient Booking Processes Report located at S21 15 of 2022 Attachments
- 84. 20150626 E fHSCB Review of Outpatient Booking Processes Report A1 located at S21 15 of 2022 Attachments
- 85. 20150626 E fHSCB Review of Outpatient Booking Processes Report A2 located at S21 15 of 2022 Attachments
- 86. 20150626 E fHSCB Review of Outpatient Booking Processes Report A3 located at S21 15 of 2022 Attachments
- 87. 20150804 E fAC Outpatient Review Action Plan located at S21 15 of 2022 Attachments (new)
- 88. 20150804 E fAC Outpatient Review Action Plan A1 located at S21 15 of 2022 Attachments

12.8 The general comments from the report based on the 5 specialty areas looked at which included urology were:

- The Registration process was robust.
- Recognised that triage was working in the Specialities looked at. However, the report made reference to Urology and the collection and delivery to Thorndale Unit and the long-standing issue with Mr O'Brien.
- Process on return of triage was generally good.
- Recognised Urology Waiting time 40 weeks.
- Service plan needed to address backlogs.

12.9 In the action plan there was a recommendation regarding when the 3-day turnaround standard was not met suggesting a process should be agreed with clinicians whereby the GP/Referrer Categorisation of Urgency was accepted and the RBC should



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proceed to book urgent appointments. Appendix 1 from the document was an action plan and I, as part of this work and the outstanding action, asked ADs their view, as they were to have discussed the findings in Specialty Meetings. However, the default process was only needed in urology.

12.10 However within the report Maria Wright noted for the majority of urology referrals daily triage is now achieved ,but there is a long-standing issue with turnaround from one consultant and referrals not returned from triage continues to be a key issue for booking staff.

12.11 On the 6th November 2015, I sent an e-mail to ADs referring to GP/Referrer categorisation of urgency. This had been an outstanding action from the HSCB Report. I was seeking clarification for the RBC staff. In the email, I reminded all regarding IEAP and the need for discussion with clinicians and the risks as waiting lists were becoming longer.

Relevant documentation is located at

20151106-20160311 Es AC, HT, BC, SG, RC, AMcV, KR, CR and Ors re triage located at Ongoing Discovery March 2022/ Acute/ Document No 77/ FSS

12.12 IEAP did allow, under Para 1.7.12, that if clinical priority was not received from Consultants within 72 hours, processes should be in place to initiate booking of urgent patients according to the GP's classification of urgency.

12.13 Any triage that was per GP Categorisation was very clear on the PTL, it was recorded with a code MTNL (MISSING TRIAGE NO LETTER) to signify the referral letter had never been returned to the RBC. The only area where triage turnaround was not regularly being met was with Mr O'Brien, however Martina Corrigan HOS Urology had advised to book with GP/Referrer Categorisation of Urgency and this was clearly highlighted on the urology PTL.

12.14 This was clear to ADs, HOS and OSL for all service/specialty areas. This comment MTNL (MISSING TRIAGE NO LETTER) would only have appeared on the Urology PTL. Relevant documents are located at



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89. 20220515 E fKR to AC Missing Triage PTL showing MTNL in comment field located in S21 15 of 2022 Attachments

90. 20220515 E fKR to AC Missing Triage PTL showing MTNL in comment field A1 located in S21 15 of 2022 Attachments

12.15 On 22nd January 2016, Heather Trouton AD SEC set up a group to work on review backlog and my HOS Helen Forde HOS Health Records and Katherine Robinson HOS RBC were invited to join that group. The purpose of this group was to set up extra clinics to shorten the waiting lists.

Please see relevant documentation located at

91. 20160122 Es JSandHT Review Backlog Urology Analysis located in S21 15 of 2022 Attachments

12.16 In 2016, there was a re-shuffle of ADs within Acute Services and Ronan Carroll became the AD for SEC.

12.17 In 2016, the Trust embarked on the implementation of eTriage. On 25th February 2016, I sent an email to ADs and HOS in Acute Services regarding the eTriage project. The purpose of the email was to look for areas/ specialties to start first and develop an Acute roll out plan. I also took the opportunity to remind ADs and HOS if eTriage came up on any other meeting agendas that they keep Katherine Robinson HOS RBC and the RBC staff informed so everyone was all working together and we avoided duplication.

Relevant documentation is located at

92. 20160225 E fAC to ADsandHOSs re ETriage located in S21 15 of 2022 Attachments

12.18 As each speciality started to use eTriage, Kate Cunningham as the Trust Lead for eTriage met with the Consultant teams and the HOS and OSL for the speciality and Katherine Robinson HOS RBC and Christine Rankin RBC Manager joined those meetings as part of a standard rollout process. My understanding from a recent discussion with Kate Cunningham in May 2022, (as I was trying to refresh my memory on roll out of eTriage for my s21 response) is that she would have gone through lessons



learned, for example scenarios receiving a referral for under 18s or for the wrong Trust, and within these meetings the speciality would have advised the triage arrangements for Surgeon of the week etc. and there was a training manual provided. She would have talked the Consultant through how to use the workbench and when a speciality went live, Kate Cunningham and the trainer were available to work with the Consultant in their admin session. My understanding from discussion with Kate Cunningham is that she kept an eye on the system and if she noticed delays or un-triaged items as the system was being implemented, she would have alerted the OSL and the HOS for the Service/Specialty. Please see emails attached relating to the rollout of eTriage.

Relevant documents are located at

- 93. 20150528 E fCW ETriage located in S21 15 of 2022 Attachments*
- 94. 20151217 E fCW ETriage Workshop located in S21 15 of 2022 Attachments*
- 95. 20170228 E fKC ETriage located in S21 15 of 2022 Attachments*
- 96. 20170327 E fKR ETriage Urology located in S21 15 of 2022 Attachments*

12.19 If the Consultant took an action in eTriage that required the Secretary or the RBC to follow up then the system prompted the Secretary or the RBC to follow up as the system automatically passed that message to their workbench, for example to advise if a patient needed to be discharged or inappropriate referral to Urology.

12.20 This system was intended to streamline the process of referrals through to Consultants; referrals would flow electronically and negate the RBC having to scan referrals to Consultants. The system provided clear visibility on un-triaged referrals to Specialty teams, for example Clinicians, OSLs and HOS. The e-Triage system only accepts referrals by speciality; it is not set up for individual consultants so even if a particular Consultant is requested on the referral, this would be ignored by the system as it pooled referrals by speciality. With the introduction of eTriage the default option of GP/Referrer Categorisation of Urgency was no longer in place and Mr O'Brien had to use the eTriage from 27/3/17. Mr O'Brien would have been receiving referrals as Surgeon of the week, and also any referrals assigned to him by other Urology Consultants. The Urology Service went live on eTriage in March 2017 and I have been advised by Christine Rankin RBC Manager that Mr O'Brien electronically triaged a total of 54 referrals between 27.03.17 and 31.03.18 all assigned to him by Other

Consultants. Also attached is a 6-week report on triage sent to him as Surgeon of the week.

Relevant documents are located at

97. 20220517 E fCRtoAC Examples of AOB Triage located at S21 15 of 2022

Attachments

98. 20220517 E fCRtoAC Examples of AOB Triage A1 located at S21 15 of 2022

Attachments

99. 20220517 E fCRtoAC Examples of AOB Triage A2 located at S21 15 of 2022

Attachments

100. 20220517 E fCRtoAC eTriage AOB Referrals assigned from other Urol

Consultants located at S21 15 of 2022 Attachments

12.21 The two main limitations of the e-triage system are:

- a) GPs can only use e-Triage therefore any referrals coming from another source, for example, Dentist or a Consultant passing to another speciality (Other Consultant (OC), these referrals are manually processed, i.e., not through the e-Triage system.
- b) ED referrals are still received manually by the RBC, i.e., not through the e-Triage system.

12.22 The RBC continued to escalate outstanding triage in respect of OC referrals, which are not on e-Triage and any outstanding referrals on eTriage. Please see email from Alana Coleman RBC dated 7th July 2017.

Relevant documentation is located at

101. 20170707-20171110 Es fRBC Missing Triage located at S21 15 of 2022

Attachments

12.23 eTriage offers a very visible view on non-triage to the consultant when they use the system. This is also visible to the OSLs and HOS.

Question 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.

13.1 In my role as AD FSS, I had limited involvement in the establishment of the Urology Unit in the Southern Trust area.

13.2 I was not aware of the overall plan. However, as a support service, some of my HOS were involved in the preparation of the IPT; this was our opportunity to advise what we needed to support the service. In general Planning colleagues would advise on the levels of activity that the unit / service was expected to deliver and all services that would be impacted would put in a bid for resources.

13.3 The IPT showing detail of the staffing requested by FSS is contained in the documents at Q9.2

See relevant documents located at

53. 20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings located at S21 15 of 2022 Attachments

54. 20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A1 located at S21 15 of 2022 Attachments

55. 20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A2 located at S21 15 of 2022 Attachments

56. 20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A3 located at S21 15 of 2022 Attachments

13.4 General issues were brought to my attention, for example at that time as I was responsible for collating medical equipment priorities for the Acute Services Directorate

and I recall a request for a lithotripter for the unit as mentioned earlier. On 31st October 2012, Martina Corrigan HOS Urology copied me into an email to make me aware that from 1st January 2013 that Urology Team South would commence seeing the Fermanagh population. She advised that Fermanagh GPs would send referrals to RBC and that clinics would be held in South West Acute Hospital (SWAH). She wanted to meet the Head of Health Records and RBC to discuss and plan arrangements. The email demonstrates that Martina Corrigan HOS Urology was responsible for the Urology Service and was ensuring that any changes that would impact on the RBC or Health Records were known. I forwarded the email on 31/10/12 to Helen Forde Head of Health Records and she met Martina Corrigan HOS Urology to ensure we were following the service instructions.

13.5 In relation to the plan and achievement of its aims, I was not responsible for this and I am not aware of being made aware of any risks to the plan at any meetings.

13.6 See relevant documents located at

102. 20121031 E fMC Fermanagh Urology Patients located at S21 15 of 2022 Attachments

103. 20130623 fHF to CC Funding for SWAH Urology Patients located at S21 15 of 2022 Attachments

Question 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.

14.1 In my role as AD FSS, this was not part of my remit and I am not aware of how the implementation plan was reflected in Trust Governance documents or Minutes of Meetings or the Risk Register. This would have been the responsibility of the HOS for Urology Services and the AD SEC.

Question 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?

15.1 This was not part of my remit and I am not aware of the issues noted in the Regional Review of Urology Services Team South Implementation Plan or whether they were resolved satisfactorily or whether problems persisted. This would have been the responsibility of the HOS for Urology Services and the AD SEC.

Question 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?

16.1 In my role as AD FSS, this was not part of my remit and I am not aware of any deficiencies as I was just ensuring that a funding bid for the support elements was included in the IPT and funding was received (see documents at Q9.2).

Question 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.

17.1 As AD FSS, I was not aware of any staffing problems within the unit since its inception. This was known and managed by HOS for Urology Services and the AD SEC. Other small issues were brought to my attention, for example Connie Connolly Lead Nurse in Outpatients sent an email 20th September 2013 requesting FSS attend a meeting in relation to moves to Thorndale Unit.

See relevant documents located at

104. 20130920 E fCC New Urology Unit located at S21 15 of 2022 Attachments

105. 20131011 E fCC New Urology Unit located at S21 15 of 2022 Attachments

106. 20131011 E fCC New Urology Unit A1 located at S21 15 of 2022 Attachments



17.2 In general, service areas are staffed in accordance with Commissioner funding. As described earlier at Q9.1 when a new service is being introduced planning colleagues who sit within the Performance and Reform Directorate will commence the development of an IPT to capture the required resources needed.

Question 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?

18.1 In relation to those posts, that I have managed that support the urology service I can confirm there would not be significant periods of staff absence that would go uncovered. If a secretary for example was off on sick leave, the other Secretaries covered some parts of the job straight away. The post would be covered as best as possible for a brief period and this could involve additional hours or overtime. If a sickness absence became a longer-term issue, then an expression of interest EOI would be completed and circulated amongst admin staff within Acute Services to back fill the post. For example, Personal Information redacted by the USI was off on a few occasions and her post was filled by Personal Information redacted by the USI initially from 1st April 2013. The attached report from HR Workforce shows information sickness levels for Secretaries. I cannot comment on other posts within the urology service.

Relevant documents are located at

107. 20220513 E fVM HR Analytics re Urol AdminStaff It absences located at S21 15 of 2022 Attachments

108. 20220513 E fVM HR Analytics re Urol AdminStaff It absences A1 located at S21 15 of 2022 Attachments

Question 19

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



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19.1 In my role as AD FSS, I was only concerned regarding admin staff and any periods of absence were covered. As staff absences in my area were covered as referred to at paragraph 18.1 in my view, there was no impact on the urology service.

Question 20

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

20.1 I have advised in my response to Q6 how some support services and roles transferred to me during my tenure. I have provided details in my responses at paragraph 6.7 to 6.9 to address this question and paragraph 7.3.

Question 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?

21.1 In 2009, the Health Records Service and the RBC transferred to my responsibility and in 2013, the secretaries and ward clerks within surgery medicine and IMWH transferred to my responsibility. With the transfer of these services came a governance responsibility in relation to patient records, outpatient booking, secretarial services and ward clerks. Please see my responses at Q7.3, Q7.4, Q7.16. My responses to these questions detail the timing of the transfers of services and all the component parts of these services. In my responses at Q8.1, Q8.2, Q8.4, Q8.5, Q8.7 to Q8.9 I have provided more detail on how the transfer of these services i.e. Health Records, RBC and secretarial services changed my governance responsibilities. Furthermore, in Q8.8 and Q8.9 I have set out with particular reference to urology the governance issues that were escalated to me i.e. late and non-return of triage and Mr O'Brien's practice of taking charts home. In Q 24.7 I have provided detail on a third issue that was brought to my attention in relation to clinics, which Mr O'Brien failed to dictate the clinic outcomes.

Question 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.

22.1 Urology Consultants are supported by Secretaries and Audio Typists as per the October 2021 list of urology secretarial staff and audio typists, which shows the allocation to each Consultant, and as advised at Q18 any periods of absence were covered. In general, the Commissioner only supports an allocation of 0.5 WTE to each Consultant but it is clear from the attached schedule that a number of Consultants in Urology had in excess of what the Commissioner is prepared to fund. This was due to historical allocations and staff alignment.

Relevant documents are located at

107. 20220513 E fVM HR Analytics re Urol AdminStaff It absences located at S21 15 of 2022 Attachments

108. 20220513 E fVM HR Analytics re Urol AdminStaff It absences A1 located at S21 15 of 2022 Attachments

109. 20160219 Es fSA and KR Secretarial Support located at S21 15 of 2022 Attachments

110. Jan2014-Present Timeline of SEC Service Administrators in Post located at S21 15 of 2022 Attachments

111. Oct 2021 List of Urology Secretarial Staff and Audio Typists located at S21 15 of 2022 Attachments

Booking and Secretarial Staffing Structure bates reference TRU-02050-TRU-02050

The admin staff that I manage have no role to play in supporting nursing staff working in the Thorndale unit.

Question 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?



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23.1 I became responsible for Secretaries and audio typists in 2013 and secretaries were allocated to particular consultants. Mr O'Brien's Secretary was Monica McCorry until June 2014 and Noleen Elliott from June 2014 to Mr O'Brien's retirement in July 2020.

Personal Information redacted by the USI was off on a few occasions and her post was filled on a temporary basis by Personal Information redacted by the USI initially from 1st April 2013.

23.2 In general across Acute Services Consultant Secretaries work to one or two Consultants, rather than a team approach and this was the case in Urology. The team of Secretaries will try to help during short-term periods of sickness / leave to cover for each other and this allocation will be overseen by the SA.

23.4 Administrative workload is monitored by the SAs through a number of mechanisms:

- a) Backlog reports. See detail provided at Q7.21
- b) Activity Reports which come from the Business Objects module on PAS. This report indicates clinical inpatient and outpatient activity per Consultant, which informs decisions regarding audio typing support.
Relevant documents are located at
20190801-20191031 Outpatient Clinic and Inpatient Elective and Day Case Activity Report (new)
- c) In 2013, Katherine Robinson HOS RBC introduced a process for spot checks. The SAs carry out monthly spot checks on Secretaries' work to ensure that patients are being followed up appropriately, for example added to a waiting list for surgery, recorded on DARO if waiting results etc.
- d) In practice to describe this process the SA would pick a secretary and would go on to the patient centre and select that secretary's consultant clinic by code and date that should have been typed say a month in the future and would have followed up with the secretary asking why a letter was not typed. If the SA, through the spot checks, noticed a Secretary not following an SOP or making mistakes this could be picked up quickly and addressed. Spot checks are particularly useful for new starts.
- e) Follow up spot check by reviewing random letters and ensuring that follow up was booked.



Relevant documents are located at

20220511 E SAtoAC Urology Spot Check located at Ongoing Discovery May 2022/ Document Number 77/ Acute/ Form Urology Service Administrators/ Form Orla Poland

20220511 E SAtoAC Urology Spot Check A1 located at Ongoing Discovery My 2022/ Document Number 77/ Acute/ Form Urology Service Administrators/ Form Orla Poland

23.5 Secretaries' workloads are monitored by the SA through the backlog report as set out at paragraph 7.21. the backlog report is an indicator if the secretary is falling behind with work.

Other points of note:

Digital dictation

23.6 The introduction of digital dictation was an enabler to assist manage typing backlogs as this meant work could be flowed to other audio typists to help with backlogs. As background, up until mid-2011 Consultants used analogue tapes to dictate patient letters. Mr Simon Gibson (AD Best Care Best Value) was the Senior Responsible Owner (SRO) for a project to move Consultants to using a digital dictation system (g2) and by 1/8/2012, most Consultants had moved to digital dictation.

23.7 When I was given responsibility for Secretaries in 2013 most Specialties were using digital dictation. I sent emails to ADs in 2014, 2015, 2016 and 2nd February 2017 about digital dictation usage. I attached the usage reports, which were by specialty and detailed the number of documents dictated by each consultant, to try to encourage more usage as that would have assisted with the backlog reports and the spread of work. However, it was not within my control to make Consultants use digital dictation, which would have sat with each service division. In terms of digital dictation, Mr O'Brien was an outlier in Urology, as the only Consultant not using digital dictation until 2017 whereas other consultant urologists were using digital dictation from at least 2014.

23.8 See relevant documents located at

112. 20140701 E fAC Digital Dictation Usage located at S21 15 of 2022 Attachments



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113. 20140701 E fAC Digital Dictation Usage A1 1of3 located at S21 15 of 2022 Attachments

114. 220140701 E fAC Digital Dictation Usage A1 2of3 located at S21 15 of 2022 Attachments

115. 20140701 E fAC Digital Dictation Usage A1 3of3 located at S21 15 of 2022 Attachments

116. 20150312 E fSA Digital Dictation Usage located at S21 15 of 2022 Attachments

117. 20150312 E fSA Digital Dictation Usage A1 1of4 located at S21 15 of 2022 Attachments

118. 20150312 E fSA Digital Dictation Usage A1 2of4 located at S21 15 of 2022 Attachments

119. 20150312 E fSA Digital Dictation Usage A1 3of4 located at S21 15 of 2022 Attachments

120. 20150312 E fSA Digital Dictation Usage A1 4of4 located at S21 15 of 2022 Attachments

121. 20170220 E fAC to ADs Digital Dictation Usage located at S21 15 of 2022 Attachments

122. 20170609 Es KR and MC Digital Dictation Usage AOB located at S21 15 of 2022 Attachments

Issues being raised

23.9 At times if issues came to light , for example a secretary is scheduling a patient for surgery they need to ensure all details from the (green form) adding to waiting list form is transferred to the theatre management system. This type of issue may have required a revision of a SOP or a communication to the health records team or the RBC team or to the secretarial team .It is the responsibility of the HOS, Helen Forde HOS Health Records or Katherine Robinson HOS RBC to update their respective teams. This was a two-way process so if RBC staff, Secretaries or Health Records staff brought to the SAs' attention issues that were causing frustration these were sent to me to escalate to ADs to share with Consultants.

Relevant documents are located at

123. 20151218 Es fKR and AC to ADs Admin Issues located at S21 15 of 2022 Attachments



124. 20160217 E fAC Followup to ADs re Admin Issues raised by RBC Dec2015 located at S21 15 of 2022 Attachments

Question 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.

24.1 Throughout my tenure as AD FSS, given the breadth of the job and my wide portfolio I have to rely on HOS to escalate issues of concern. I would say I have an open-door policy and try to help HOS to solve issues.

24.2 I have always met with my team each month for the HOS meetings and at these meetings, we discuss a range of issues - staffing, incidents, complaints, training etc. I also carry out 1 to 1s every 4/6 weeks with my HOS. In addition, I attend team meetings about once or twice per year. These meetings are organised by Katherine Robinson HOS RBC for her team (Lucia Cunningham SA, Orla Poland SA, Anne-Marie McAlinden SA and Christine Rankin RBC Manager) and also with Helen Forde HOS Health Records (now Joanne McEvoy) with her team (Pamela Lawson Records Manager, Andrea Cunningham Records Manager, Helen McCaul ED and Ward Clerk Manager and Sinead Corr ED and Ward Clerk Manager). I also have team meetings with the rest of the managers in my portfolio. All these provide an opportunity for issues to be raised and discussed.

Relevant documents are located at

20180910 FSSMG HR Finance Governance and Performance Notes be located at Relevant to Acute/Document Number 2L/ Functional Support Services/2018

125. 20140115 Notes of SAs Mtg located at 21 15 of 2022 Attachments

24.3 Throughout my tenure, interface issues would come to my attention as escalated, i.e. those issues that were causing difficulties for the admin teams and needed to be resolved with the Urology Specialty or wider Acute Services. The main issues for Urology were as follows:

24.4 Issues re the provision of services

- a) Issues raised re charts not being available as the Consultant had them at home. See detail at Q8.8.
- b) Issues raised re late/ non-return of triage can be found at Q8.9.
- c) On a number of occasions, I emailed Clinical colleagues of the importance of IEAP. See detail provided at 12.1 (this refers to early actions taken regarding bedding in IEAP when I first became responsible for the RBC) and 12.7 (this refers to the HSCB Review of outpatient booking) and associated documents.
- d) When backlog reports went to the Specialty teams, the SAs would have made efforts to explain delays in a part of the report that they had responsibility for, for example typing. The SA would advise what action she was taking to get the issue resolved. This delay for example could have been caused by staff absences and the Specialty team would have come back to the SA if they felt there were issues that were unresolved. The backlog reports are collated by the SAs from information supplied by secretaries and they do not contain information on triage or missing charts. The backlog report does contain information regarding undictated clinics but this information will only be accurate if the secretary has been open and accurate in providing the information to the SA.
- f) An issue was raised by Andrea Cunningham SA regarding Commissioner funding regarding funding for the fifth Urology Consultant post as this was 0.5 Consultant Secretary funding as historically Urology Consultant had more secretarial support than 0.5 Whole Time Equivalent and I raised the issue with Sandra Waddell, Head of Planning. In general, the Commissioner only supports an allocation of 0.5 WTE to each Consultant but it is clear from the attached schedule that a number of Consultants in Urology had in excess of what the Commissioner is prepared to fund. This was due to historical allocations and staff alignment.
- g) When SAs raised the digital dictation reports, I escalated to Service Divisions to encourage uptake. I was doing this to help the SAs be able to flow work. I sent emails to ADs in 2014, 2015, 2016 and 2nd February 2017 about digital dictation usage. I attached the usage reports, which were by specialty and detailed the number of documents dictated by each consultant, to try to encourage more usage as that would have assisted with the backlog reports and the spread of work.

However, it was not within my control to make Consultants use digital dictation, which would have sat with each service division.

- h) See detail and documentation at paragraph 23.7 and 23.8.
- i) If staff raised issues re staff shortages due to sickness or maternity leave absence, I would have tried to address re overtime / temporary staff.

24.5 Relevant documents are located at

109. 20160219 Es fSA and KR Secretarial Support located at 21 15 of 2022 Attachments

24.6 Staff Personnel Issues

- a) In 2015 and again in 2019 the SAs were unhappy regarding their Agenda for Change (AFC) job banding outcomes and raised this with me. I advised on the process, ensured that I was signing off a true representation and tried to support staff through the AFC appeal process.

Relevant documentation is located at

126. 20130626 Es fPL,DDandOrs Banding of Acute Admin ACF Band Uplifts located at 21 15 of 2022 Attachments

- b) Other staff also raised issues with job bandings – these included Heath Records Managers, ED Reception staff and Ward Clerks. I advised staff on the process and ensured that I was signing off a true representation and tried to support staff through the AFC appeal process.

Undictated Clinics

24.7 On 20th December 2016, Katherine Robinson HOS RBC emailed me to advise that Mr Noleen Elliott (Mr O'Brien's Secretary) emailed her SA, Andrea Cunningham, to advise regarding a list of clinics that Mr O'Brien had not dictated. I believe at this time Mr O'Brien was off on sick leave, this was the first time Mr O'Brien's secretary had advised

of this issue. This was concerning as I was not aware that Mr O'Brien would not have been dictating outcomes from his clinics and I forwarded this email on the 22/12/16 to Ronan Carroll AD SEC, and this should have initiated action by Martina Corrigan HOS Urology and Ronan Carroll AD SEC to follow-up with Mr O'Brien. The list of clinics that had not been dictated on dated back to 24/11/14. This indicated that there had been an issue with Mr O'Brien's dictation of clinics outcomes dating back to 2014.

Relevant documents are located at

127. 20161220 Es fKRandAC Backlog Report No Clinic Outcomes located at 21 15 of 2022 Attachments

128. 20161220 Es fKRandAC Backlog Report No Clinic Outcomes A1 located at 21 15 of 2022 Attachments

24.8 Ronan Carroll AD SEC and I had a discussion on 22/12/16 and he advised that Martina Corrigan HOS Urology was looking into this as some other issues had been brought to his attention. Following a conversation with Ronan Carroll AD SEC on the 5th January 2017 I emailed Katherine Robinson HOS RBC and asked her to run an attendance report starting with the oldest clinic dated 24/11/14 and this was sent to Mr O'Brien and he was advised to start with the oldest clinic date and record the clinic outcomes and dictate letters. All these clinic outcomes (discharged from clinic, or add to review waiting list) were forwarded to the RBC and updated on PAS. Any dictation was sent to Mr O'Brien's secretary Noleen Elliott to type.

Relevant documents are located at

129. 20170105 E fAC Backlog Report No Clinic Outcomes located at 21 15 of 2022 Attachments

130. 20170105 E fAC Backlog Report No Clinic Outcomes A1 located at 21 15 of 2022 Attachments

24.9 This incident demonstrated that this secretary was not following standard process. The standard process to be followed is that a consultant holds his clinic and dictates a clinic letter to the GP on every clinic attendance on a timely basis. I would have expected that Noleen Elliott, Mr O'Brien's Secretary, would have been following up with her Consultant Mr O'Brien to advise that he had not dictated on clinics, also I would have

expected that when she was aware of delays in dictation, she would have brought that to the attention of her SA Andrea Cunningham. If this had happened this would have been apparent on the backlog report and would be visible to myself, Katherine Robinson HOS RBC, Andrea Cunningham SA, Martina Corrigan HOS Urology and Ronan Carroll AD SEC and to the Urology Consultants.

24.10 I was advised in January 2017 by Katherine Robinson HOS RBC that she and Andrea Cunningham SA met Noleen Elliott, Mr O'Brien's Secretary, on 15th December 2016 to explain that unless undictated clinics were included on the Backlog Report management had no way of knowing this. In Katherine Robinson's HOS RBC email of 20/12/16, she advised that as learning from this discovery she had asked all secretaries to provide this information on the backlog report so that the SA had a full picture of what work was outstanding in each specialty.

Relevant documents are located at paragraph 24.7

Question 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.

25.1 As AD FSS the day-to-day management of the Urology Service was not within my remit, this sat with the, Martina Corrigan HOS Urology and the AD SEC (Heather Trouton /Ronan Carroll).

Question 26

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

26.1 The Trust has a clear performance review system, known as Personal Development Plans (PDPs) and I conduct annual PDPs for all of my HOS and any staff who report directly to me and this system cascades throughout the organisation. I believe



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undertaking a PDP is an important step in developing a relationship and rapport with HOS and any staff who report directly to me.

26.2 My managers would carry out PDPs on their direct reports and so on down the management tiers. The Trust's Education Learning and Development team issue reports on the number of PDPs completed and the number outstanding.

Relevant documents are located at

131. 20181107 E fSA Urology Issues from Admin KSFs located at 21 15 of 2022 Attachments

26.3 After I receive the quarterly PDP compliance reports, I raise PDP compliance at my next HOS meetings. If there are particular areas of non-compliance / little evidence that PDPs were taking place, I would discuss with the HOS at 1 to 1 meetings to ensure improved compliance with PDPs. PDPs would have been added to my HOS Work Plans.

Relevant documentation is located at

132. FSS Key Priorities 2017.18 located at 21 15 of 2022 Attachments

26.4 Over and above this process I periodically called with managers and carried out some spot checks on PDPs, in particular to read staff members' comments and get a feel for any issues, no significant issues were identified. Noleen Elliott's PDP would have been undertaken by the SA Marie Evans / Andrea Cunningham / Collette Mc Caul / Orla Poland see timeline of SEC SAs at paragraph 22.1.

Question 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.

27.1 Yes, my role as an AD is subject to performance review, and my PDP was undertaken by my line manager the DAS. My agreed objectives are included in part A of attached PDP Copies attached.

Relevant documents are located at



133. 20190902 Anita Carroll PDP Part A located at 21 15 of 2022 Attachments

134. 20190902 Anita Carroll PDP Part B located at 21 15 of 2022 Attachments

Engagement with unit staff

Question 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.

28.1 As AD FSS the day-to-day management of the Urology Service was not within my remit, this sat with the HOS for Urology and the AD SEC.

28.2 I have a responsibility to engage with my own team and this included those staff within my team that provide a support service to the Urology Service.

28.3 As advised, I have always met with my team each month for the HOS meetings and at these meetings, we discuss a range of issues - staffing, incidents, complaints, training etc. I also carry out 1 to 1s every 4/6 weeks with my HOS. In addition, I attend team meetings about once or twice per year. These meetings are organised by Katherine Robinson HOS RBC for her team (Lucia Cunningham SA, Orla Poland SA, Anne-Marie McAlinden SA and Christine Rankin RBC Manager) and also with Helen Forde HOS Health Records (now Joanne McEvoy) with her team (Pamela Lawson Records Manager, Andrea Cunningham Records Manager, Helen McCaul ED and Ward Clerk Manager and Sinead Corr ED and Ward Clerk Manager). I also have team meetings with the rest of the managers in my portfolio. All these provide an opportunity for issues to be raised and discussed.

Relevant documents are located at

20180910 FSSMG HR Finance Governance and Performance Notes be located at Relevant to Acute/Document Number 2L/ Functional Support Services/2018

125. 20140115 Notes of SAs Mtg located at 21 15 of 2022 Attachments



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Question 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.

29.1 As AD FSS, I did not have a responsibility for meeting staff in the unit but I did meet my support staff who supported the unit through my HOS monthly meetings, HOS 1 to 1 meetings every 4/6 weeks, and in addition, I attend team meetings about once or twice per year. These meetings are organised by Katherine Robinson HOS RBC for her team (Lucia Cunningham SA, Orla Poland SA, Anne-Marie McAlinden SA and Christine Rankin RBC Manager) and also with Helen Forde HOS Health Records (now Joanne McEvoy) with her team (Pamela Lawson Records Manager, Andrea Cunningham Records Manager, Helen McCaul ED and Ward Clerk Manager and Sinead Corr ED and Ward Clerk Manager). I also have team meetings with the rest of the managers in my portfolio. All these provide an opportunity for issues to be raised and discussed.

Relevant documents are located at

20180910 FSSMG HR Finance Governance and Performance Notes be located at Relevant to Acute/Document Number 2L/ Functional Support Services/2018

125. 20140115 Notes of SAs Mtg located at 21 15 of 2022 Attachments

Question 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.

30.1 As AD FSS the day-to-day management of the Urology Service was not within my remit, this sat with the HOS for Urology and AD SEC. However as explained earlier there were interface issues between the services that I manage and the Urology service. These issues were with Mr O'Brien regarding triage, charts and undictated clinics that all caused issues for my team.

30.2 In December 2018, Katherine Robinson HOS RBC advised me that Noleen Elliott, Mr O'Brien's Secretary, spoke to her on 18th December 2018 when she was in her office.

I believe at the same time Katherine Robinson HOS RBC advised me that there had been an interaction on the 14/12/18 between Collette McCaul SA and Noleen Elliott. In both interactions Noleen Elliott advised that she was feeling harassed by the information requests that were being sought as part of the monitoring arrangements in relation to Mr O'Brien. I am not sure about the exact date however this may have been the same date 18/12/18 as I was normally on the Craigavon site every Tuesday for the DAS team meetings. Katherine Robinson HOS RBC gave me the notes of both meetings. From these notes, it is clear that the weekly monitoring was causing tensions for Noleen Elliott and HOS Urology. Collette McCaul SA asked Mrs Elliott if she wished to be referred to Occupational Health or any other support services but she declined. For the purpose of my S21 submission, I spoke to Katherine Robinson HOS RBC in relation to this matter and she advised that she made Martina Corrigan HOS Urology aware of this issue around the same time.

Relevant documents are located at

135. 20181214 Notes of Mtg CMcC SA and NE located in S21 15 of 2022 Attachments

136. 20181218 Notes of Mtgs KR and NE located in S21 15 of 2022 Attachments

Governance – generally

Question 31

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

31.1 As AD FSS the day- to- day management of the Urology Service was not within my remit, this sat with the HOS Urology, the AD SEC and the Clinical Director. I manage the admin staff that support urology e.g., Secretaries, RBC and Health Records. Within Acute Services, I would attend Governance Meetings along with Acute colleagues and would have been aware of issues regarding waiting times.

31.2 My role is such that I have an interface with the service areas in respect of RBC, Health Records and Secretarial Services.



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31.3 Where a governance issue relating to Consultant practice is highlighted through the admin process regarding triage, charts, undictated clinics I would escalate this issue to the HOS Urology or AD SEC for them to action.

31.4 On 15th May 2017 through a letter from Siobhan Hynds, Head of Employee Relations in the Trust I was made aware of an investigation and that Dr Neta Chada was assigned as the Case Investigator along with Mrs Hynds. The letter set out a clear list of questions. That was the first time I had ever been asked a series of questions regarding Mr O'Brien. Attached is my statement in response. Shortly after this, I was off [Personal Information redacted] leave May 2017 to July 2017 [Personal Information redacted by the USI]. I do not recall receiving any feedback on this investigation or recommendations.

31.5 The relevant documents are located at

137. 20170302 E FAC to Acute ADs Admin Pressures located in S21 15 of 2022 Attachments

20170515 R re MHPS Investigation - SH to AC located at Relevant to Acute/ Evidence after 4 November Acute/ Document no 77/ FSS

20170816 E AC to SH witness statement located at Relevant to Acute/ Evidence added or renamed 19 01 2022/ Acute/ FSS/

138. 20170816 E AC to SH Witness Statement Professional Standards Investigation located in S21 15 of 2022 Attachments

139. 20170816 E AC to SH Witness Statement Professional Standards Investigation A1 located in S21 15 of 2022 Attachments

Question 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?

32.1 As AD FSS the clinical governance arrangements within the Urology Service were not within my remit, this sat with the HOS Urology, the AD SEC and the CD for Urology.



32.2 The services that I have responsibility for which interface with Urology Service are the RBC, Health Records and Secretarial Services. As advised earlier, any interface issues regarding Mr O'Brien's practice: delays in triage, taking charts home and undictated clinics were escalated to the Urology Service to address.

32.3 On the 19/10/2018, Mrs Robinson HOS RBC received an e-mail from Christine Rankin RBC Manager to provide an update regarding Urology triage. The e-mail was during the time that Martina Corrigan HOS Urology was monitoring Mr O'Brien. On 23/10/2018, I was copied into an email to the SA, Colette McCaul, Ronan Carroll AD SEC and Wendy Clayton, Acting HOS, about notes and dictation. From the e-mails, it appeared that Ronan Carroll AD SEC was updating a number of senior staff, Vivienne Toal Director of Human Resources and Organisational Development and Dr Khan Medical Director in relation to Mr O'Brien. All these e-mails suggest a level of supervision from the SEC Division monitoring positions with regard to dictation, triage and charts concerning Mr O'Brien.

Relevant documents are located at

140. 20181019 E fCR Urology Triage and Escalation located in S21 15 of 2022 Attachments

141. 20181023 Es fRC and Ors AOB Notes and Dictation No1 located in S21 15 of 2022 Attachments

142. 20181023 Es fRC and Ors AOB Notes and Dictation No2 located in S21 15 of 2022 Attachments

32.4 On 28/6/2019, I emailed Dr Damian Gormley in relation to administrative process which if adhered to would help admin staff and minimise risk of delays to patients.

See relevant documentation located at

143. 20190628 E fAC to DG Admin Issues located in S21 15 of 2022 Attachments

Question 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?

33.1 The services that I have responsibility for which interface with Urology Service are the RBC, Health Records and Secretarial Services. This interface is the same for all Medical and Surgical Specialties. The staff I manage are non-clinical and in my team each HOS has a responsibility to deliver their service to a high standard or ensure that shortfalls are being raised / escalated to OSLs/HOS/services ADs for specialty areas, or to me if needed or to the service AD. Examples / steps that we take to assure quality of service include the following: (These examples relate to all Specialties).

- a) Reports from Data Quality Team.
- b) Weekly validation (data quality) reports within our own teams this also helps with the process at (f) below.
- c) The DNA letters / IEAP process.
- d) For inpatients – the discharge letter – ward clerk maintains list of outstanding and chases these up- does not print / email to secretary until it has been verified – ensures follow ups and referrals are not missed.
- e) DARO this is a function within PAS used by Secretaries to chase up results, this is a failsafe.
- f) For Outpatient Clinics – the Secretary will type the dictation from the clinic, then the Secretary accesses their clinic list on PAS Patient Centre and any attendances with no dictation or DNA or CNA noted, the Secretary will follow up with the Consultant or Doctor from clinic. This is to ensure follow-ups and discharges etc. are all completed.
- g) Records – making sure charts are available for clinics – prepping the week before – identifying missing charts, and logging these / triggering search before the clinic.
- h) Outpatient Clinic outcome sheet this is a clear pathway to identify what is happening to each patient after attending a clinic.
- i) Backlog reports see detail as set out at in my response at Q7.21.
- j) Spot checks see detail as set out at in my response at Q23.4(c), Q23.4 (d) and Q23.4 (e).
- k) Op reg (open registration). From late 2018, a piece of regional work began to cleanse open registrations on PAS. If a patient attends a clinic there should be an outcome, for example they should be added to a review waiting list, or added



to DARO as awaiting results, or discharged. This report is reviewed within Acute Services by the SAs and Secretaries to ensure that patients are not being missed.

- I) Validation work in line with regional waiting list management.

Question 34

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

34.1 As AD FSS the oversight of the performance metrics of the Urology Service were not directly within my remit, this sat with the OSL for Surgery, HOS Urology and the AD SEC. However, as a support service there were things that I brought to the attention of the HOS Urology and AD SEC, i.e. Triage, charts and un-dictated clinics as detailed earlier. See my responses at Q8.1 to Q8.9 where I have described my services and the interface with Urology and how escalation of issues regarding triage and patient notes were reported to the urology service and paragraph 24.7 where I have described the issue that came to light regarding undictated clinics and in Q24.8 and Q24.10 the steps taken to remedy this issue.

Question 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?

35.1 Firstly, I would say in my role as AD FSS I provide a support service to Urology Service as detailed earlier. There is a range of indicators that I consider in terms of safety: staff feedback or concerns, incidents for example missing charts, complaints, backlog reports and triage escalations. I believe that when such concerns as triage, taking charts off the hospital site and undictated clinics were raised they were brought to the attention of the HOS Urology or AD SEC as these were issues relating to consultant practice and I needed them to address them with the consultant. The issues regarding Triage and taking charts home were raised with Deborah Burns DAS. Furthermore, regarding triage this was recognised by the HSCB review of outpatient booking and this report was sent



to Aldrina Magwood Director of Performance and Reform. These governance issues were identified and they were reported to the Urology service to address with the consultant.

35.2 All FSS staff undergo induction and mentoring within the teams. Staff within FSS have SOPs that are used to guide staff regarding correct processes and these are available on each area's shared drive and on SharePoint. An example of an SOP attached.

Relevant documentation is located at

20180604 SOP - Acute Secretaries SEC13 Process for typing OP letters on Patient Centre located at Relevant to Acute/ Document Number 21/ FSS

35.3 Specifically, I would have other measures within my service area that would act as indicators of good practice. For example, Helen Forde, Head of Health Records conducted Patient Surveys at Outpatients to establish if the Reception staff were helpful. In addition, the Head of Health Records maintains monthly KPIs to establish the availability of charts at outpatient attendance and for inpatient admissions. This report demonstrates a high percentage of charts available at clinics for example in October 2019 99.7% of charts were available for clinics.

Relevant documentation is located at

144. 2019.20 Health Records Sample KPIs located at S21 15 of 2022 Attachments

35.4 At points in time, other work was initiated like the Review of Outpatient Booking 2015 by the HSCB, which demonstrated good processes regarding the RBC. Please see detail and the documents referred to at Q12.7

Question 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?



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36.1 The Trust has various ways / mechanisms to capture concerns. From an internal perspective, in my area as described earlier, I have an open-door policy so staff could call and speak with me, email me or call me. As advised, I have many interface meetings with my staff teams – monthly HOS meetings, 1 to 1 meetings with HOS and other managers' team meetings, and they can raise any concerns.

Relevant documents are located at

20180910 FSSMG HR Finance Governance and Performance Notes be located at Relevant to Acute/Document Number 2L/ Functional Support Services/2018

125. 20140115 Notes of SAs Mtg located at 21 15 of 2022 Attachments

36.2 Within the SHSCT there is a Datix incident reporting system for managers/staff to log incidents/issues. I see every Datix relating to my service area and if any Datix indicates that there is an issue relating to the practice of staff in another Service area then I make the Service/Specialty aware of the issue in order for them to address the matter. For example, issues with charts being in the Consultant's home, delays with triage and non-dictation of clinics, which were escalated to me via the HOSs for Health Records or RBC I would have escalated to the relevant Service area. Please see Q 8.8 regarding unavailability of charts, Q8.9 regarding Triage and Q 24.7, 24.8, 24.9 and, 24.10 regarding undictated clinics. Despite escalation there continued to be issues with Mr O'Brien's triage until the introduction of eTriage. In relation to taking charts home, this practice continued until Mr O'Brien retired. There were no further issues with undictated clinics identified to me but this may have been as a result of monitoring arrangements in place by Martina Corrigan HOS Urology. In my view the issues (triage, taking charts home and undictated clinics) were identified and reported to the urology service but workaround arrangements were put in place rather than remediating the issues directly with the consultant.

36.3. Triage was raised in the HSCB Review of Outpatient Booking 2015 Report and this was shared with the Urology Service as they had responsibility for the Consultants in their team.

36.4 From an external perspective, the Trust has many processes for patients / clients / relatives/ staff to raise concerns:

- a) The complaint process: I see every complaint for my Service area and review every response
- b) MLAs sometime write on constituents behalf
- c) Service user feedback
- d) Care Opinion from 2021
- e) Whistle blowing policy

36.5 On a monthly basis at my HOS meeting we discuss complaints and identify themes and take action to ensure learning.

36.6 At the Acute Governance SMT we also review complaints, risk registers, and incidents.

36.7 It may be worth mentioning that whenever the Southern Trust issued a statement about clinical concerns in respect of a Consultant Urologist on 25th October 2020, I had previously been asked by Melanie McClements DAS in September 2020 to assist and support the setting up of a patient information line in anticipation of the potential of a public announcement. With assistance from Helen Forde HOS Health Records and Katherine Robinson HOS RBC, I took the following actions:

- a) I spoke to the Telecoms Manager John Mitchell and got 2 dedicated telephone numbers
- b) Drafted a script for the helpline
- c) Developed a patient pro forma to capture the callers' concerns
- d) I agreed that in particular for week 1 the calls would be manned by Katherine Robinson and Helen Forde and they could work out of a dedicated office
- e) I suggested opening hours for callers
- f) I advised how the patient pro forma would be sent 2 times per day to Martina Corrigan HOS Urology so that she could take forward any necessary follow-up.

Relevant documents are located at

145. 20200910 E fAC to MMcC Helpline desk info located at S21 15 of 2022 Attachments



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146. 20200910 E fAC to MMcC Helpline desk info A1 located at S21 15 of 2022 Attachments

147. 20200910 E fAC to MMcC Helpline desk info A2 located at S21 15 of 2022 Attachments

148. 20200910 E fAC to MMcC Helpline desk info A3 located at S21 15 of 2022 Attachments

149. 20201030 E fMC to KR and HR re Information Line located at S21 15 of 2022 Attachments

150. 20201030 E fMC to KR and HR re Information Line A1 located at S21 15 of 2022 Attachments

36.8 When the announcement was made, I was asked by the Melanie McClements DAS to speak to Noleen Elliott, Mr O'Brien's Secretary and the other Urology Secretaries to advise them that the announcement was being made and to ensure if patients rang the secretary they would be directed to the helpline. I spoke to Katherine Robinson HOS RBC and followed up with an email attaching the press release and gave her advice on sharing with Noleen Elliott, Mr O'Brien's Secretary and the other Urology Secretaries. This action was taken to ensure if patients rang, the Secretary would be directed to the helpline number.

Relevant documents are located at

151. 20201026 E fAC to KR re comms with Urology Secs re AOB Press Release located at S21 15 of 2022 Attachments

152. 20201026 E fAC to KR re comms with Urology Secs re AOB Press Release A1 located at S21 15 of 2022 Attachments

36.9 As the information from the helpline was recorded all of this information was sent to Martina Corrigan HOS Urology, Ronan Carroll AD SEC and Melanie McClements DAS on a daily basis, as I understood Mrs Corrigan was actioning with assistance from the clinical team.

Question 37

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



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37.1. The system used to escalate issues with charts being in the Consultant's home, delays with triage and non-dictation of clinics, was from the HOS RBC or Health Records to the HOS Urology in the first instance. If issues remained unresolved, they could be escalated to me to raise with the AD SEC and or the DAS. In addition, there was the triage escalation flowchart developed by Deborah Burns DAS, which escalated untriaged referral at week 2 to the OSL urology Sharon Glenny and to Martina Corrigan HOS Urology detail in paragraph 8.11. These notification processes remained the same; if issues became known, they were identified and reported to the HOS Urology / AD SEC. Despite escalation there continued to be issues with Mr O'Brien's triage until the introduction of eTriage. In relation to taking charts home, this practice continued until Mr O'Brien retired. There were no further issues with undictated clinics identified to me, but this may have been as a result of monitoring arrangements in place by Martina Corrigan HOS Urology.

37.2 The systems as outlined at Q36.4 detail broad mechanisms for concerns to be raised. Initially the Datix incident reporting system was a paper-based system going to a central office until 2012, at which point the system was developed into a new electronic web-based system that made the system more accessible to staff to report incidents and for managers to look at trends and see status of investigations.

37.3 There were other systems implemented to make it easier for patients to give their views, for example introduction of Care Opinion and service user feedback.

Question 38

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

38.1 In my role as AD FSS, I have a very broad remit and a wide portfolio; I rely on HOS, SAs and managers to bring to my attention issues of concern. I am in daily contact with my teams either in person, by phone or via e-mail. In addition, if AD colleagues had issues with my services they would bring these to my attention. I receive every Datix incident report that is raised within FSS, I see every complaint raised about FSS and I review

every complaint response before returning to the acute complaints team. Every month I receive the backlog reports. As advised I have an open-door policy and all staff can escalate concerns to me. Also at my HOS meeting each month, we discuss complaints and incidents and risk registers and each HOS has an opportunity to provide any updates from their area.

Question 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?

39.1 As AD FSS, I do not have responsibility for clinical governance; however I provide a support service to many clinical areas and Urology is one of these. I would refer to my earlier responses in Q8.8 and Q8.9 where I set out with particular reference to urology the governance issues that were escalated to me i.e., late and non-return of triage and Mr O'Brien's practice of taking charts home. I have detailed how these issues were escalated to the urology service to address. In Q 24.7 I have provided detail on a third issue that was brought to my attention in relation to clinics which Mr O'Brien failed to dictate on and I have detailed how this was escalated to the Urology service to address. However, in relation to this concern, this was raised with the Urology service when identified, but this practice of non-dictation had been going on from 24/11/14, and in this 2-year period this had not been identified. I am clear that the reason for this is that the secretary did not provide information to the SA.

In order to address the issue, I was raising in respect of triage the urology service took the following actions:

March 2014 to September 2014 – Mr Michael Young Clinical Lead for Urology completed Dr O'Brien's unnamed triage. This action addressed the issue but was only a short-term solution.

2014 to 2017 - GP/Referrer Categorisation of Urgency was used for triage (until the introduction of eTriage in urology). This action did not address the issue; this just provided a mechanism to add un-triaged referral to the waiting list per GP categorisation. However, with the introduction of eTriage this concern was addressed.



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In order to address failure to dictate clinics the urology service took the following action: February 2017 to Mr O'Brien's retirement – Monitoring arrangements by Martina Corrigan HOS Urology and there were no further issues escalated to me in relation to undictated clinics.

More detail on these actions is detailed at paragraph 48(g).

39.2 Any concerns from my area that interfaced with Urology Service were raised by my HOS directly with the HOS for Urology and AD SEC, or escalated to me and I raised with the HOS for Urology or AD SEC these concerns were identified and escalated to the HOS Urology and AD SEC as these concerns were all related to consultant practice and they were responsible for the service and I expected them to address the issues.

Question 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.

40.1 Each AD has a responsibility to manage concerns/risks if impacting on their service area in line with the Trust's Risk Management Strategy.

40.2 The 3 on-going concerns that FSS had relating to the clinical practice of Mr O'Brien which impacted on admin services (triage, missing charts and undictated clinics) were raised with the HOS for Urology Service and the AD SEC and I would have expected them to address these issues. I am not aware how the urology service reflected these issues in their Governance meetings or on their risk register.

40.3 FSS identified a risk in 2013 regarding charts being transported to SWAH as this was outside of the Southern Trust area but this was not logged on the Divisional risk register as a process had been put in place to manage transport of charts to that clinic and mitigate the risk. The process put in place was in line with the trust policy on safeguarding movement of charts.



Two general risks relating to missing charts were logged on the FSS Divisional Risk Register one related to tracking of charts via case note tracking, the other one is in relation to charts not being available if needed for an admission or a clinic attendance.

Relevant documents are located at

*153.20210302_SafeguardingMovementTransportationofPatientClientStaffTrustRecords
_2.4_IG located at S21 15 of 2022 Attachments*

154. Extract from Divisional FSS Risk Register located at S21 15 of 2022 Attachments

Question 41

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

41.1 Patient notes are a repository for patient information and at clinics Consultants write directly into the patient notes. If a patient is admitted to hospital as an emergency admission, then staff in ED collect data on the eEMS system. If a patient is a planned admission, then they will have gone through pre-assessment and their data is collected on PAS. The clinical team use the notes throughout an inpatient or day case episode to record the treatment and care.

41.2 In RBC, the primary electronic systems that are used for collecting patient data are as follows:

- a) PAS: This system contains demographics, data is entered to reflect admissions, outpatients' attendances, throughout the patient journey the patient is prompted to check that their details are correct, for example telephone number. This could occur at Outpatients desk or checking in electronically using the Saviance system, which is a check-in kiosk at Outpatients.
- b) Clinical Communication Gateway (CCG): This system enables GPs to refer a patient into secondary care electronically.
- c) eTriage: This system is linked to CCG and allows primary care referrals to flow to the workbench of the triage Specialty Consultant and then allows the Consultant to update the system with their triage outcomes, which assists with adding patients to the correct waiting list. There are some limitations with eTriage in relation to OC

referrals, and therefore the RBC still provide escalation to the Service on OC referrals.

41.3 The primary systems that are used by Secretaries/ Audio Typists are as follows:

- a) PAS: This system uses the Daro (Discharge awaiting results) function of PAS to record outstanding results. This is a failsafe to ensure follow-up. Case note tracking is a function / embedded in PAS for recoding the last known location of a chart. PAS was updated circa. 2013 with a Patient Centre module which is primarily PAS but it has a more user-friendly interface.
- b) G2: This system is used to transcribe Consultant dictation.
- c) Theatre Management System: Secretaries who work for Consultants who perform surgery use this system to upload details of patients for surgery so this information is available when the patient arrives at theatre.
- d) NIECR (Northern Ireland Electronic Care Record): This system is used by Secretaries to look up information such as patient results.

41.4 The primary systems used by Ward Clerks are as follows:

- a) PAS: This system is used to record admissions / transfers and discharges and they record time stamps to identify medically fit, estimated date of discharge and delay reasons.
- b) ECM: This is an electronic correspondence management system to ensure that any discharges that ask for follow-up are actioned.
- c) Flow: This is a visual ward-based system that enables Nursing staff and Admin staff to record admissions, transfers and discharges in real-time. FLOW is the Bed Management system used in SHSCT. It was implemented fully in 2012/2013. It is used on our Acute and Non-Acute Hospital sites. Initially the FLOW system reflected the current patients admitted to our inpatient wards, as shown on PAS. If a ward clerk updated PAS with a discharge, admission or transfer, the FLOW system would refresh to display the latest information. The FLOW whiteboards allow multi-disciplinary teams on wards to see a lot of information about patients they are treating and update "indicators" to show the stage of treatment or referral for example to AHP services. In 2015, a Bi-Directional interface was added between FLOW and PAS. This interface meant that certain transactions could now be made by a nurse via the FLOW whiteboard (Admissions / Discharges / Transfers) and these would be reflected on



PAS. This ensured better accuracy of our PAS system in evenings and weekends as these transactions could now be made in real-time by Nurses and not just when a Ward Clerk was on duty.

41.5 The Datix system is a corporate system with access to all staff to report incidents and managers have access to investigate and identify trends.

41.6 Case note tracking is a function / embedded in PAS for recording the last known location of a chart. We have tracking codes for Consultants and Secretaries and this is a location indicator to assist when finding charts, however the system cannot tell that charts are not in that location, it is up to the person to whom the chart is tracked to be responsible for it.

41.7 Our Information Department provide us with data quality reports to identify missing data from our systems for example clinic attendance report.

41.8 Clinic Attendance Reports come from the Information team on a weekly basis from part of PAS known as Business Objects. This records who attended the clinic and unrecorded attendances, to ensure PAS is up-to-date and clinics recorded. This is shared with SAs to check with Secretaries to ensure all attendances were recorded.

41.9 In Q41.1 to Q41.8 I have described the systems used to collect data. In relation to the issues/concerns that were identified the PAS system and the PTL report enabled the identification of untriaged patients and even when permission was given to book according to GP categorisation the referral was logged on the system with the clear notification MTNL. The case note tracking system did identify that charts were not in the location that was recorded on the system but the system could not identify that they were in Mr O'Brien's home. Although Business Objects produces the report on Clinic Attendances it does not link them to dictation so FSS are not able to know if a Consultant is not dictating unless the Secretary declares this on the Backlog report.

Question 42

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

42.1 See paragraph 41.9 above which describes how some of the systems helped to identify concerns.

In the main, the systems work and capture the required data. With reference to the 3 issues of concern:

Triage: In relation to the referral system, this changed from a manual paper based system with the introduction of CCG in 2015, this meant GPs could refer electronically and with the introduction of eTriage 2016 (Urology 2017) this meant the referral was automatically logged on PAS and passed to the consultant electronically for triage. This reduced the need to print referrals. These changes were very welcome as they improved the efficacy of the referral system as it became more electronic and required less manual input from the RBC. However as detailed at Q12.21 the system has some limitations relating to OC referrals.

Charts: The case note tracking system did identify that charts were not in the location that was recorded on the system but the system could not identify that they were in Mr O'Brien's home. There were no changes to this system.

Non-dictation of clinic attendances: Business Objects produces the report on Clinic Attendances it does not link them to dictation so FSS are not able to know if a Consultant is not dictating unless the Secretary declares this on the Backlog Report.

Although there were no system changes to assist in monitoring the non-dictation of clinic attendances, Mr O'Brien's move to digital dictation in 2017 meant that the number of clinic letters to be typed were visible to the SA, and this metric is recorded on the backlog report.

42.2 The introduction of PAS Patient Centre 2013 and Flow December 2013 have been welcomed by staff. Patient Centre has made PAS an easier system to navigate and move away from the 'green screen' and Flow has enabled ward information to be updated in real time.

42.3 However, I would add that the fact that the HSCNI is on a pathway to a completely new system Encompass suggests there is a need for an overarching patient information system.

Question 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.

43.1 In my role as AD FSS, I had no part in performance objective setting. This would have sat with the Urology Team - AD SEC, HOS, CD and AMD.

Question 44

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

44.1 In my role as AD FSS, I had no part to play in job planning or consultant appraisal.

Question 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.

45.1 The main issues of concern relating to the admin interface with Urology were delays in triage, and taking charts home, and undictated clinics.



Triage: concerns with triage were raised by me and the RBC with Martina Corrigan HOS Urology and Heather Trouton AD SEC until 2016. These issues were also known by Deborah Burns DAS, as she put in place the triage flowchart to help with escalation in February 2014. In addition, Heather Trouton had raised this issue with Michael Young Clinical Lead for Urology and Robin Brown CD and copied this email to myself on 26/11/13 see paragraph 8.9. When the review of outpatient booking was carried out by HSCB in 2015, the report referenced delays in turnaround from one consultant in urology, this was Mr O'Brien.

Charts: concerns regarding Mr O'Brien taking charts home were raised by health records and by myself with Martina Corrigan HOS, Heather Trouton AD SEC, Deborah Burns DAS Eamon Mackle AMD, see paragraph and documentation at 8.8

Non-dictation of clinics: This issue was raised with Martina Corrigan HOS Urology and Ronan Carroll AD SEC. Please see responses at paragraph, 24.7. In Q48 (d), I have provided detail on the steps the Urology service took to address these issues. As the issues my team and I were escalating were related to Mr O'Brien's clinical practice, it was the responsibility of the Urology service to address.

Question 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.

46.1 As AD FSS, my interface with Medical Management is limited. However, there were occasions when I emailed Medical colleagues in relation to particular issues.

46.2 Below are examples of emails that I sent which are general admin in nature, covering all Specialties with no specific reference to Urology;

- a) 21st December 2015 email to ADs to share with AMDs etc regarding issues like highlighting red flag on g2, clinic outcome sheets etc. All these issues were frustrating the admin team. The matter was discussed at the following Tuesday



Acute SMT Team Talk. I was depending on the service ADs to share with AMD, or consultants, or to discuss at their specialty governance meetings.

Relevant documentation is located at

155. 20151221 E fAC to ADs Admin Issues located at S21 15 of 2022 Attachments

- b) 2nd March 2017 I emailed Service ADs regarding admin pressures and frustrations and asked for better communication on a range of issues, such as late notice cancellations of patients for surgery, which meant the admin staff were calling the patient to advise, managers not being kept apprised of consultants leaving on sick leave etc and asked to share with HOSs or share at specialty level. Again, I was depending on the service ADs to share with AMD, or consultants, or to discuss at their specialty governance meetings.

Relevant documentation is located at

156. 20170302 E fAC to Acute ADs Admin Issues located at S21 15 of 2022 Attachments

- c) On the 17/6/17 , Mr Mark Haynes, CD for Urology on receipt of the backlog report for May 2017 expressing concern about the robustness of this data particularly in relation to results to be dictated. On 20/6/2017, Katherine Robinson HOS RBC responded by email to Mr Mark Haynes, CD for Urology and copied to me. Within this email, Mrs Robinson referenced the fact there was a reliance that the Secretary is open and accurate and discloses undictated clinics and she was taking steps to provide assurance. From this email, it was clear that he was engaged and interested and he advised that he would be happy to be part of discussions. I believe this demonstrated support to the admin service.

Relevant documentation is located at

157. 20170617 E fMH to KRandOrs re Backlog Report located at S21 15 of 2022 Attachments



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31st July 2019 I emailed AMDs regarding admin issues this email was copied to Melanie McClements DAS, Dr Maria O’Kane Medical Director, and to Helen Forde HOS Health Records and Katherine Robinson HOS RBC. The content of this email was to make clear each of my HOS responsibility, to highlight issues with how Doctors were using digital dictation, clinic outcomes etc. It was not clear to me that all AMDs disseminated this information to all medical teams .Dr O’Kane’s office shared the content of this email with the wider Medical team on 1st April 2022. I believe this demonstrates support to admin staff.

Relevant documents are located at

158. 20190731 E fAC Admin Issues located at S21 15 of 2022 Attachments

159. 20220401 E fSW tAC re MOK email to Medical Staff re Admin Processes located at S21 15 of 2022 Attachments

160. 20220401 E fSW tAC re MOK email to Medical Staff re Admin Processes A1 located at S21 15 of 2022 Attachments

46.3 The RBC would have advised on non-adherence to IEAP, for example that triage should be returned within 72 hours and escalated un-triaged referrals to the Consultant’s Secretary, and to the OSL/ HOS/AD for the Speciality / Service.

46.4 On 30th January 2019, Collette McCaul SA emailed all the Secretaries advising them about using the Daro function of PAS. Noleen Elliott, Mr O’Brien’s Secretary, had shared this email with Mr O’Brien who responded to Collette McCaul and copied to Mr Mark Haynes CD expressing his alarm about such a directive and requesting for it to be withdrawn. Mr Haynes confirmed on 7th February 2019 that Daro was the appropriate process to use. This email trail was copied to me by Katherine Robinson HOS RBC on the 7/2/19. I believe this demonstrates that Mr Mark Haynes CD was supporting the admin staff and reinforcing that the use of DARO was a failsafe for governance purposes.

Relevant documentation is located at

161. 20190207 E fKR re E fMH confirming gov issue Secretaries and Daro Issue located at S21 15 of 2022 Attachments

162. 20190211 E AC to EG re Secretaries and Daro issue located at S21 15 of 2022 Attachments



163. 20190211 E AC to EG re Secretaries and Daro issue A1 located at S21 15 of 2022
Attachments

Concerns regarding the urology unit

Question 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.

47.1 As AD FSS, I did not have a responsibility for the Urology Service. The persons responsible were the HOS for Urology and the AD SEC. I provide support to this area as described earlier at Q7.2. I have described in my responses how my service interfaces with Urology Service and how matters were escalated to the Urology Service.

I never met with the Chief Executive, the Medical Director, the AMD, or the Urology consultants in relation to the urology service.



I liaised with the DAS on a limited basis regarding admin issues within Urology for example in relation to the development of the Triage flowchart in February 2014 with Deborah Burns DAS, along with Martina Corrigan HOS Urology, and Katherine Robinson HOS RBC.

In addition, I emailed Deborah Burns DAS on the 3/9/13 regarding Mr O'Brien taking charts home and she agreed to speak to the CD/AMD. On 12/2/14, I asked Pamela Lawson Health Records Manager for an update regarding Mr O'Brien and Mrs Lawson sent me a full list of charts Mr O'Brien had to bring in from his home, which I shared with Heather Trouton AD SEC, and Mr Eamon Mackle Associate Medical Director (AMD) and Martina Corrigan HOS Urology Paragraph 8.8.

In relation to undictated clinics 22/12/2016 I raised this with the Ronan Carroll AD SEC.

47.2 Other examples of liaison with the DAS specifically in relation to urology were:

In September 2020, Melanie McClements DAS asked me to meet with Noleen Elliott See paragraph 50.3.

On 30/9/20, Melanie McClements DAS emailed me and she followed up with a conversation in October regarding a review being undertaken by Dr Rose McCullough AMD Primary Care and Dr Mary Donnelly AMD Primary Care. This review was a follow up to a recommendation from a report from Dr A Khan under Maintaining High Professional Standards. See details and documents at paragraph 55.6 and 55.7.

In November 2020, I was asked by Melanie McClements DAS to assist Martina Corrigan HOS Urology with a further piece of work regarding 4 issues (triage, patients' notes at home, undictated clinic and private to NHS patients. See details and documentation at paragraph 55.8.

HOS Urology

Question 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: -



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

48(a)(i) The main issues of concern about delays in triage, un-dictated clinics and taking charts home were raised with me by my HOS Katherine Robinson HOS RBC and Helen Forde HOS Health Records and I escalated these issues with the HOS Urology and AD SEC for them to address as referred to in my responses at Q8.8 with regard to taking charts home, Q8.9 regarding Triage and the actions and workarounds are detailed at Q8.10 to 8.13 Q24.7, Q24.8, Q24.9, Q24.10 regarding undictated clinics and follow up action.

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

48(b) (i) FSS provide a support service for the Urology Service and the issues affecting my team were identified and raised with the Speciality area to be addressed, I have no clinical governance responsibility, it would be the responsibility of the Urology management team to risk assess the potential impact of these concerns.

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

48(c) (i) I would have been aware that issues such as late triage and undictated clinics had the potential to impact on patient care and safety. This was the reason these issues were reported to the Urology Service as these were all issues with regard to consultant practice .My expectation was that the issues were the responsibility of the HOS for Urology, the AD SEC or the CD/AMD to address with the consultant.



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

48(d) (i) March 2014 to September 2014 – Mr Michael Young Clinical Lead for Urology completed Dr O'Brien's unnamed triage. This agreement was reached by the Urology service who then instructed the RBC to put this in place.

48(d) (ii) 2014 to 2017 - GP/Referrer Categorisation of Urgency was used for triage. This agreement was reached by the Urology service who then instructed the RBC to put this in place. However, the RBC did continue to escalate untriaged referrals and did reference these on the PTL.

48(d) (iii) February 2017 to Mr O'Brien's retirement – Monitoring arrangements by Martina Corrigan HOS Urology. This agreement was reached by the Urology service and implemented by the service.

48(d)(iv) In addition to the above, Secretarial Services as part of normal business had monitoring arrangements in place (across all areas) including the Backlog Report see paragraph 7.21 and spot checks to ensure Secretaries were following processes as laid down in SOPs see details and documents at paragraphs 23.4(c),(d) and (e).

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

48(e) (i) the systems put in place to address concerns were as follows:



March 2014 to September 2014 – Mr Michael Young Clinical Lead for Urology completed Dr O'Brien's unnamed triage. This meant referrals were being triaged on a timely basis. During this period triage was updated so this agreement worked

2014 to 2017 - GP/Referrer Categorisation of Urgency was used for triage. This meant that referrals were added to the waiting list but escalation continued. This agreement worked in so much that the referrals were added to the waiting list by GP categorisation however they had not been triaged by secondary care, and on this basis escalation to the urology service continued.

February 2017 to Mr O'Brien's retirement – Monitoring arrangements by Martina Corrigan HOS Urology. This monitoring arrangement was outside of my area and I never saw any output from Martina Corrigan HOS Urology monitoring. However, during this time, there were no further undictated clinics highlighted to me and in March 2017, Mr O'Brien moved to eTriage which assisted the Service area with monitoring his compliance with triage.

48(e) (ii) The following reports that the SAs run are Data Quality Reports. These reports are to ensure good data quality on our electronic information systems at the end of each month, details of which are as follows:

01F – Outpatient clinic attendance with no attendance outcome (review, discharge or add to waiting list)

01E – Outpatient Appointments with no attendance code recorded (attended or did not attend)

01K – Outpatient Consultant led clinic attendances with no staff grade recorded.

These reports demonstrated that the data was being collected and recorded appropriately.



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48(e) (iii) More recent reports were developed for the SA to run from Business objects in relation to the following

Report 11 circa 2021 This report was developed to assist with monitoring– Active Waits with Suspect Cancer Method of Admission – following introduction of new priority 2A-D codes this allows the SA to check that all suspect cancer patients have been added using a correct priority code.

Report 15 circa 2021 – New OP Referrals – referral source PTN (Private to NHS) – allows the SA to check that PTN patients are not given priority over NHS patients. This report was developed from the internal audit report see paragraph 54.6.

Relevant documents are located at

164. 20220620 E fSA Active Waits Suspect Cancer Patients Report located at S21 15 of 2022 Attachments

165. 20220620 E fSA Active Waits Suspect Cancer Patients Report A1 located at S21 15 of 2022 Attachments

166. 20220610 E fSA Private and NHS Work Report located at S21 15 of 2022 Attachments

167. 20220610 E fSA Private and NHS Work Report A1 located at S21 15 of 2022 Attachments

48(e) (iv) Monitoring was carried out by Martina Corrigan HOS Urology, however I never had sight of any monitoring records. However, during this time, there were no further undictated clinics highlighted to me and in March 2017, Mr O'Brien moved to eTriage which assisted the Service area with monitoring his compliance.

48(e)(v) When the Service area issued the instruction to the RBC to add referrals to the waiting lists in line with GP/Referrer Categorisation of Urgency this meant that the referral was added to the waiting list, and this was visible to the Service area on the PTL as it carried the comment Missing Triage No Letter MTNL. This agreement worked in so much that the referrals were added to the waiting list by GP categorisation however they had not been triaged by secondary care, and on this basis escalation to the urology service continued.



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

48(f) (i) See response at Q48 (e). I did not test these assurances as these related to consultant practice.

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

The three work arounds that were put in place were.

48(g) (i) March 2014 to September 2014 – Mr Michael Young Clinical Lead for Urology completed Dr O'Brien's unnamed triage. I think this was successful as this meant referrals were being triaged by a secondary care consultant.

48(g) (ii) 2014 to 2017 - GP/Referrer Categorisation of Urgency was used for triage. This arrangement allowed patients to be added to the waiting list per the GP/Referrer Categorisation of Urgency without being triaged by secondary care and this was visible to the service area on the PTL as it carried the comment Missing Triage No Letter MTNL. I know this meant patients were added to a waiting list, but without appropriate triage. If the GP categorisation was incorrect, this meant that patients were placed on the wrong waiting list.

48(g) (iii) February 2017 to Mr O'Brien's retirement – Monitoring arrangements by Martina Corrigan HOS Urology. Any monitoring information was not shared with me as this was a measure put in place by the Urology Service. I did not know the detail of this monitoring but I know Martina Corrigan HOS Urology liaised with the RBC and the HOS for Health Records in this regard. On the 19/10/18, Katherine Robinson HOS RBC emailed Wendy Clayton Acting HOS Urology regarding Urology triage and escalation asking, as Martina Corrigan HOS Urology was absent was someone undertaking the monitoring in her absence. I believe that Wendy Clayton acting HOS then commenced the monitoring. As stated previously I am not clear how successful this was but during this time no further undictated clinics were escalated to me.

Relevant documentation is located at

168. 20181019 E fKR to ACandWC Triage and Escalation located at S21 15 of 2022
Attachments

48(g) (iv) I cannot comment on the monitoring arrangements in place by Martina Corrigan HOS Urology but during this time no further undictated clinics were escalated to me.

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

48(h) (i) See response at Q48 (e).

Question 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?**

49.1 Initially, I was aware of 2 issues of concern in relation to Mr O'Brien; triage and taking charts home. These were clearly identified and escalated as far as Director level. These escalations continued over a long period and were made on multiple occasions. I believe these concerns were properly identified to the Specialty team. Another issue that became known was un-dictated clinics in December 2016. When this issue was identified, it was brought to the immediate attention of Ronan Carroll AD SEC and steps were taken to address the matter.

49.2 Triage: In relation to the issue with Mr O'Brien not carrying out triage on a timely basis as stated this was identified and instead of reaching a solution workarounds were put in place, for example from March 2014 to September 2014 Mr Michael Young Clinical

Lead for Urology completed Dr O'Brien's unnamed triage and 2014 to 2017 the GP/Referrer Categorisation of Urgency was used for triage. I was not privy to any risk assessment undertaken or clinical discussion had by the service in relation to these decisions.

49.3 Charts at home: I believe that in most instances where Mr O'Brien took charts home, we did manage to get the charts returned. Health Records have a missing charts database and managers record on this and note that they have followed multiple searches, and if a chart remains missing the Health Records Managers completes a Datix. From an email dated 5th March 2021, Martina Corrigan HOS Urology asked me about the procedures following when notes are missing. There were 13 sets of notes that were not accounted for, however on resending to Pamela Lawson (Records Manager) she was able to update and advise that she found 6 sets of notes, so 7 remained tracked to Mr O'Brien but not located. However, of these charts, 5 of them never had a Urology episode so would have been unlikely to be with Mr O'Brien, possibly these were tracked in error. The remaining 2 charts suggested they were private patients and in line with destruction guidance all 7 of these charts should have been destroyed. Mrs Lawson is still looking into this. There was extensive work carried out with Martina Corrigan HOS Urology and Health Records team to ensure that all charts were returned. If Health Records staff cannot locate a chart, they add this on a list, which is visible to the Health Records team and this is reviewed on a monthly basis by the Records Manager. The Records Manager makes a determination on what needs to be added to the missing charts database, which is on a shared file and is reviewed by the Head of Health Records. Email dated 18th March 2021 from Pamela Lawson Records Manager with updates on missing charts.

Relevant documents are located at

- 169. 20210305 E fMC Missing Charts No1 located at S21 15 of 2022 Attachments
- 170. 20210305 E fMC Missing Charts No2 A1 located at S21 15 of 2022 Attachments
- 171. 20210305 E fMC Missing Charts No2 located at S21 15 of 2022 Attachments
- 172. 20210305 E fMC Missing Charts No3 located at S21 15 of 2022 Attachments
- 173. 20210305 E fMC Missing Charts No3 A1 located at S21 15 of 2022 Attachments
- 174. 20210318 E fPL Missing Charts located at S21 15 of 2022 Attachments



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49.4 Un-dictated clinics: If I had known the extent of the undictated clinics prior to December 2016, I would certainly have brought this to the attention of the Urology Service. After December 2016, I was not made aware of any further incidents of undictated clinics.

49.5 I believe the assessment of clinical risk is outside of my remit and could only have been assessed by the Urology Service HOS / AD / clinical colleagues.

Question 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).

50.1 From February 2017 until Mr O'Brien retired monitoring was carried out by Martina Corrigan HOS Urology (Wendy Clayton 2018 while Martina Corrigan Personal Information redacted by the USI),. Martina asked Collette McCaul SA to assist and that involved Collette McCaul going into the office of Noleen Elliott, Mr O'Brien's Secretary, on a regular basis to check on dictation etc. Collette McCaul SA advised Katherine Robinson HOS RBC that this was leading to tensions with Mrs Elliott. Collette McCaul SA met with Mrs Elliott on the 14th December 2018 when she advised that she was feeling harassed by all the questions asked in respect of Mr O'Brien – see Mrs McCaul's note from this meeting. At that meeting, Collette McCaul SA asked Mrs Elliott if she wished to be referred to Occupational Health or any other support services but she declined. Noleen Elliott, Mr O'Brien's Secretary, spoke to Katherine Robinson HOS RBC on 18th December 2018 when she was in her office and took the opportunity to advise her of her issues - see Mrs Robinson's note of this interaction. Katherine Robinson HOS RBC informed Martina Corrigan HOS Urology and myself of the tensions with Mrs Elliott.

Relevant documentation is located at

135. 20181214 Notes of Mtg CMcC SA and NE located at S21 15 of 2022 Attachments

50.2 At a 1 to 1 in September 2020 Katherine Robinson HOS RBC shared a note of a meeting with me. The meeting took place on 1st September 2020. Katherine Robinson HOS RBC spoke to Noleen Elliott regarding a complaint received from a member of Nursing staff, alleging that Noleen was unhelpful. Katherine Robinson HOS RBC then phoned Noleen who advised Katherine that she was stressed over the investigation. As Mrs Robinson felt this conversation did not end well, she contacted Noleen on 2nd September 2020. During this conversation, Noleen advised she had changed some data on PAS at the request of Mr O'Brien I am not aware of the detail of these changes. Katherine Robinson HOS RBC advised that she should not be doing this and reminded her that she needed to follow instructions from line manager. Noleen said she found this difficult as she worked with Mr O'Brien for a long time and she felt she had loyalty towards him. HOS Urology.

Relevant documentation is located at

175. 20200901-02 Notes of Mtgs KR and NE located at S21 15 of 2022 Attachments

50.3 Melanie McClements DAS asked me to meet with Noleen Elliott Mr O'Brien's Secretary to raise some issues. These were detailed in an email dated 3rd September 2020 from Martina Corrigan HOS Urology to Katherine Robinson HOS RBC and myself. Katherine and myself met with Noleen the same day to go through the issues – see the note of the meeting on the 3rd September 2020. In that meeting Noleen indicated that she would prefer to work in another Speciality and then we arranged that she would join the Breast team. In this meeting on the 3rd September 2020 Noleen Elliott also mentioned oncology letters from the Belfast Trust that she had not got back from Mr O'Brien which were on NIECR .On the 10/9/20 I shared the note of this meeting with Melanie McClements DAS and Ronan Carroll AD SEC and Martina Corrigan HOS Urology .

Relevant documents are located at

176. 20200903 E fMC to ACandKR Issues to raise at mtg with NE located at S21 15 of 2022 Attachments

177. 20200904 E fKR to AC and MC Notes of Mtg KR and NE 20200903 located at S21 15 of 2022 Attachments

178. 20200904 E fKR to AC and MC Notes of Mtg KR and NE 20200903 A1 located at S21 15 of 2022 Attachments



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179. 20200910 E fAC and MMcC and RC Notes of Mtg KR and NE 20200903 located at S21 15 of 2022 Attachments

180. 20200910 E fAC and MMcC and RC Notes of Mtg KR and NE 20200903 A1 located at S21 15 of 2022 Attachments

50.4 On 12/10/20, Katherine Robinson HOS RBC received an email from Martina Corrigan HOS Urology advising that Noleen Elliot met with Melanie McClements DAS and raised concerns about charts in her office. Melanie McClements DAS asked that these charts were reviewed and a plan developed on what action was needed. Katherine Robinson HOS RBC emailed Martina Corrigan HOS Urology to advise that her team would review these files. Katherine Robinson copied me into this email on 12/10/20. Following review of the files by Orla Poland SA and Carrie McConville Secretary they had left any queries with Mr Omer Urology Consultant as advised by Martina Corrigan HOS Urology. On 21/10/20, Katherine Robinson emailed Martina Corrigan HOS Urology and me to advise that all remaining charts had been returned to filing as there was no further action required on them and reminded Martina Corrigan HOS Urology that she needed to follow up with Mr Omer Urology Consultant. .

Relevant documentation is located at

181. 20201021 E fKR tAC re Charts in NEs office located at S21 15 of 2022 Attachments

50.5 Katherine Robinson HOS RBC met with Noleen on 6th November 2020 to clarify the issue regarding oncology letters as this had been noted in the meeting of the 3/9/20, and Katherine updated Martina Corrigan HOS Urology and myself on the 6/11/20. She advised that she had confirmed Noleen Elliott was following the process as agreed in 2017 therefore on this basis this was not an issue.

Relevant documentation is located at

182. 20201106 E fKR to AC and MC re NE Log of letters passed to AOB located at S21 15 of 2022 Attachments



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50.6 After the Southern Trust press announcement 25th October 2020, I advised Katherine Robinson HOS RBC to speak to all the Urology Secretaries about the press announcement in case they received calls from the public.

Relevant documents are located at

151. 20201026 E fAC to KR re comms with Urology Secs re AOB Press Release located at S21 15 of 2022 Attachments

152. 20201026 E fAC to KR re comms with Urology Secs re AOB Press Release A1 located at S21 15 of 2022 Attachments

Question 51

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

51.1 As AD FSS, this would not have been part of my remit. This would have been a matter for HOS Urology and AD SEC.

Mr. O'Brien

Question 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)?

52.1 As AD FSS, this would not have been part of my remit. I have never had any meetings with him. I did not have direct contact with Mr O'Brien.

Question 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.

53.1 As AD FSS, I did not have any part in the formulation or agreement of Mr O'Brien's job plan.

Question 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.

54.1 The three issues of concern regarding Mr O'Brien that I was aware of were delays with triage, patient charts being taken home, and undictated clinics.

Triage: From 2013/14, I became aware of triage delay issues with Mr O'Brien. Prior to Deborah Burns becoming DAS triage escalation was dealt with at Dr Rankins DAS Tuesday morning meeting directly with the specialty areas HOS Urology and AD SEC. If there were delays or non-returned triage, Dr Rankin would have instructed the HOS Urology to address the matter. When Mrs Burns took up post, she restructured the Service Divisions moving Secretaries and other admin to my area (June/July 2013) with the intent that the Service Divisions were to focus on performance and targets. This moved Secretaries to allow the OSLs and HOS to concentrate on performance so the Tuesday meetings were largely stood down and the focus was on OSLs regarding performance. Triage, which is a metric within IEAP, is central to performance. As outlined in Q8.9 on 26/11/13, Heather Trouton had emailed Mr Michael Young Clinical Lead for Urology and Mr Robin Brown CD raising issues regarding Mr O'Brien's delays in triage and taking charts off site, she copied me into this email. This email referenced both triage delays and having charts at home. Previous to Mrs Trouton's email to me, triage was dealt with at Dr Rankin's Tuesday morning meetings as set out at paragraph 12.2. I sent Heather Trouton's email on 4/12/13 to Katherine Robinson HOS RBC and Helen Forde HOS Health Records to advise they needed to ensure that the return of named referrals were to be closely monitored and to advise me on any problems arising so that I could advise Mrs Trouton. I am not clear how long the issue with triage existed before being brought to my attention.



Due to continued issues with non-return of referrals from triage, in February 2014 Deborah Burns DAS developed a triage escalation flowchart process to escalate any issues in relation to delays in triage - this is detailed in Q8.11 I was included in the escalation flowchart as an escalation at week 4 and on this basis the RBC staff emailed me regarding non return of triage. However, the OSL for Urology and the HOS Urology were included in this escalation at week 2 as they were responsible for the performance of the specialty.

54.2 Taking patient charts home: I became aware of issues with Mr O'Brien's practice of taking charts off the hospital premises in 2013 as detailed in my previous response at Q8.8 when Pamela Lawson Health Records Manager had emailed Helen Forde HOS Health Records to advise on time being wasted looking for charts tracked to Mr O'Brien. I am not clear how long the issue with taking charts off the premises existed before being brought to my attention.

54.3 Undictated clinics: In December 2016, I received an email from Katherine Robinson to make me aware of another issue regarding Mr O'Brien's failure to dictate clinics. See more detail at my responses at Q24.7 to Q24.10, which outlines the issue and the remedial actions taken including the escalation to Ronan Carroll AD SEC. When this issue became known the undictated clinic lists made it clear this issue had existed from 24/11/14 as this was the oldest clinic date that had not been dictated however this was brought to my attention for the first time on 20/12/16.

54.4 My NHS work history was previously in the Newry and Mourne Trust so I had no knowledge of Mr O'Brien before I came to my post in 2007.

54.5 Although I became responsible for the RBC in 2009 it was only in 2013/14 that I was made aware of the issues regarding triage when Heather Trouton had emailed Mr Michael Young Clinical Lead for Urology and Mr Robin Brown CD raising issues regarding Mr O'Brien's delays in triage and taking charts off site, she copied me into this e mail. This email referenced both triage delays and having charts at home. Previous to Mrs Trouton's email to me, triage was dealt with at Dr Rankins DAS Tuesday morning



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meetings where she expected any issues regarding delays in triage to be addressed with the specialty areas OSL SEC, HOS Urology and AD SEC. I was not tasked with addressing any triage issues.

HOS Urology

54.6 On the 14th July 2021 I received an email from Emma Stinson (Personal Assistant to the DAS) attaching an Internal Audit Report in relation to Mr O'Brien's private medical practice. This was the first time I had received this audit report. Within the report, I read the recommendations and was aware that my title was added as responsible for some of the recommendations. Recommendation 1.7 was the only recommendation that I was required to action. Attached is copy email dated 20th July 2021 to Emma Stinson Personal Secretary to the DAS containing my comments and the report.

Relevant documents are located at

183. 20210720 E fAC to ES Internal Audit Private to NHS Work located at S21 15 of 2022 Attachments

184. 20210720 E fAC to ES Internal Audit Private to NHS Work A1 located at S21 15 of 2022 Attachments

Question 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.

55.1 There were a few occasions when I had correspondence with the DAS specifically in relation to Mr O'Brien. On the 3/9/13 I emailed Deborah Burns regarding time being wasted looking for charts and she advised she would speak to the AMD /CD. As at Q8.11 in Feb 2014 a new process for triage and flowchart for escalation was put in place by Deborah Burns DAS following a meeting with Deborah Burns DAS, myself, Martina Corrigan HOS Urology and Katherine Robinson although the flowchart was a general flowchart for all referrals it was put in place to help escalate issues with Mr O'Brien's



delayed triage. As at Q31.4 on 15th May 2017 through a letter from Siobhan Hynds, Head of Employee Relations in the Trust I was made aware of an investigation, and that Dr Neta Chada was assigned as the Case Investigator along with Mrs Hynds. The letter set out a clear list of questions. That was the first time that I had ever been asked a series of questions regarding Mr O'Brien. Attached is my statement in response. Shortly after this, I was off again [REDACTED].

Personal Information redacted by USI

I do not recall receiving any feedback on this investigation or recommendations. See documents at Q31.5

55.2 On 2nd September 2020 I was requested by Melanie McClements DAS to join a zoom call (Melanie, Martina Corrigan HOS Urology, Katherine Robinson HOS RBC and myself). I was asked to speak to Mr O'Brien's former secretary Noleen Elliott and on 3rd September 2020, Martina Corrigan HOS Urology emailed me a list of questions to raise with Noleen.

Relevant documentation is located at

176. 20200903 E fMC to ACandKR Issues to raise at mtg with NE located at S21 15 of 2022 Attachments

55.3 Katherine Robinson HOS RBC and myself met with Noleen Elliott and went through the questions and noted her responses.

Relevant documentation is located at

176. 20200903 E fMC to ACandKR Issues to raise at mtg with NE located at S21 15 of 2022 Attachments

55.4 These notes were drafted and shared with Noleen Elliott to ensure she was in agreement and then these were shared on 10th September 2020 with Melanie McClements DAS, Ronan Carroll AD SEC and Martina Corrigan HOS Urology.

Relevant documents are located at

179. 20200910 E fAC and MMcC and RC Notes of Mtg KR and NE 20200903 located at S21 15 of 2022 Attachments

180. 20200910 E fAC and MMcC and RC Notes of Mtg KR and NE 20200903 A1 located at S21 15 of 2022 Attachments



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55.5 On the 10th September 2020, Katherine Robinson HOS RBC emailed me to say that she had received an email from Dr Rose McCullagh AMD Primary Care. I sent the email to Melanie McClements DAS and Ronan Carroll AD SEC asking why this had been sent to Katherine Robinson HOS RBC and Christine Rankin RBC Manager. Melanie McClements DAS advised that this was a prospective review of the admin processes and that Martina Corrigan HOS Urology was leading on this.

55.6 On 30th September 2020, Melanie McClements DAS emailed me to say she needed to speak to me regarding a confidential issue and she sent me two documents - a Terms of Reference for a review and a document with findings as detailed in Q55.7

55.7 In October 2020 Melanie McClements DAS spoke to me and I was advised these documents as referred to at Q55.6 had been out -workings of a review undertaken by the two AMDs in Primary Care (Dr Rose McCullagh and Dr Mary Donnelly), as a result of a recommendation from a report from Dr A Khan under Maintaining High Professional Standards. I reviewed the TOR and the reported findings and picked up some issues. In relation to Dr McCullagh's understanding with regard to the processes within the RBC, I contacted Dr Rose McCullagh and she met with Katherine Robinson HOS RBC and Christine Rankin RBC Manager and worked through the document. I then met with Katherine Robinson HOS RBC and we went through the detail and agreed a revised version with Dr Rose McCullagh. My email of 22/10/20 refers. This revised version was copied to Melanie McClements DAS on 22nd October 2020. There are 4 recommendations in this review and one of these overlaps with the admin review document that was developed by Martina Corrigan HOS Urology (regarding triage). I sent a final version to Dr Rose McCullagh and Dr Mary Donnelly and copied to Melanie McClements DAS, Katherine Robinson HOS RBC, Ronan Carroll AD SEC and Martina Corrigan HOS Urology.

Relevant documents are located at

185. 20200910 E fRMcC to KR and RC Admin Processes Review located at S21 15 of 2022 Attachments

186. 20200930 E fHFtoAC Admin Processes Review A1 located at S21 15 of 2022 Attachments



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187. 20200930 E fHFtoAC Admin Processes Review A2 located at S21 15 of 2022 Attachments

188. 20200930 E fHFtoAC Admin Processes Review located at S21 15 of 2022 Attachments

55.8 In November 2020, I was asked by Melanie Mc Clements DAS to assist Martina Corrigan HOS Urology with a further piece of work regarding 4 issues (triage, patients' notes at home, undictated clinic and private to NHS patients). Martina Corrigan HOS Urology had been using these 4 issues to monitor Mr O'Brien. On 9th November 2020, Martina Corrigan HOS Urology emailed myself and Katherine Robinson HOS RBC with a document named Admin Review Processes v2.

I spoke to Martina Corrigan in May 2022 with reference to this admin review process for the purpose of this S21 submission.

55.9 On 10th November 2020, I tracked some changes into the document and sent back to Martina Corrigan HOS Urology. Katherine Robinson HOS RBC advised she was in agreement with the changes. The document was renamed v3.

55.10 On 16th November 2020, Martina Corrigan HOS Urology then advised that she had added some comments from Dr Gormley, and that Stephen Wallace AD had approached Mrs D Lynd from the Belfast Trust to run a critical eye over the document. Martina Corrigan HOS Urology agreed to set up a meeting. On 30/11/20, Martina Corrigan HOS Urology sent V4 of the document. She advised she had spoken to Mrs Lynd and would send her a version of the document.

55.11 After some discussions, Mrs Lynd returned her comments on 17th December 2020, and on 10th February 2021 Martina Corrigan HOS Urology sent v9 of the document which she was due to take back to the Urology Oversight Committee.

55.12 Relevant documents are located at

189. 20201109 E fMC to AC Admin Processes Review located at S21 15 of 2022 Attachments



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190. 20201109 E fMC to AC Admin Processes Review A1 located at S21 15 of 2022 Attachments

191. 20201109 E fMC to AC Admin Processes Review A2 located at S21 15 of 2022 Attachments

192. 20201009 E fAC to MMcC Admin Processes Review located at S21 15 of 2022 Attachments

193. 20201009 E fAC to MMcC Admin Processes Review A1 located at S21 15 of 2022 Attachments

194. 20201110 E fKR to AC Admin Processes Review located at S21 15 of 2022 Attachments

195. 20201110 E fKR to AC Admin Processes Review A1 located at S21 15 of 2022 Attachments

196. 20201110 E fKR to AC Admin Processes Review A2 located at S21 15 of 2022 Attachments

197. 20201217 E fDL to ACandMC Admin Processes Review located at S21 15 of 2022 Attachments

198. 20201217 E fDL to ACandMC Admin Processes Review A1 located at S21 15 of 2022 Attachments

199. 20201217 E fDL to ACandMC Admin Processes Review A2 located at S21 15 of 2022 Attachments

200. 20201217 E fDL to ACandMC Admin Processes Review A3 located at S21 15 of 2022 Attachments

201. 20201217 E fDL to ACandMC Admin Processes Review A4 located at S21 15 of 2022 Attachments

202. 20201217 E fDL to ACandMC Admin Processes Review A5 located at S21 15 of 2022 Attachments

203. 20201217 E fDL to ACandMC Admin Processes Review A6 1of5 located at S21 15 of 2022 Attachments

204. 20201217 E fDL to ACandMC Admin Processes Review A6 2of5 located at S21 15 of 2022 Attachments

205. 20201217 E fDL to ACandMC Admin Processes Review A6 3of5 located at S21 15 of 2022 Attachments

206. 20201217 E fDL to ACandMC Admin Processes Review A6 4of5 located at S21 15 of 2022 Attachments

207. 20201217 E fDL to ACandMC Admin Processes Review A6 5of5 located at S21 15 of 2022 Attachments

208. 20210310 E fAC to MMcC Admin Processes Review located at S21 15 of 2022 Attachments

209. 20210310 E fAC to MMcC Admin Processes Review A1 located at S21 15 of 2022 Attachments

210. 20210310 E fAC to MMcC Admin Processes Review A2 located at S21 15 of 2022 Attachments

211. 20210310 E fAC to MMcC Admin Processes Review A3 located at S21 15 of 2022 Attachments

212. 20210310 E fAC to MMcC Admin Processes Review A4 located at S21 15 of 2022 Attachments

213. 20210310 E fAC to MMcC Admin Processes Review A5 located at S21 15 of 2022 Attachments

214. 20210310 E fAC to MMcC Admin Processes Review A6 located at S21 15 of 2022 Attachments

215. 20220401 E from SW to MOK,ACand Ors Admin Processes located at S21 15 of 2022 Attachments

216. 20220401 E from SW to MOK,ACand Ors Admin Processes A1 located at S21 15 of 2022 Attachments

55.13 Internally, we have continued to work on implementing the actions from this admin process document. My understanding was that this paper formed part of a review of administrative processes following a formal investigation into concerns about Mr O'Brien under Maintaining High Professional Standards, which was undertaken by Dr Khan Acting Medical Director.

Relevant documents are located at

217. 20210326 Admin Review Processes v12 located at S21 15 of 2022 Attachments

218. 20210326 Admin Review Processes v12 A1 located at S21 15 of 2022 Attachments

219. 20210326 Admin Review Processes v12 A2 located at S21 15 of 2022 Attachments

220. 20210326 Admin Review Processes v12 A3 located at S21 15 of 2022 Attachments



221. 20210326 Admin Review Processes v12 A4 located at S21 15 of 2022 Attachments

222. 20210326 Admin Review Processes v12 A5 located at S21 15 of 2022 Attachments

The following actions were taken as a result of the Admin Review

55.14 Triage: On 5th August 2021, I emailed all ADs, OSLs, DAS and other Service Directors reminding them of the escalation process associated with triage and asked them to ensure their teams were escalating to Lead Clinicians and AMDs as necessary. Relevant documents are located at

223. 20210805 E fAC Triage Escalation Process located at S21 15 of 2022 Attachments

224. 20210805 E fAC Triage Escalation Process A1 located at S21 15 of 2022 Attachments

55.15 Undictated Clinics: The SHSCT is still trying to get an electronic solution for this however in the interim we have updated the Typing SOP to highlight that when a letter is not dictated for a patient then the Secretary raises this with the Consultant and the SA in the first instance. Katherine Robinson HOS RBC has met with all Secretaries, shared the SOP and reminded them of the need to perform a 'check and balance' for each clinic.

55.16 Patient Charts: Please see details at paragraph 49.3 regarding Health Records database for missing charts.

55.17 IFit: Funding has now been identified for an electronic tracking system using barcode technology.

55.18 Private to NHS Work: Please see details and attachments at paragraph 48 (e) (iii) and 54.6.

Question 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.

56.1 Please see responses at Q55.

Question 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.**

57.1 As AD FSS, from my support perspective there were 3 areas of concern in relation to Mr O'Brien that I was aware of:

Missing charts

57.2 In relation to missing charts that Mr O'Brien had taken home, I instructed Helen Forde HOS Health Records to complete a Datix incident report on each occasion that Mr O'Brien had a chart at home when the chart was needed for a clinic or for admission. I consider that this action was in line with Trust policy in 2013. Previously a Datix was only raised if the absence of a chart meant that the admission or clinic attendance was cancelled or the chart was never found, the impact of reporting every missing chart that Mr O'Brien had at home was to bring the issue to the attention of the HOS Urology / AD SEC to try to change Mr O'Brien's practice. I had two general risks relating to missing charts logged on the FSS Divisional Risk Register (extract from Risk Register attached). Relevant documentation is located at

154. Extract from Divisional FSS Risk Register located at S21 15 of 2022 Attachments

57.3 To highlight this risk, these incident reports (Datix) were sent to the HOS for Urology and the AD SEC and for any chart not available, a Datix incident form was raised

by Health Records staff. These staff also took internal actions, for example checking the case note tracking of the last location, conducting searches for the chart in that location, asking the Secretary to contact the Consultant if it was indicated that the Consultant had taken the chart to his home, and adding to the missing charts to the database.

57.4 On 27th August 2013, Pamela Lawson Records Manager sent an email to Helen Forde HOS Health Records that Health Records staff were spending an inordinate amount of time looking for charts, completing Datix reports and updating the database. I raised this with Heather Trouton on 3rd September 2013 and I sent an email to Deborah Burns DAS and she advised she would discuss with the CD/AMD. Deborah Burns DAS advised Helen Forde Head HOS Health Records to stop this process of raising Datix incidents as the charts were being returned from Mr O'Brien.

57.5 Just for clarity before this period in 2013, a Datix was only raised if the absence of a chart meant that the admission or clinic attendance was cancelled or the chart was never found. After Deborah Burns' DAS instruction FSS resumed the normal Datix process, i.e. Datix only raised if the absence of a chart meant that the admission or clinic attendance was cancelled. This process now goes even further as we enter a Datix if a section of a chart is missing.

57.6 From the introduction of Northern Ireland Electronic Care Record, more information is available electronically and that has offered some mitigation to a chart not being available.

57.7 From 2018 I have been involved in the development of an IPT to assist getting an electronic solution to tracking charts, as this would make a more robust system as the charts would be tracked through Radio Frequency Identification (RFID) etc. This was approved in 2019 but there was no funding stream until May 2022.

57.8 FSS have communicated to staff about the importance of case note tracking and of not taking charts off hospital premises I recall Helen Forde doing this but I do not know the specific dates when this was done. FSS have held a Tracking Day this year to highlight the importance of proper tracking.

Relevant documentation is located at

225. 20220610 E fJMcE to AC HRs Charts Tracking Day located at S21 15 of 2022 Attachments

Triage

57.9 The RBC is a support service to receive and book on referrals. Whenever there were issues with Triage not being done on a timely basis this was escalated to the specialty area to address. The reason for this is that the delay in triage was being caused by the consultant not undertaking triage in a timely manner, and this needed to be addressed by the Urology team. I am clear that triage issues were identified and reported clearly to the HOS Urology and AD SEC. As a support service the RBC are there to follow instruction. The RBC have a responsibility to process referrals (Op reg etc) and whenever there was a risk regarding non triage of referrals, as was the case with Mr O'Brien, the RBC have a responsibility to identify the issue and to report to the service to address. I am clear that triage issues were escalated to the Urology Service.

57.10 This escalation was to the Service Division as they managed the Consultant team. This risk of un-triaged referrals sat with their HOS and AD SEC /CD/AMD.

Mitigations

57.11 Under the Principles for Booking Urgent Pathway Patients contained in the IEAP if clinical priority is not received from consultants within 72 hours, processes should be in place to initiate booking of urgent patients according to the GP's classification of urgency. Also as set out at paragraph 12.6, I did remind AMDS and ADS of the importance of the IEAP rules. The instruction to the RBC to go with GP Categorisation was put in place by the Urology Service. I do not know if this decision was risk assessed, that would have been the responsibility of Martina Corrigan HOS Urology and Heather Trouton AD SEC.

57.12 In the absence of being able to address the issue and make the Consultant triage on a regular and timely basis, un-triaged referrals would not have been added to the waiting list. This arrangement allowed patients to be added to the waiting list per the GP/Referrer Categorisation of Urgency without being triaged by secondary care. This was visible to the service area on the PTL as it carried the comment Missing Triage No



Letter MTNL. I know this meant patients were added to a waiting list, but without appropriate triage. If the GP categorisation was incorrect, this meant that patients were placed on the wrong waiting list.

57.13 Even though there was an agreement to place Mr O'Brien's referrals on the waiting list per GP/Referrer Categorisation of Urgency that did not prevent the RBC continuing to chase outstanding triage with the HOS for Urology / AD SEC. See documentation at Q12.22.

Un-dictated clinics

57.14 On 20th December 2016, I was advised by Katherine Robinson HOS RBC of a list of un-dictated clinics belonging to Mr O'Brien. This had become known when Mr O'Brien's Secretary, Noleen Elliott, emailed her SA Andrea Cunningham. This had never been disclosed by Mrs Elliott before. At this time, Mr O'Brien was off on sick leave.

Action taken

57.15 I forwarded the email to Ronan Carroll AD SEC on 22nd December 2016 so that he was aware of this clinical risk due to the Consultant failing to dictate outcomes and agreed to discuss with him. Mr Carroll advised that Martina Corrigan HOS Urology was contacting Mr O'Brien.

57.16 I was advised in January 2017 by Katherine Robinson HOS RBC that she and Andrea Cunningham SA met Noleen Elliott, Mr O'Brien's Secretary, on 15th December 2016 to explain that unless undictated clinics were included on the Backlog Report management had no way of knowing this. In Katherine Robinson's HOS RBC email of 20/12/16 copied to me, she advised that as learning from this discovery she had asked all Secretaries to provide this information on the backlog report so that the SA had a full picture of what work was outstanding in each specialty.

57.17 Following a conversation with Ronan Carroll AD SEC on the 5th January 2017 I emailed Katherine Robinson HOS RBC and asked her to run an Attendance Report

starting with the oldest clinic and this was sent to Mr O'Brien and he was advised to start with the oldest clinic date and record the clinic outcomes and dictate letters.

Martina Corrigan HOS Urology liaised with Mr O'Brien and when the outcomes were returned to Katherine Robinson HOS RBC, staff in the RBC updated PAS with the outcomes. Our focus was to get the outstanding actions recorded so that patients could continue on their pathway. See documentation at Q24.7 and Q24.8

57.18 I believe that following this incident when Mr O'Brien returned to work Martina Corrigan HOS Urology was closely monitoring him, and she liaised with the RBC and with Helen Forde HOS Health Records in this regard. The SAs would have raised specific issues with Martina Corrigan HOS Urology and Ronan Carroll AD SEC when sharing the Backlog Reports, for example, Secretary on sick leave, delay in typing etc and the attached email dated 18/8/2018 from Collette McCaul SA is an example.

57.19 See relevant documents located at

127. 20161220 Es fKRandAC Backlog Report No Clinic Outcomes located at S21 15 of 2022 Attachments

128. 20161220 Es fKRandAC Backlog Report No Clinic Outcomes A1 located at S21 15 of 2022 Attachments

129. 20170105 E fAC Backlog Report No Clinic Outcomes located at S21 15 of 2022 Attachments

130. 20170105 E fAC Backlog Report No Clinic Outcomes A1 located at S21 15 of 2022 Attachments

226. 20170106 E fTR tHFandKR Delays Action Plan located at S21 15 of 2022 Attachments

227. 20170106 E fTR tHFandKR Delays Action Plan A1 located at S21 15 of 2022 Attachments

228. 20180810 E fSA to AC and Ors Urology Backlog Report located at S21 15 of 2022 Attachments

229. 20180810 E fSA to AC and Ors Urology Backlog Report A1 located at S21 15 of 2022 Attachments

Question 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.

58.1 I would not have had detailed knowledge of agreed ways forward with Mr O'Brien except regarding anything that impacted on the services that I managed which supported Urology. Any arrangements with Mr O'Brien were agreed by the Speciality area. I was aware of the agreements as detailed at paragraph 48 (d) (i) (ii) and (iii).

Question 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?

59.1 See responses at Q48(d)(i)(ii)and(iii) and Q48(g)(i)(ii)and(iii). The use of any metrics to assess the effectiveness of the agreed way forward was the responsibility of the Urology Service as the RBC was acting on their instructions.

Question 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?

60.1 Please see my responses at Q48 (d) (i) (ii) and (iii) which describe the agreements that were put in place in Urology and at Q48 (g) (i), (ii) and (iii) which provide details on how successful these agreements were. I was not responsible to measure or review these agreements, Assurances regarding agreements put in place to address concerns were the responsibility of the Urology Service to review and assess.

60.2 Even though there was an agreement to place Mr O'Brien's referrals on the waiting list per GP/Referrer Categorisation of Urgency that did not prevent the RBC continuing



to chase outstanding triage with the HOS for Urology / AD SEC. Please see documentation at paragraph 12.22.

Question 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?

61.1 March 2014 to September 2014 – Mr Michael Young Clinical Lead for Urology completed Dr O'Brien's unnamed triage. This was a temporary measure to address delays in triage and on a temporary basis, it assisted. I am not sure why this arrangement did not continue, this was a matter for the Urology Service.

61.2 2014 to 2017 - GP/Referrer Categorisation of Urgency was used for triage. Although in retrospect, this action meant that the referrals were added to a waiting list and this was allowed under IEAP, as waiting times became longer this was a higher risk especially in light of the fact that Clinical Urgency Category allocated by GPs is not always correct as highlighted in Dr J R Johnston's report.

61.3 February 2017 to Mr O'Brien's retirement – Monitoring was carried out by Martina Corrigan HOS Urology, however I never had sight of any monitoring records and I cannot comment on the effectiveness of this however there were no further issues regarding undictated clinics escalated to me.

Question 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?



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62.1 I am not aware of Mr O'Brien raising any issues in relation to patient care and safety. On a few occasions, I was copied into emails from Mr O'Brien where he apologised that he had gotten behind in triage, or he advised he would get triage completed by a certain date.

Question 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?

63.1 As advised in earlier answers to questions I raised / escalated concerns about Mr O'Brien's delays in triaging, or non-dictation of clinics or taking charts home. All these were raised with the HOS Urology and AD SEC. Please see my responses at Q8.8, Q8.9, Q24.7, Q24.8, Q24.9 and Q24.10.

Question 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.

64.1 As AD FSS, I had no management responsibility for Mr O'Brien and was not aware of any concerns raised by Mr O'Brien. On this basis, I would not have been providing any support to Mr O'Brien.

Question 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.

65.1 As AD FSS, I had no management responsibility for Mr O'Brien I was not aware how the urology service reflected these issues in their governance meetings or in their risk register.

Learning

Question 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.

66.1 When I began my S21 response, I asked the Public Inquiry Team for copies of any reports relating to Mr O'Brien and they had shared with me the following reports, which I had not seen before:

- a) Root Cause Analysis Report on the Review of a Serious Adverse Incident dated 22nd May 2020, Responsible Lead Officer Dr J R Johnston
- b) Root Cause Analysis Report on the Review of a Serious Adverse Incident dated 26th February 2021, Responsible Lead Officer Dr Dermot Hughes
- c) Report on Maintaining High Professional Standards Formal Investigation, Case Manager Determination, Dr Ahmed Khan, Case Manager
- d) Investigation Report under the Maintaining High Professional Standards Framework, Dr Neta Chada, Consultant Psychiatric / AMD

I do not believe that there were any other governance concerns that I should have been made aware of.

Question 67

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



Urology Services Inquiry

67.1 In the role I fulfil I became aware of the issues with Mr O'Brien not all at once but over a period of time – triage 2013, charts 2013/14, undictated clinics 2016 and private patients 2020. Despite all escalations, Mr O'Brien continued to delay and not triage and despite reminding him not to take charts off the premises, he continued to do that. I believe there were actions taken in relation to the escalation of triage and taking charts home which had been identified and reported by FSS staff and myself but they were not remediated by the Urology team HOS, AD SEC, AMD or, CD. Despite Mr O'Brien's administration being poor, it appeared that management still valued him and the Trust was prepared to work around the deficiencies rather than address them.

67.2 The Consultant and Secretary develop a close working relationship and it appeared that Noleen Elliott had a close working relationship and felt loyal towards Mr O'Brien, which had the potential to create a conflict of interest between the Trust and Mr O'Brien. Her failure to disclose the undictated clinics, which had been outstanding from 2014, but not declared until December 2016, demonstrates this issue. Please see notes of meetings with Noleen Elliott dated 14/12/2018, 18/12/2018, 1/9/2020, 2/9/2020 and 3/9/2020.

Relevant documents are located at

135. 20181214 Notes of Mtg CMcC SA and NE located at S21 15 of 2022 Attachments

136. 20181218 Notes of Mtgs KR and NE located at S21 15 of 2022 Attachments

175. 20200901-02 Notes of Mtgs KR and NE located at S21 15 of 2022 Attachments

178. 20200904 E fKR to AC and MC Notes of Mtg KR and NE 20200903 A1 located at S21 15 of 2022 Attachments

Question 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?

68.1 Administrative processes need to be seen as systematic ways to prevent harm and need to be adhered to and if escalations are sent to Service areas they need to be acted on.



Urology Services Inquiry

68.2 There needs to be a clear mechanism within the Trust to agree administrative processes with Consultants. This mechanism should include monitoring and escalation of any non-compliances, and needs to be effective. There are many governance fora in the Trust but if there was a forum, where Admin Managers could engage with Clinicians about administrative issues that would be welcomed. Chief Executive Accountability should capture these types of issues rather than the present focus, which is on mandatory training, ED performance etc.

68.3 Some remaining issues such as OC referral added to eTriage and report clinic attendances with no outcome letter and better tracking of charts were identified in the recommendations from the Admin Review in 2020 and some of these require technological solutions, which I have been pursuing. However, in the absence of these we have amended Secretaries SOPs and have implemented escalation processes but I still believe there is a need for an overarching escalation document so all staff are clearly aware of their responsibilities.

Question 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.

69.1 FSS is a support service and we act on the instructions of the Service/Specialty. Any concerns/issues relating to administrative processes involving the Consultants I escalated to be addressed by the Service/Specialty. Conversely, if anyone raised an issue within my service area it would be my responsibility to address so I have this expectation of managers from other areas. Failure to resolve the issues was not within my remit but I do recognise that the escalation process was not effective. I believe in relation to triage, taking charts home and failure to dictate, that these issues were identified and reported to the HOS Urology and AD SEC to address.

69.2 Despite all escalations Mr O'Brien continued to delay and not triage and despite reminding him not to take charts off the premises he continued to do that and I was aware that this was known at Directorship level.

Question 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?

70.1 There were 3 issues of concern identified in relation to Mr O'Brien:-delays in triage, taking charts home, and undictated clinics. These issues were identified and reported to the HOS Urology, AD SEC. In addition, the issues in relation to triage and taking charts home were reported and known by the DAS Deborah Burns, Eamon Mackle AMD Michael Young Clinical Lead for Urology and Robin Brown CD. The delay in triage was also known by the HSCB as this was identified in the review carried out by Maria Wright. All these issues were known by Acting Medical Director Dr Khan in 2016/17 as he had initiated the investigation by Dr Neta Chada.

70.2 The Urology service put workarounds in place to deal with these issues:

March 2014 to September 2014 – Mr Michael Young Clinical Lead for Urology completed Dr O'Brien's unnamed triage. This meant referrals were being triaged on a timely basis.

2014 to 2017 - GP/Referrer Categorisation of Urgency was used for triage. This meant that referrals were added to the waiting list but escalation continued.

February 2017 to Mr O'Brien's retirement – Monitoring arrangements by Martina Corrigan HOS Urology. This monitoring arrangement was outside of my area and I never saw any output from Martina Corrigan's HOS Urology monitoring.

70.3 I believe that any concerns that I was aware of I properly identified and escalated. I did not have the power to remediate these concerns. The power to remediate these concerns sat with Medical management and the Urology management team. Conversely, if anyone raised an issue within my service area it would be my responsibility to address so I have this expectation of managers from other areas. Failure to resolve the issues was not within my remit but I do recognise that the escalation process was not effective, as Mr O'Brien's administrative practices did not change.

Question 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?

71.1 As the AD FSS in my areas overall I think the governance arrangements relating to admin were generally fit for purpose however within secretarial services the reliance on the secretary to be open and accurate to disclose backlogs is a weakness. The RBC provides a booking service for 26 Specialties and the processes when followed work for all Consultants with the exception of Mr O'Brien.

71.2 There were 3 issues of concern identified in relation to Mr O'Brien:-delays in triage, taking charts home, and undictated clinics. These issues were identified and reported to the HOS Urology, AD SEC. In addition, the issues in relation to triage and taking charts home were reported to and known by the DAS Deborah Burns, Eamon Mackle AMD Michael Young Clinical Lead for Urology and Robin Brown CD. I am clear that the triage and taking charts home were identified and reported. The delay with triage was also known by the HSCB.

In relation to the issue regarding undictated clinics, this was not identified on a timely basis as this issue was reported in December 2016 but the oldest clinic that was undictated had taken place in 24/11/14. This does demonstrate a weakness within secretarial services as the SA is reliant on the secretary to be open and accurate and disclose backlogs.



Urology Services Inquiry

To answer what steps were taken to address these concerns the urology service took the following actions regarding triage: they put workarounds/ agreements in place (triage undertaken by Mr Young and instructing the RBC to add to the waiting list per GP categorisation) until the urology service moved to eTriage in March 2017.

With regard to taking charts off the hospital site, nothing was put in place to prevent this practice. In relation to the undictated clinics, Mrs Corrigan HOS Urology was tasked with monitoring Mr O'Brien. In addition, in relation to undictated clinics, Katherine Robinson emailed all SAs for them to remind all secretaries of their responsibility to escalate any issues in relation to undictated clinics and the SOP for clinics was updated. There were no further issues of undictated clinics escalated to me.

71.3 However, I recognise when the Review of Admin Processes was undertaken in 2020 it strengthened the process for escalation regarding triage, undictated clinics patient notes and private patients, and added timeframes to all these issues to be escalated which have now been actioned in 2020/21. Our processes could be strengthened further if we got more technological solutions if for example we resolve the OC referral issue so that this type of referral is clear on eTriage, if we implement the I fit system as detailed at Q55.14 to 55.18, which we now have funding for. This will ensure the movement of charts through the hospital will be clearly identified. However, escalation of issues will only be effective if they are acted upon and remediated.

Question 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?

72.1 No



Urology Services Inquiry

Statement of Truth

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

Signed:

Personal Information redacted by USI

Date: 24/06/22

S21 15 of 2022

Witness statement of: Anita Carroll

Table of Attachments

Attachment	Document Name
1	20160121 E fACtoHW and JD AD FSS
2	20160121 E fACtoHW and JD AD FSS A1
3	2013 AandC Centralisation Action Plan
4	20130524 E fAC to HWandOrs Admin Centralisation
5	2015 Work Plan C
6	2015 Acute Services Improvement Register
7	2021-22 Report New Outpatient Referrals Acute Booking Centre
8	RBC Acknowledgement Letter Template
9	20211012 RBC Partial Booking Flowchart (new)
10	RBC Partial Booking Letter PB1 Template (new)
11	RBC Partial Booking Letter PB2 Template (new)
12	20150918 L fAM to HSCB Electronic Referrals
13	20201009 E fAC to MC Admin Processes (new)
14	20201009 E fAC to MC Admin Processes A1 (new)
15	20201009 E fAC to MC Admin Processes A2 (new)

16	20201009 E fAC to MC Admin Processes A3 (new)
17	20201009 E fAC to MC Admin Processes A4 (new)
18	Oct 2020 JD Head of Health Records and Admin Services Band 8A
19	Apr 2013 JD Referral and Booking Centre Manager (new)
20	20130730 fAC issues list for admin (new)
21	20130730 fAC issues list for admin A1 (new)
22	Feb 2021 JD Service Administrator (new)
23	20140212 E fPL to AC Charts AOB (new)
24	20130903 E fAC to DB Charts (new)
25	20150127 E fHT tAC AOB and Charts at Home and Risk Register
26	20141014 E fAC to HT Charts with AOB
27	20131209 E fAC to HT Triage
28	20131121 to 20131209 Es fLB,KR,MC,AOB, HT and Ors Missing Triage (new)
29	20131121 to 20131209 Es fLB,KR,MC,AOB, HT and Ors Missing Triage A1 (new)
30	<i>20131219 Es fMC to AC and KR and Ors AOB Triage (new)</i>
31	20140306 Es fMCand Ors AOB Triage No1 (new)
32	20140306 Es fMCand Ors AOB Triage No2 A1 (new)

33	20140306 Es fMCand Ors AOB Triage No1 A2 (new)
34	20140306 Es fMCand Ors AOB Triage No2 (new)
35	20140306 Es fMCand Ors AOB Triage No3 (new)
36	20140306 Es fMCand Ors AOB Triage No4 (new)
37	20140415 Es fLBandOrs MissingTriage No1 (new)
38	20140415 Es fLBandOrs MissingTriage No2 (new)
39	20140415 Es fLBandOrs MissingTriage No3 (new)
40	20140423 E fMMcC Triage (new)
41	20140512 E fLB Triage (new)
42	20140607 E fAC to MC re Triage (new)
43	20140608 E fMC to AC re Triage (new)
44	20140609 E f AC to HT and MC Triage (new)
45	20140616 E fAC to HT and MC Triage (new)
46	20140617 E fAOB to MC Triage (new)
47	20140718 Es fAC to HT and MC Triage No2 (new)
48	20140718 E fAC to HT and MC Triage No3 (new)

49	20140915 Es fAC to MC Triage (new)
50	20140924 Es fLBandOrs Missing Triage (new)
51	20141120 Es fLBandOrs Missing Triage (new)
52	20141203 Es fLBandOrs Missing Triage (new)
53	20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings (new)
54	20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A1 (new)
55	20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A2 (new)
56	20120830-20121001 Es fCC,GRandAC Urology Bus Case Financial Savings A3 (new)
57	20090602 Es fACandOrs IEAP, Triage and Booking Centralisation No.1 (new)
58	20090602 Es fACandOrs IEAP, Triage and Booking Centralisation No.2 (new)
59	20090602 Es fACandOrs IEAP, Triage and Booking Centralisation A1 (new)
60	20090602 Es fACandOrs IEAP, Triage and Booking Centralisation A2 (new)

61	20090602 Es fACandOrs IEAP, Triage and Booking Centralisation A3 (new)
62	20090602 Es fACandOrs IEAP, Triage and Booking Centralisation A4 (new)
63	20111123 Es fHFandAC New Triage Report (new)
64	20111111 E fKR Demand Capacity Analysis (new)
65	20111111 E fKR Demand Capacity Analysis A1 (new)
66	20111111 E fKR Demand Capacity Analysis A2 (new)
67	20111111 E fKR Demand Capacity Analysis A3 (new)
68	20111111 E fKR Demand Capacity Analysis A4 (new)
69	20120601 E fKR Demand Capacity Analysis (new)
70	20120601 E fKR Demand Capacity Analysis A1 (new)
71	20120601 E fKR Demand Capacity Analysis A2 (new)
72	20120601 E fKR Demand Capacity Analysis A3 new)
73	20120601 E fKR Demand Capacity Analysis A4 (new)
74	20121230 E fKR Demand Capacity Analysis (new)
75	20121230 E fKR Demand Capacity Analysis A1 (new)
76	20121230 E fKR Demand Capacity Analysis A2 (new)

77	20121230 E fKR Demand Capacity Analysis A3 (new)
78	20121230 E fKR Demand Capacity Analysis A4 (new)
79	20141208 E fHSCB Review of Outpatient Booking Processes (new)
80	20141208 E fHSCB Review of Outpatient Booking Processes A1 (new)
81	20141208 E fHSCB Review of Outpatient Booking Processes A2 (new)
82	20141208 E fHSCB Review of Outpatient Booking Processes A3 (new)
83	20150626 E fHSCB Review of Outpatient Booking Processes Report (new)
84	20150626 E fHSCB Review of Outpatient Booking Processes Report A1 (new)
85	20150626 E fHSCB Review of Outpatient Booking Processes Report A2 (new)
86	20150626 E fHSCB Review of Outpatient Booking Processes Report A3 (new)
87	20150804 E fAC Outpatient Review Action Plan (new)
88	20150804 E fAC Outpatient Review Action Plan A1 (new)

89	20220515 E fKR to AC Missing Triage PTL showing MTNL in comment field (new)
90	20220515 E fKR to AC Missing Triage PTL showing MTNL in comment field A1 (new)
91	20160122 Es JSandHT Review Backlog Urology Analysis (new)
92	20160225 E fAC to ADsandHOSs re ETriage (new)
93	20150528 E fCW ETriage (new)
94	20151217 E fCW ETriage Workshop (new)
95	20170228 E fKC ETriage (new)
96	20170327 E fKR ETriage Urology (new)
97	20220517 E fCRtoAC Examples of AOB Triage (new)
98	20220517 E fCRtoAC Examples of AOB Triage A1(new)
99	99. 20220517 E fCRtoAC Examples of AOB Triage A2
100	20220517 E fCRtoAC eTriage AOB Referrals assigned from other Urol Consultants (new)
101	20170707-20171110 Es fRBC Missing Triage (new)
102	20121031 E fMC Fermanagh Urology Patients (new)
103	20130623 fHF to CC Funding for SWAH Urology Patients (new)
104	20130920 E fCC New Urology Unit (new)
105	20131011 E fCC New Urology Unit (new)

106	20131011 E fCC New Urology Unit A1 (new)
107	20220513 E fVM HR Analytics re Urol AdminStaff It absences (new)
108	20220513 E fVM HR Analytics re Urol AdminStaff It absences A1 (new)
109	20160219 Es fSA and KR Secretarial Support (new)
110	Jan2014-Present Timeline of SEC Service Administrators in Post (new)
111	Oct 2021 List of Urology Secretarial Staff and Audio Typists (new)
112	20140701 E fAC Digital Dictation Usage (new)
113	20140701 E fAC Digital Dictation Usage A1 1of3 (new)
114	220140701 E fAC Digital Dictation Usage A1 2of3 (new)
115	20140701 E fAC Digital Dictation Usage A1 3of3 (new)
116	20150312 E fSA Digital Dictation Usage (new)
117	20150312 E fSA Digital Dictation Usage A1 1of4 (new)
118	20150312 E fSA Digital Dictation Usage A1 2of4 (new)
119	20150312 E fSA Digital Dictation Usage A1 3of4 (new)

120	20150312 E fSA Digital Dictation Usage A1 4of4 (new)
121	20170220 E fAC to ADs Digital Dictation Usage (new)
122	20170609 Es KR and MC Digital Dictation Usage AOB (new)
123	20151218 Es fKRand AC to ADs Admin Issues (new)
124	20160217 E fAC Followup to ADs re Admin Issues raised by RBC Dec2015 (new)
125	20140115 Notes of SAs Mtg
126	20130626 Es fPL,DDandOrs Banding of Acute Admin ACF Band Uplifts (new)
127	20161220 Es fKRandAC Backlog Report No Clinic Outcomes (new)
128	20161220 Es fKRandAC Backlog Report No Clinic Outcomes A1 (new)
129	20170105 E fAC Backlog Report No Clinic Outcomes (new)
130	20170105 E fAC Backlog Report No Clinic Outcomes A1 (new)
131	20181107 E fSA Urology Issues from Admin KSFs
132	FSS Key Priorities 2017.18 (new)
133	20190902 Anita Carroll PDP Part A (new)
134	20190902 Anita Carroll PDP Part B (new)
135	20181214 Notes of Mtg CMcC SA and NE (new)
136	20181218 Notes of Mtgs KR and NE (new)

137	20170302 E FAC to Acute ADs Admin Pressures (new)
138	20170816 E AC to SH Witness Statement Professional Standards Investigation (new)
139	20170816 E AC to SH Witness Statement Professional Standards Investigation A1 (new)
140	20181019 E fCR Urology Triage and Escalation (new)
141	20181023 Es fRC and Ors AOB Notes and Dictation No1 (new)
142	20181023 Es fRC and Ors AOB Notes and Dictation No2 (new)
143	20190628 E fAC to DG Admin Issues (new)
144	2019.20 Health Records Sample KPIs (new)
145	20200910 E fAC to MMcC Helpine desk info (new)
146	20200910 E fAC to MMcC Helpine desk info A1 (new)
147	20200910 E fAC to MMcC Helpine desk info A2 (new)
148	20200910 E fAC to MMcC Helpine desk info A3 (new)
149	20201030 E fMC to KR and HR re Information Line (new)
150	20201030 E fMC to KR and HR re Information Line A1 (new)

151	20201026 E fAC to KR re comms with Urology Secs re AOB Press Release (new)
152	20201026 E fAC to KR re comms with Urology Secs re AOB Press Release A1 (new)
153	20210302_SafeguardingMovementTransportationofPatientC ientStaffTrustRecords_2.4_IG (new)
154	154. Extract from Divisional FSS Risk Register
155	20151221 E fAC to ADs Admin Issues (new)
156	20170302 E fAC to Acute ADs Admin Issues
157	20170617 E fMH to KRandOrs re Backlog Report (new)
158	<i>20190731 E fAC Admin Issues</i>
159	159. 20220401 E fSW tAC re MOK email to Medical Staff re Admin Processes
160	20220401 E fSW tAC re MOK email to Medical Staff re Admin Processes A1
161	20190207 E fKR re E fMH confirming gov issue Secretaries and Daro Issue
162	20190211 E AC to EG re Secretaries and Daro issue (new)
163	20190211 E AC to EG re Secretaries and Daro issue A1 (new)
164	20220620 E fSA Active Waits Suspect Cancer Patients Report (new)
165	20220620 E fSA Active Waits Suspect Cancer Patients Report A1 (new)

166	20220610 E fSA Private and NHS Work Report (new)
167	20220610 E fSA Private and NHS Work Report A1 (new)
168	20181019 E fKR to ACandWC Triage and Escalation (new)
169	20210305 E fMC Missing Charts No1 (new)
170	20210305 E fMC Missing Charts No2 A1 (new)
171	20210305 E fMC Missing Charts No2 (new)
172	20210305 E fMC Missing Charts No3 (new)
173	20210305 E fMC Missing Charts No3 A1 (new)
174	20210318 E fPL Missing Charts (new)
175	20200901-02 Notes of Mtgs KR and NE (new)
176	20200903 E fMC to ACandKR Issues to raise at mtg with NE (new)
177	20200904 E fKR to AC and MC Notes of Mtg KR and NE 20200903 (new)
178	20200904 E fKR to AC and MC Notes of Mtg KR and NE 20200903 A1 (new)
179	20200910 E fAC and MMcC and RC Notes of Mtg KR and NE 20200903

180	20200910 E fAC and MMcC and RC Notes of Mtg KR and NE 20200903 A1
181	20201021 E fKR tAC re Charts in NEs office (new)
182	20201106 E fKR to AC and MC re NE Log of letters passed to AOB (new)
183	20210720 E fAC to ES Internal Audit Private to NHS Work
184	20210720 E fAC to ES Internal Audit Private to NHS Work A1
185	20200910 E fRMcC to KR and RC Admin Processes Review
186	20200930 E fHFtoAC Admin Processes Review A1
187	20200930 E fHFtoAC Admin Processes Review A2
188	20200930 E fHFtoAC Admin Processes Review
189	20201109 E fMC to AC Admin Processes Review
190	20201109 E fMC to AC Admin Processes Review A1
191	20201109 E fMC to AC Admin Processes Review A2 (new)
192	20201009 E fAC to MMcC Admin Processes Review
193	20201009 E fAC to MMcC Admin Processes Review A1 (new)
194	20201110 E fKR to AC Admin Processes Review
195	20201110 E fKR to AC Admin Processes Review A1 (new)
196	20201110 E fKR to AC Admin Processes Review A2 (new)
197	20201217 E fDL to ACandMC Admin Processes Review
198	20201217 E fDL to ACandMC Admin Processes Review A1 (new)
199	20201217 E fDL to ACandMC Admin Processes Review A2 (new)

200	20201217 E fDL to ACandMC Admin Processes Review A3 (new)
201	20201217 E fDL to ACandMC Admin Processes Review A4 (new)
202	20201217 E fDL to ACandMC Admin Processes Review A5 (new)
203	20201217 E fDL to ACandMC Admin Processes Review A6 1of5 (new)
204	20201217 E fDL to ACandMC Admin Processes Review A6 2of5 (new)
205	20201217 E fDL to ACandMC Admin Processes Review A6 3of5 (new)
206	20201217 E fDL to ACandMC Admin Processes Review A6 4of5 (new)
207	20201217 E fDL to ACandMC Admin Processes Review A6 5of5 (new)
208	20210310 E fAC to MMcC Admin Processes Review
209	20210310 E fAC to MMcC Admin Processes Review A1 (new)
210	20210310 E fAC to MMcC Admin Processes Review A2 (new)
211	20210310 E fAC to MMcC Admin Processes Review A3 (new)

212	20210310 E fAC to MMcC Admin Processes Review A4 (new)
213	20210310 E fAC to MMcC Admin Processes Review A5 (new)
214	20210310 E fAC to MMcC Admin Processes Review A6 (new)
215	20220401 E from SW to MOK,ACand Ors Admin Processes (new)
216	20220401 E from SW to MOK,ACand Ors Admin Processes A1 (new)
217	20210326 Admin Review Processes v12
218	20210326 Admin Review Processes v12 A1
219	20210326 Admin Review Processes v12 A2
220	20210326 Admin Review Processes v12 A3
221	20210326 Admin Review Processes v12 A4
222	20210326 Admin Review Processes v12 A5
223	20210805 E fAC Triage Escalation Process (new)
224	20210805 E fAC Triage Escalation Process A1 (new)
225	20220610 E fJMcE to AC HRs Charts Tracking Day (new)

226	20170106 E fTR tHFandKR Delays Action Plan
227	20170106 E fTR tHFandKR Delays Action Plan A1
228	20180810 E fSA to AC and Ors Urology Backlog Report
229	20180810 E fSA to AC and Ors Urology Backlog Report A1

From: Carroll, Anita <[REDACTED]>
Sent: 21 January 2016 15:07
To: Walker, Helen <[REDACTED]>
Cc: Lappin, Aideen <[REDACTED]>
Subject: FW: Job Description AD of Functional Support Services

JD as promised

SOUTHERN HEALTH AND SOCIAL SERVICES TRUST

JOB DESCRIPTION

TITLE OF POST:	Assistant Director of Acute Functional and Support Services
BAND OF POST:	Band 8C
REPORTS TO:	Director of Acute Services
ACCOUNTABLE TO:	Chief Executive

JOB SUMMARY:

The job holder will be responsible to the Director of Acute Services for the delivery of high quality Support Services to patients in the Trust's Acute Hospital sites i.e. Craigavon Area Hospital, Daisy Hill Hospital and other settings as appropriate. As the divisional Assistant Director, he/she will oversee the operational management of a range of Functional and Support Services which will include Hospital Administration, Laundry, Facilities Management, catering, Telephony, CSSD, security, portering, health records, acute referral and booking centre, and a range of secretarial services covering medical secretaries, audio typists and reception staff including ED reception. He/she will collaborate closely with colleagues in Estates services and Fire safety to ensure compliance with legislation and to oversee works that impact on facilities management. He/she will collaborate closely with senior colleagues and clinicians to implement the objectives of the Trust's Delivery Plan and ensure effective team 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 job holder will also support the Director of Acute Services with long term planning and service reform initiatives.

As an Assistant Director, the job holder 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 teams of staff in Functional and Support Services and administrative services throughout the acute Directorate and oversee the co-ordination of all

processes to facilitate the delivery of high quality and equitable care of patients in the Trust's acute hospitals.

- Ensure all Support and Functional Services are delivered in accordance with best value principles and Trust service priorities with a particular emphasis on those relating to patient/visitor safety and user experience.
- Ensure all Support and Functional Services are delivered in accordance with legislative requirements.
- Establish effective working relationships with other senior staff in the Trust's community based settings to ensure the effective use of Trust resources.
- Ensure effective engagement with patient user groups so as to enable their input to improved facilities for patients and their families.

Quality and Governance

- Ensure that the needs of patients and their families are at the core of how all support services are delivered and are in accordance with DHSSPS Quality Standards for Health and Social Care and other relevant requirements.
- Ensure high standards of governance to include compliance with controls assurance standards, the assessment and management of risk and the implementation of the DHSSPS's safety First framework
- Ensure all Support Services comply with regulatory and requisite standards.
- Work closely with senior colleagues to ensure high standards of ambience and environmental cleanliness in the hospital.
- 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 for Support Services.

Service Planning and Development

- Promote innovation and change to underpin the modernisation of the hospital's support services and oversee the implementation of associated initiatives.
- Work closely with relevant stakeholders to secure their commitment and involvement in the development and implementation of planning initiatives and service reforms.
- Liaise closely with senior planning and estates staff on minor works 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 contributes 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 service.
- 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.
- 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 services 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.

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 Responsibility

- 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 advice 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 relationship 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 Functional and Support Services works. Other duties of similar nature and appropriate to the grade may be assigned from time to time by the Director of Acute Service.
- 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 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 on-going confidence of the public in service provision.
- Comply with the HPSS code of conduct.

Records Management

The post holder will be responsible to the Chief Executive for all records held, created or used as part of their business including corporate and administrative records whether paper-based or electronic and also including e-mails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 1998.

SOUTHERN HEALTH AND SOCIAL SERVICES TRUST

PERSONAL SPECIFICATION

TITLE OF POST: Assistant Director of Acute Functional and Support Services

BAND OF POST: Band 8C

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:

- A University degree or relevant professional qualification and worked or 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, details of which can be accessed at the web-site: 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

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.

Admin & clerical centralisation

Stages	Action	Date
1	Developed a proposal	
2	Proposal agreed by Acute Assistant Directors	14-May
3	Proposal agreed with Operational Support Leads	17-May
4	Staff transferred	01-Jun
5	Meeting with AD and AD HR with Service Administrators	
6	Meeting with CAH Service Administrators, Helen Forde & Katherine Robinson	04-Jun
7	Meeting with DHH Service Administrators, Helen Forde & Katherine Robinson	10-Jun
8	Meeting with CAH Service Administrators, Helen Forde & Katherine Robinson	13-Jun
9	Joint meeting with all Service Administrators	26-Jun
10	Joint meeting with all Service Administrators	Monthly

-----Original Message-----

From: Carroll, Anita <[redacted]>

Sent: 24 May 2013 16:19

To: Walker, Helen <[redacted]>

Cc: Forde, Helen <[redacted]>; Robinson, Katherine

<[redacted]>

Subject: FW: Admin & Clerical Centralisation

Helen what do you think ?

Following my discussion with Helen and Katherine this morning here is an update on agreements reached and areas of responsibility:-

Anita

Helen 8A

Katherine (Acting B7)

Responsibilities

Responsibilities

Health Records

Referral & Booking Centre (upgrade 1 B4 to B5)

Ward Clerks

Secretaries – CAH & DHH

Receptionists

Audio Typists

Emergency Departments

IS - Outpatients

Secretaries – STH, Armagh & Banbridge PC

IS - Inpatients

Band 5s

Band 5s Acting Band 6s

Irene Hewitt

Lucia Cunningham

Helen McCaul

Noreen McGinn

Sinead Corr

Carmel O'Hanlon

Michelle McClelland

Andrea Cunningham

Marie Loughran

Lauri Rafferty

Service	SMART Objective	Responsibility	Completion Date	Progress Update
Improvement	Southern Trust Information Hub - - ongoing monitoring of Hub usage - feedback via 6 weekly Admission and discharge working group - Input to the Information Hub subgroup (workplan for subgroup attached) - Engagement at ward level re: use of case studies to highlight good and bad practice Look at effective use of EDD on PAS - pilot on 2S - link to IMMIX - Implement Hub ED Pilot - Hub engaging with additional systems (constraints paper attached) Review uptake and engagement with Non-Acute sites submit application to Advanced Healthcare awards	Lead responsibility Charlotte Wells - support from hub staff and Manager - Have engaged support from ward manager and HOS for Non-Acute Support from Head of Health Records re: EDD recording - Support from Continuous improvement Team re: completion of awards application	All work ongoing - see constraints paper re: ED Pilot - Awards applications due by March 2015	ED/CDU process now operational (Aug 2015). Amends/changes to process and documentation complete and in place across all wards. Continue monitoring
	End of Life working Group Draft guidance document for care of the dying patient - complete Dec 14 - Passed by Acute and NonAcute Directorate Dec 14 Presented to Medical and Surgical M&M 16th Dec 14 For presentation to ward sisters meetings both acute sites and Lurgan - rolling information sessions Jan CAH and DHH - dates tbc for Non-Acute - upload of guidance onto trust website for staff to access Rollout of use to all wards in Acute and ward 1 Lurgan - agree timeframe for review - Develop a process for monitoring and auditing use of the guidance - utilise IMMIX boards for same to M&Ms as standing agenda item - immix	Charlotte Wells as lead with support from End of life working group - Aileen Mulligan, Anne Coyle leading on information and training sessions for staff Palliative consultants led re: presentation to M&M - Lead nurses for Medicine and Surgery assisting with presentation to Ward sisters	Jan-15	Info sessions planned, global email to go out 1st week Jan. Info sessions all scheduled Launch CAH 26th Jan, DHH 2nd Feb ON-GOING RE: ENGAGEMENT

	<p>Frailsafe - Frail Elderly National Pilot in MAU - year long pilot from Oct 2014</p> <p>Data recorded weekly on all patients who are on the frailsafe checklist - Drs/ward staff now completing at WR - uploaded to WISH tool weekly (Web Improvement Support Hub)</p> <p>- Weekly 30min Frailsafe meetings for the core team to review weekly PDSA cycles - input from coach from Health improvement England via telelink</p> <p>- Monthly action learning calls via webcam to all the National sites facilitated by the Health Improvement team England</p> <p>- Information request made to Lesley-Anne re: data for number of admissions to MAU of over 65's in order to look at KPI's next Sheffield based Action set 29th Jan - 5 of the workign group to attend (I'm not attending this one)</p> <p>- Subgroups to improve care based on outcomes of the work already completed</p> <p>- Mobility assessment subgroup</p> <p>subgroup - work in progress, led by Mark Roberts and link has been made to the Trust Delirium group and NAAS work via Heather Trouton</p> <p>- Dementia subgroup - work to commence Jan. link has been made to Trust Dementia group and NAAS work via Heather Trouton</p> <p>- Medication reconcilliation subgroup - plan established with Jayne Agnew as lead along with Mark Roberts to process map existing arrangements fro meds rec and consider the FY1 to look up and print ECR prior to post take WR - link to companion device for MAU to facilitate same (I discussed this with Edith and Siobhan)</p>	<p>Charlotte Wells as project Lead</p> <p>Frailsafe working group established with representation from all disciplines and Mary Burke as HOS</p>	Ongoing	<p>outcomes positive. Completion end Sept. To be presented in sheffield 25th Sept and consider next steps for this site and potential further rollout</p> <p>WIT-21392</p>
	<p>SAI's</p> <p>- only one outstanding - the investigation is complete and the report written and submitted but the case now needs reported to the coroner and the Gov team want to add to it so I'm awaiting direction from Tracey</p>	Charlotte wells	Jan-15	Complete including action plan follow ups. No further action May 2015
	<p>Specialty Referrals/NEWS escalation</p> <p>- On the back of another SAI work to be done re: drawing up the referral process into specialties and between specialties - commenced Dec</p> <p>- Escalation processes within specialties to be updated and to include NEWS escalation</p> <p>- Myself, Amie Nelson, Dr Murphy and Dr Mackle to meet re: next steps for same</p> <p>- Referrals - Use of Immix for the specialty in house referrals</p>	Charlotte Wells along with Amie Nelson, Mr Mackle	June/July 2015	

	NEWS: Attend regional NEWS working group meeting 16th Jan - Regional NEWS audit to be completed between 26th Jan and 4th Feb - all info to be with Dr Gavin Lavery no later than the last week Feb - Moving forward from regional group is the issue of a regional approach to trigger resets - feedback given from Trust perspective - IN-HOUSE - Review of NEWs process - research the literature - Review trends in SAI's with NEWS cited - link with Loretto re: where the NEWS documentation sits at present and link this work - arrange a meeting with Debbie and a working group re: NEWS End Feb - Link to hospital at night process - meeting scheduled with Catriona and Debbie for Thursday 29th 3pm - POSSIBLE LINK TO A SEPSIS WORKING GROUP			Regional NEWS audit complete WIT-21393
	Hospital at night handover processes - link with NEAT Lead nurse team			
	DNACPR - link to Acute resus committee work and End of life - meeting scheduled for 9th Jan with Raymond Haffey and Debbie. Plan will be formulated then	Charlotte Wells along with Raymond Haffey	Jan-March 2015	Complete - 9th Jan - no further actions at present however this will link to the work re: NEWS/End of life as we progress
	Order and View at ward level - Carts ordered for all wards - await schedule of rollout from IT - Link with HOS for pilot areas of 4N, Trauma and 2N initially to get feedback and review use of same - follow this up across all wards - Schedule the rollout of handheld companion devices for all wards to supplement the order and view - rep for the electronic referrals systems and procurement - one demo attended so far - will provide the coordinating role for acute service reps			Awaiting confirmation from IT re: the rollout of this. New COWS now making their way to all wards - need to link back to IT re: the addition of handheld devices
	Patient Track - monitoring system - Acute link to E- Demo for electronic monitoring system with potential to electronically record NEWS scores amongst other functionality	Acute Rep - Charlotte Wells - Catherine Weaver	Ongoing	Team from England Demo May 15 in CAH - positive feedback and Director happy for costings to be made. Await feedback from Catherine Weaver re: next steps
	CT Scanner process (Trust) review requested by director			Drawn up complete and awaits sign off
	CT Scanner Process - request made to consider same as Regional approach. To link with Dr McAllister in first instance June 15			
	Review of ICS Documentation and Ward level Processes	Charlotte Wells for Barry Conway	June 12th 2015	COMPLETE

	CAWT - see attached workplan ending March 15	Taking on Rep for Southern Trust - joint with Martina Corrigan until completion of current workplan March 15 and then to take lead re: next workplan which is being submitted currently	ongoing 2015	ON HOLD WIT-21394
	RQIA - summary of RQIA report on discharge arrangements completed - need to complete aligned to weekly Acute meetings re: discharge improvements for the next Trust Government committee 3rd Feb	Charlotte Wells	End Jan 2015	complete Jan 22nd
	RQIA - Summary and key points from RQIA review of Older People in Acute Hospitals - presented back to Acute SMT and final comments/inclusions made for Trust SMT Wed 12th May	Charlotte Wells	May-15	Complete May 15
	RQIA - Acute Rep for Hospital inspection programme - links with RQIA inspection team from April 15 - set up and organise inspection visits on request - room availability and wifi access etc	Charlotte Wells with Anita Carroll		First inspection date 16th - 17th June - COMPLETE. Await second phase
	RQIA - review team meeting for Palliative and End of life Care		Fri 5th June	Attended review meeting - complete. Asked to join the Palliative Care Admission and discharge steering group
	Ambulance Transport Short group to be arranged for Catriona Cavanagh, Debbie and myself to discuss ambulance provision In advance of meeting: - Meet with Catriona and Claire to look at figures re: volume of ambulance requests, timing of requests etc can identify trends			Ambulance figures and trends collated for Winter period. Following discussion with Director this is on hold at present .
	Learning disability in general hospitals - implementation of the GAIN Guidelines - attended regional LD working group 22nd Jan - next meeting 6th March - 1st phase - gather up existing protocols in place for LD, passports, info, contacts etc - for the next meeting - Priorities for action will be: - Patient passports - Ward based info/guidance for use with LD (communication/consent etc) - Contacts directory		working group to be complete by April 2016	On-going. Trust action plan updated and circulated/returned to RQIA. Regional meetings on-going - Regional passport in development. Link directly to Cait McGoldrick re: previous work. Need to re-structure and re-convene a Trust working group

Acute Service Improvement Register

ACUTE SERVICE IMPROVEMENT TEAM		Organisation	SHSCT		AD for Improvement - Anita Carroll Service Improvement Lead - Charlotte- Anne Wells		DATE	11th Sept 2015
DIRECTORATE	DIVISION	PROJECT NAME	COMMENCED	Progress report so far	% Complete	Progress Tracker		Exception report/ Issues/ help required
ACUTE/OPPC	CROSS DIVISIONAL	Southern Trust Information Hub (New ED/CDU input and on-going development and monitoring of ward input)	On-going - new phase input commenced Jan 15	ED/CDU: Difficulties initially experienced due to resource constraints in A&I. All processes agreed and confirmed with ED/CDU staff - since Aug 15 the Hub operates a call centre system for ED/CDU - shared folders etc all created and SOP for each process. Staff can make a request to Hub on any patient aged over 65 and the Hub forward the info either directly back to staff member or via email within 30mins of request. WARDs: based on feedback from ward staff and HOS changes/improvements made to Hub process. The Hub returns are now all patient specific and contain input from considerably more databases and teams. Monitoring times have changed to accommodate ward MDM and support the monitoring arrangement. Improved filing of the Hub information which impacts on better transfer of information. All additional community information is now channelled via Hub rather than direct to ward to improve reliability in ensuring the correct location. Monitoring on-going - await outcome of same Sept/Oct to establish if improvements have been made	75%			Paper presented to Admission and Discharge group Dec re: existing constraints in resource - ED/CDU developments on hold and for review March. Background work to continue. Steering group support and feedback for this project via the Admission and discharge working group. Working sub group established to monitor progress and further development opportunities with Hub - this group signed off on these additional improvements 29th May 2015
ACUTE	CROSS DIVISIONAL	End of Life - Care of the dying Patient	Sep-14	Draft guidance document for care of the dying patient - complete Dec 14 - Passed by Acute and NonAcute Directorate Dec 14 - Presented to Medical and Surgical M&M 16th Dec 14 - Launch CAH 26th Jan, DHH 2nd Feb. Information sessions held across both sites for all staff. Rollout then adopted by Non-acute sites who requested same. Rolling audit of all deceased patient charts indicated initial poor uptake. Action taken further working group meeting, taken to Clinical staff and Nursing staff again, presented again at M&M and at Housekeeping and handover meetings- Palliative link nurses identified each ward. Ward resource boxes developed with support from palliative team - Lead nurse team supporting at ward level re: use of the guidance and auditing feedback on same. Further round of information sessions planned Sept/Oct. Regional direction now that this document will provide the blueprint for a regional approach to Care of the dying patient. Ongoing work required re: reinforcing and supporting the use of the guidance - audit on-going and now include on electronic whiteboards and the symbol used is being considered by the bereavement forum for use in the general ward setting to identify that someone may be dying on the ward/bay and to act accordingly	75%			Audit feedback shared with working group - poor uptake indicated a new round of engagement required. Currently on-going and audit results will be circulated through group on a monthly basis. Link nurse, Palliative Nurse and Lead Nurse support required

Acute Service Improvement Register

ACUTE SERVICE IMPROVEMENT TEAM		Organisation	SHSCT		AD for Improvement - Anita Carroll Service Improvement Lead - Charlotte- Anne Wells		DATE	11th Sept 2015
DIRECTORATE	DIVISION	PROJECT NAME	COMMENCED	Progress report so far	% Complete	Progress Tracker	Exception report/ Issues/ help required	
ACUTE	MUSC	Frailsafe - National pilot of checklist for the frail Elderly. Coordinated via Sheffield	Oct 2014 - year long National Pilot	<p>Data recorded weekly on all patients who are on the frailsafe checklist - Drs/ward staff now completing at WR - uploaded to WISH tool weekly (Web Improvement Support Hub)</p> <p>- Weekly 30min Frailsafe meetings for the core team to review weekly PDSA cycles - input from coach from Health improvement England via telelink</p> <p>- Monthly action learning calls via webcam to all the National sites facilitated by the Health Improvement team England</p> <p>- Information request made to Lesley-Anne re: data for number of admissions to MAU of over 65's in order to look at KPI's -</p> <p>- Subgroups to improve care based on outcomes of the work already completed</p> <p>- Delirium subgroup - work in progress, led by Mark Roberts and link has been made to the Trust Delirium group and NAAS work via Heather Trouton</p> <p>- Medication reconciliation subgroup - plan established with Jayne Agnew as lead along with Mark Roberts to process map existing arrangements fro meds rec and consider the FY1 to look up and print ECR prior to post take WR - Pilot reaching its end - outcomes appear positive - frailsafe data continues to be collected until end Sept and then will be collated and shared. Currently in the process of requesting all the necessary KPI data outstanding and have been on=btaining staff feedback in prearation for final trip to sheffield end Sept. The Craigavon team have been considered as performing very well in the overall pilot from the organising group and we are currently in a position to test a format change to the process which we feel would be more suitable for here and allow it to be more transferable and easier to use. The Sheffield team are very interested and await our outcomes re: same</p>	75%	<div></div> <div></div> <div></div> <div></div>	<p>Staff engagement - difficult at times to maintain motivation and momentum with paper aspect of the process - need to collect specific data from patient charts - to commence Sept with this and collate - feedback to staff re: changes/improvements</p>	
ACUTE	SEC	Specialty Referrals/NEWS escalation	01/06/2015	<p>Specialty Referrals/NEWS escalation</p> <p>On the back of another SAI work to be done re: drawing up the referral process into specialties and between specialties - commenced Dec - Escalation processes within specialties to be updated and to include NEWS escalation</p> <p>- Myself, Amie Nelson, Dr Murphy and Dr Mackle to meet re: next steps for same</p> <p>- Referrals - Use of Immix for the specialty in house referrals. Limitation to an electronic approach - paper based approach as interim measure agreed and commenced for Surgical specialty referrals and for pick up of referrals</p>	75%	<div></div> <div></div> <div></div> <div></div>	<p>Electronic options reviewed and a paper drawn up. Limitations recognised at present and paper approach taken as interim measure. Agreement needed re: next steps for electronic solution</p>	

Acute Service Improvement Register

ACUTE SERVICE IMPROVEMENT TEAM		Organisation	SHSCT		AD for Improvement - Anita Carroll Service Improvemenet Lead - Charlotte- Anne Wells				DATE	11th Sept 2015
DIRECTORATE	DIVISION	PROJECT NAME	COMMENCED	Progress report so far		% Complete	Progress Tracker		Exception report/ Issues/ help required	
ACUTE	CROSS DIVISIONAL	NEWS escalation	Jan-15	Attend regional NEWS working group meeting 16th Jan - Regional NEWS audit completed across all wards Feb 2015 - Regional Trigger reset test to commence Sept 2015 - in progress - - IN-HOUSE - Review of NEWs process - complete - research the literature - complete - Review trends in SAI's with NEWS cited - complete inclusion of NEW scores and managemetrn planning to be incorporated into admission documentation - on-going with doc review - AMD's to consider the documentation of action/Escalation plans - outstanding - Inclusion of NEWs scores in Nursing handovers and H@N handovers - process for testing sept/Oct		25%				
ACUTE	CROSS DIVISIONAL	Hospital at night handover processes - link with NEAT Lead nurse team		Focus group meeting held with rep from all staff re: H@N and Handover (following patinet safety meeting) Chaired by AD SEC/NEAT. Following actions taken: - process Plan drawn up and agreed at SMT Draft Nursing handover developed based on existing handover documentation and to take into account NEWS and to simplify how to identify the 'sick' patients to ensure handover to H@N - H@N Structure reviewed and updated with a H@N focus group - agreed including change of venue, format, documentation in line with RQIA		75%				Due to commence 24th Aug. Did not commence. Await feedback form AD MUSC re: issues/concerns and next steps
ACUTE	CROSS DIVISIONAL	Order & View	01/11/2015	Order and View at ward level - Carts ordered for all wards - await schedule of rollout from IT Link with HOS for pilot areas of 4N, Trauma and 2N initially to get feedback and review use of same - follow this up across all wards Interim arrangement in put place whereby referrals can be emailed to cardiology, PCT for traceability and timeliness - complete - Schedule the rollout of handheld companion devices for all wards to supplement the order and view - carts on wards and working well. follow up re: companion devices required but may be pertinent to wait until decision re: patient track - rep for the electronic referrals systems and procurement - 3 demo attended so far - will provide the coordinating role for acute service reps		75%				Only outstanding areas are: need for companion devices and further guidance re: electronic referrals systems

Acute Service Improvement Register

ACUTE SERVICE IMPROVEMENT TEAM		Organisation	SHSCT		AD for Improvement - Anita Carroll Service Improvement Lead - Charlotte- Anne Wells		DATE	11th Sept 2015
DIRECTORATE	DIVISION	PROJECT NAME	COMMENCED	Progress report so far	% Complete	Progress Tracker		Exception report/ Issues/ help required
ACUTE	CROSS DIVISIONAL	Review of ICS Documentation and Ward level Processes	June 12th 2015	Total forms reduced from 5 to 4 by development of a combined Nursing and Clinical form - agreed and complete - rolled out across all ward areas including non-acute. Shared folders created for all wards to ensure traceability of forms. 4 week audit data fed back on accuracy of completion. Further 4 week audit for completion Oct and spot checks to be completed on wards	75%			Further audit and feedback only to be completed Oct/Nov
ACUTE/OPPC	CROSS DIVISIONAL	Implementation of GAIN guidelines for LD - Regional working group directive	commenced Jan 15, for completion April 16	Learning disability in general hospitals - implementation of the GAIN Guidelines - attended 3 regional LD working group - 1st phase - gather up existing protocols in place for LD, passports, info, contacts etc - complete - Trust Action Plan updated in line with recommendations - Priorities for action will be: - Re-establish Trust working group - Patient passports - in process - Ward based info/guidance for use with LD (communication/consent etc) - Contacts directory	25%			
ACUTE	CROSS DIVISIONAL	Patient Track - monitoring system - electronic NEWS recording	Jun-15	Patient Track - monitoring system Acute link to E- Demo for electronic monitoring system with potential to electronically record NEWS scores amongst other functionality 2 demos to all staff coordinated and positive feedback - Director agreement re: visit to see it in action. Await feedback from Catherine Weaver re: next steps	25%			
ACUTE	CROSS DIVISIONAL	CT Scanner process (Trust) review requested by director	Jun-15	Process re-drafted and circulated	100%			
CROSS DIRECTORATE	CROSS DIVISIONAL	Enabling Transformation - Trust Lead and Regional Group Rep	Sep-15	Have been nominated to Regional group. All previous existing correspondence re: the development of a Trust directory forwarded to myself and I have met with Aldrina Magwood re: next steps				

	CARDIOLOGY	CHEMICAL PATHOLOGY	DERMATOLOGY	ENDOCRINOLOGY	ENT	GASTROENTEROLOGY	GENERAL MEDICINE	GENERAL SURGERY	HAEMATOLOGY (CLINICAL)	NEUROLOGY	OBES AND GYN (GYNAECOLOGY)	OPHTHALMOLOGY	ORAL SURGERY	ORTHODONTICS	PAEDIATRIC DENTISTRY	PAEDIATRICS	PAIN MANAGEMENT	RHEUMATOLOGY	THORACIC MEDICINE	THORACIC SURGERY	TRAUMA AND ORTHOPAEDICS	UROLOGY	Total
WE DATE (FR)	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total New
26/03/2021	67	5	73	34	78	44	3	133	7	47	84			2		35	5	26	156		202	30	1031
02/04/2021	90	4	125	42	119	58	3	242	39	55	135		1	3		82	15	40	301		427	83	1864
09/04/2021	141	2	237	71	221	80	5	378	36	105	263	1	3	3		145	20	64	514		824	113	3026
16/04/2021	153	5	250	83	212	102	11	359	75	91	273		5	7	1	164	19	66	559		676	128	3297
23/04/2021	162	3	242	88	236	125	12	374	41	104	242	1	3	8	3	159	30	75	617		648	117	3290
30/04/2021	103	4	182	62	196	77	4	285	36	82	183		3	4		124	16	34	488		544	91	2518
07/05/2021	130	6	238	97	238	102	12	420	56	117	252	1	3	1	2	175	28	52	547		649	118	3244
14/05/2021	134	5	233	74	271	121	6	388	52	100	256		4	6	1	140	17	57	472		644	132	3107
21/05/2021	162	8	256	90	248	114	6	418	47	95	254		6	7	2	170	24	69	577		649	102	3304
28/05/2021	119	2	203	64	166	76	6	301	43	88	178		15	9	1	137	15	47	555		616	71	2712
04/06/2021	147	5	254	107	241	127	10	373	66	80	252	1	4	9	2	159	26	59	594		724	125	3365
11/06/2021	134	12	244	85	225	114	10	373	56	104	245		2	9	2	167	25	42	723		744	109	3424
18/06/2021	140	7	240	81	213	98	10	347	38	86	238	1	4	2	2	180	29	48	438		663	118	3267
25/06/2021	143	5	237	78	216	99	8	355	47	96	244		8	6	2	136	25	53	757		666	115	3288
02/07/2021	138	4	207	63	183	99	4	270	42	94	236		4	3		144	28	43	586		532	94	2774
09/07/2021	113	7	161	47	135	67	8	231	47	68	149		3	3		108	16	24	496		631	76	2387
16/07/2021	128	5	250	43	183	94	13	270	43	69	182	1	4	3		105	13	44	615		622	101	2786
23/07/2021	95	2	223	59	217	92	14	291	57	66	237		17	2		133	17	43	571		606	100	2825
30/07/2021	121	4	190	63	168	72	5	299	48	73	219		5	5		145	28	35	659	1	556	110	2810
06/08/2021	116	7	208	56	206	81	15	295	53	88	207		3	2		110	18	50	680		530	97	2822
13/08/2021	113	6	191	71	183	94	9	280	70	82	180		1	9	3	136	10	35	509		478	98	2548
20/08/2021	117	6	187	55	180	88	7	306	52	78	220		2	2	1	119	15	36	505		515	84	2572
27/08/2021	83	2	164	68	157	70	4	265	51	75	174		1	1		94	11	40	463		661	65	2449
03/09/2021	128	6	211	66	204	84	4	345	48	86	239	1	6	6	3	158	21	41	453		629	96	2835
10/09/2021	151	4	191	56	220	90	8	362	71	90	224		1	4		138	18	38	508		573	101	2848
17/09/2021	137	5	254	91	227	87	8	398	39	99	272		3	3		147	18	49	471		645	145	3104
24/09/2021	136	3	222	80	229	103	8	368	61	90	256		3	3		144	17	41	582		584	110	3020
01/10/2021	123	5	207	64	199	98	8	376	46	90	277		3	7	1	138	20	44	414		519	95	2734
08/10/2021	121	7	216	72	196	104	2	373	59	79	238		3	3		164	19	50	489		560	109	2850
15/10/2021	147	5	213	78	217	112	3	375	60	105	245		2	4	1	191	26	54	478		541	131	2989
22/10/2021	113	8	218	50	206	92	5	308	52	93	212		1	5		131	15	36	609		449	98	2701
29/10/2021	136	3	205	81	230	92	1	344	47	113	236		4	5	1	164	19	39	518		478	129	2846
05/11/2021	133	4	186	88	237	87	2	360	50	80	232		2	7		178	20	44	449		546	118	2814
12/11/2021	122	5	211	61	192	85	3	354	62	92	245		2	5	1	189	17	45	507		507	120	2695
19/11/2021	128	3	180	59	205	105	4	319	65	75	237		6	7		176	20	34	666		435	133	2867
26/11/2021	117	4	184	50	195	81	3	292	46	95	219		1	5		173	26	28	566		483	131	2702
03/12/2021	125	3	166	59	193	90	2	308	37	74	219	1	2	4		164	13	45	482		451	124	2667
10/12/2021	126	5	176	68	200	87	10	306	58	62	216		3	1		163	24	46	515		436	113	2613
17/12/2021	123	5	111	75	184	91	3	253	41	78	201		5	4		136	16	40	394		426	129	2295
24/12/2021	49	1	71	38	80	34	5	142	32	43	78		3	1		50	7	25	179		242	66	1143
31/12/2021	90	2	134	36	148	75	4	260	30	59	154		4	3		182	17	27	559		342	94	2215
07/01/2022	129	7	210	73	215	89	5	341	48	74	241		4	12		212	19	51	614		418	112	2874
14/01/2022	160	2	227	57	235	96	4	420	50	78	249		6	11	3	223	23	38	475		473	123	2953
21/01/2022	197	6	220	71	246	93	1	398	61	78	239		3	1		203	17	46	619		502	127	3128
28/01/2022	186	5	219	73	258	76	5	331	68	110	253		5	2		224	23	63	688		491	117	3197
04/02/2022	145	7	213	75	262	91	2	384	54	90	243	1	2			244	21	50	488		508	115	2998
11/02/2022	148	6	175	58	243	79	10	300	37	97	229		6	6		218	16	38	437		477	113	2687
18/02/2022	157	4	196	86	243	97	8	376	55	97	268		2	4		234	30	58	570		513	148	3146
25/02/2022	159	7	216	68	270	86	2	355	51	116	228		1	4		215	22	48	680		511	132	3171
04/03/2022	168	6	212	80	256	99	6	304	55	93	254		1	4		273	23	58	505		540	118	3145
11/03/2022	121	6	178	57	171	92	3	303	35	59	186		2	2		193	14	36	433		515	118	2521
18/03/2022	154	5	184	64	235	95	4	340	41	89	214		17	3		187	17	54	397		674	122	2896
25/03/2022	138	10	199	56	217	80	5	338	32	66	237		1			169	22	45	432		534	92	2684
	6916	265	10600	3551	10885	4762	319	17376	2591	4506	11740	11	163	223	30	8448	1630	2373	27407	1	28617	6788	147572

(TODAY)
(UID)

(PTTIT) (PTFNAMES) (PTSNAME)
(PT PTAD1)
(PT PTAD2)
(PT PTAD3)
(PT PTAD4)
(PT PTPCODE)

HOSP.NO.: (OPRCNOTE)
D.O.B.: (PTDOB)
G.P.: (PTGPNAMECON)
H&C No: (PTNHS)

Dear (PTTIT) (PTSNAME)

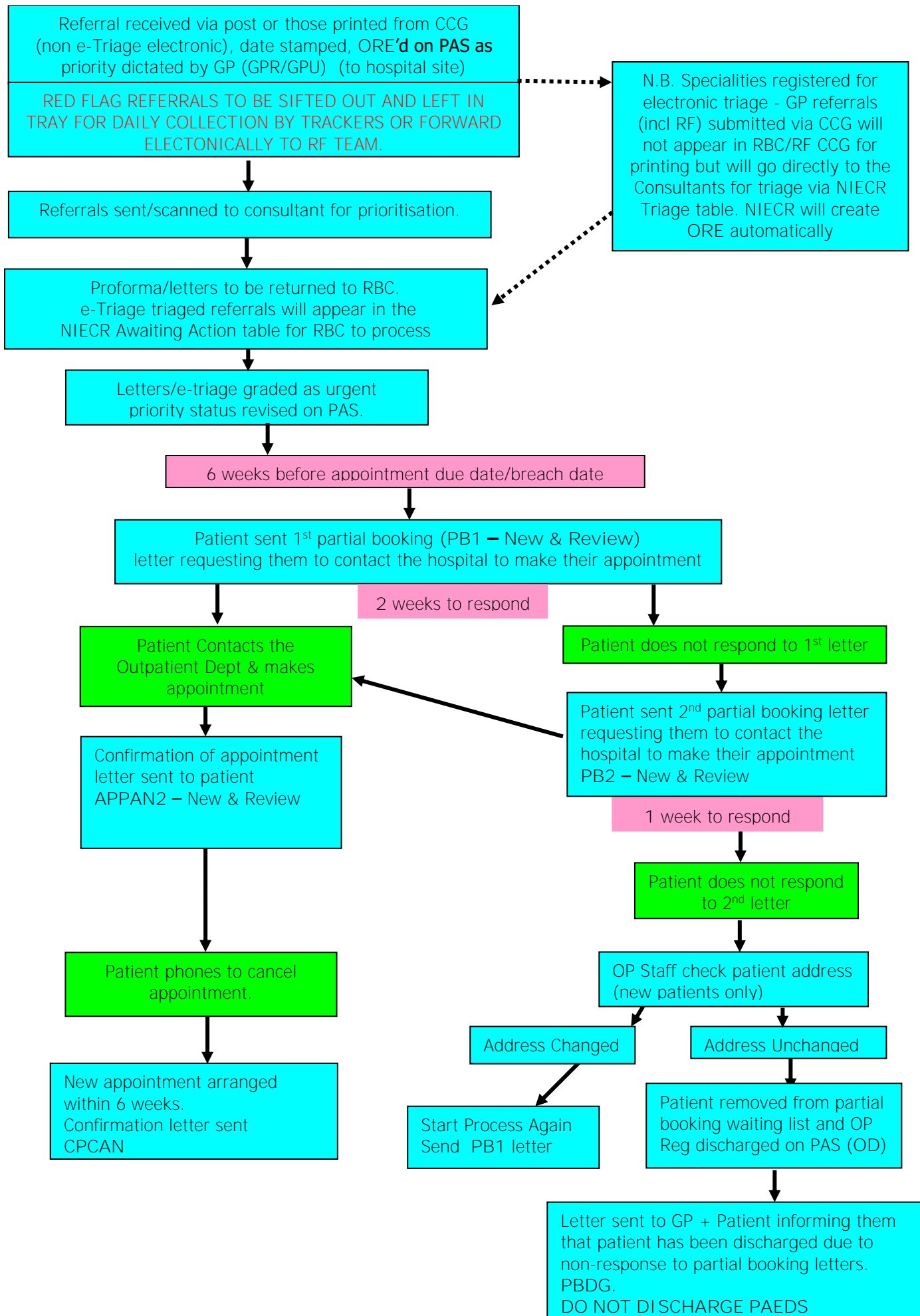
You have been referred to us for an outpatient appointment and your referral is currently being assessed by a consultant. We will contact you 4-6 weeks before your appointment is due.

Some specialty waiting times are long, and if you feel your condition deteriorates while you are waiting for an appointment then you should return to your General Practitioner.

Please note you may be offered an appointment at any one of the Southern Trust hospital sites.

If you have any questions, change of your address or have had this appointment at another hospital please telephone 028 37563406, 3410 or 3420 between 8am and 8pm Monday to Friday, excluding Bank Holidays, and between 9am and 1pm on Saturdays.

Booking and Contact Centre Manager
Southern Health & Social Care Trust
68 Lurgan Road
Portadown
BT63 5QQ

PARTIAL BOOKING ROUTINE APPOINTMENTS – RBC

(TODAY)
(UID)

(PTTIT) (PTFNAMES) (PTSNAME)
(PT PTAD1) HOSP.NO.: (OPRCNOTE)
(PT PTAD2) D.O.B.: (PTDOB)
(PT PTAD3) G.P.: (PTGPNAMCON)
(PT PTAD4)
(PT PTPCODE) H&C No: (PTNHS)

Dear (PTTIT) (PTSNAME)

Our records indicate that you are now due for an
Outpatient Clinic appointment at:

(OPRCT) (OPRCSNAME)'s (OPRSNAME) Clinic.

You may be offered an appointment at any clinical site
throughout the Southern Trust.

Please contact the Booking and Contact Centre to arrange your
appointment or to inform us if you no longer require an
appointment.

- Telephone the Booking and Contact Centre on 028 38613406.

The Booking and Contact Centre is open between 8am and 8pm
Monday to Friday excluding Bank Holidays and between 9am and
1pm on Saturday.

If you have been treated elsewhere or no longer require
this appointment, please contact us on the above telephone
number so that we can remove your name from our waiting
list, and offer this appointment to another patient.

If we do not hear from you within two weeks of the date
of this letter, we will assume you no longer require the
appointment, and will remove your name from our outpatient
waiting list. Your family doctor will be informed and
another patient will be offered your appointment.

Yours sincerely,

Appointments Booking Clerk

(TODAY)
(UID)

(PTTIT)	(PTFNAMES)	(PTSNAME)	
(PT PTAD1)			HOSP.NO.: (OPRCNOTE)
(PT PTAD2)			D.O.B.: (PTDOB)
(PT PTAD3)			G.P.: (PTGPNAMECON)
(PT PTAD4)			
(PT PTPCODE)			H&C No: (PTNHS)

Dear (PTTIT) (PTSNAME)

Our records indicate that you have failed to respond to our recent request for you to contact the Booking and Contact Centre to enable us to make an appointment for you at:

The (OPRSNAME) Clinic

Please contact the Booking and Contact Centre to arrange your appointment or to inform us if you no longer require an appointment.

- Telephone the Booking and Contact Centre on 028 38613406

The Booking and Contact Centre is open between 8am to 8pm Monday to Friday excluding Bank Holidays and 9am to 1pm on Saturdays.

If you do not contact us within 1 WEEK of receiving this letter we will assume that you no longer require an appointment. Your name will be removed from the consultant's waiting list and your family doctor will be informed.

Booking and Contact Centre Manager



Trust Headquarters
Southern Health & Social Care Trust
Craigavon Area Hospital
68 Lurgan Road
PORTADOWN
BT63 5QQ

18th September 2015

Mr Michael Bloomfield
Director of Performance & Corporate Services
HSC Board Headquarters
12-22 Linenhall Street
BELFAST
BT2 8BS

Dear Mr Bloomfield,

Ref: Electronic Referrals

I refer to your letter of 7th September seeking confirmation of the Trust's position to receive all referrals via the CCG from 1st October 2015. The Southern Trust's position is as follows:

1. Acute Hospital Services

I can confirm on behalf of the Southern Trust that we are able to receive all referrals made to acute hospitals (elective, emergency, red flag) with effect from 1st October 2015, with one service exception. Referrals to the TIA service in the Southern Trust will need to continue to be made to the Stroke Secretary until a template is agreed by the Regional Stroke Group. The principle of using the CCG and including a TIA template on this system has been agreed, so once the content of the template has been approved, this can be quickly implemented. The Trust's Stroke Co-ordinator continues to work with the Regional Group to finalise this.

The Southern Trust does not yet have access to e-triage functionality on the NIECR and we understand that it will be several months before this is made available to us. However, this will not deter the Trust from processing referrals via the CCG in the

Director of Performance and Reform, Trust Headquarters, Southern Health & Social Care Trust, Craigavon Area Hospital, 68 Lurgan Road, Portadown, tel: [redacted], fax: [redacted]

interim, albeit that this will temporarily increase printing requirements and means that Booking Clerks need to continue to input the referral information onto PAS.

2. Mental Health Services

The Southern Trust is in a position to receive all mental health referrals via CCG and would encourage this. The Southern Trust led on the implementation of the mental health referral template on the CCG and is disappointed that the majority of referrals continue to be received in paper format.

In relation to integration of Community Information Systems, to date there has been no integration of PARIS with the NIECR, therefore the benefits described in your letter are not being achieved in the Southern, Western or Belfast Trusts. The Trust would welcome support to prioritise PARIS integration with the NIECR, as to date, there is no timeframe for this. In the interim, the Trust is in agreement to process all electronic referrals received by the mental health service without PARIS integration but we hope that this can be addressed in the near future.

3. AHP Services

The Southern Trust is in a position to receive all elective referrals via CCG and we have a single Referral and Booking Centre to facilitate this. These services currently use the Clinical Manager Information System for referrals and booking, however, in the longer term they will migrate to PARIS. As Clinical Manager is an interim system, we will not require integration to NIECR and e-triage as PARIS will be the longer term solution.

4. Children and Young People Services

With the exception of acute paediatric referrals, the Southern Trust is not yet ready to agree to the concept of referrals being received via the CCG. The sensitive nature of non-acute CYP referrals means that it would not be appropriate for these to be viewed on the NIECR. However, if GPs could use CCG for an immediate transfer of a UNOCINI referral to a Gateway team, without the referral being viewable on the NIECR, this is something that would be welcomed but requires further discussion with CYP teams. In addition, as UNOCINI is currently under development on PARIS for the 3 Trusts using this system, it may be useful to consider this secure referral methodology as part of that project. Averil Kirkpatrick, eHealth Team, is involved in this.

5. Older Peoples Services

At this time, there is no central gateway to OPPC services in the Trust. This continues to be work in progress for us alongside PARIS implementation. However, at this time, the Southern Trust is not in a position to agree to accept all referrals to non-acute OPPC services via the CCG.

In summary, Southern Trust is very supportive of the CCG and the ability to receive referrals electronically. This mitigates a number of risks – particularly in relation to information governance and use of faxing. However, whilst we are able to facilitate this from 1st October

2015 for the vast majority of GP referrals, there are a few remaining areas which are work in progress and linked to the implementation of PARIS.

Should you have any further queries in relation to this, please do not hesitate to contact me and I can arrange a short meeting of the relevant staff to explore this further.

Yours sincerely,

.....
Aldrina Magwood (**Mrs**)
Director of Performance & Reform

Cc Siobhan Hanna
 Anita Carroll
 Brian Beattie
 Francis Rice
 Paul Morgan

Director of Performance and Reform, Trust Headquarters, Southern Health & Social Care Trust, Craigavon Area Hospital, 68 Lurgan Road, Portadown, tel: Personal Information redacted by the USI, fax: Personal Information redacted by the USI

From: Carroll, Anita <[REDACTED]>
Sent: 09 October 2020 16:16
To: McClements, Melanie <[REDACTED]>
Cc: Forde, Helen <[REDACTED]>; Robinson, Katherine
 <[REDACTED]>
Subject: UROLOGY

Melanie ,

following on from our conversation I have included a few things for consideration

1. Admin review doc : looked at what Rose/ Mary produced and added some context and redid the recommendations :if you are content myself and Katherine can chat through with Rose/ Mary
- 2 .Re your concerns with regards to charts and volumes of charts I can advise : All patient charts must be tracked on PAS using a tracking code which gives information on the current location of the chart. Every time a chart moves location the tracking code must be updated. Not only does this help in the relocation of the chart but it also serves as a governance tool to show who has access to the chart and when.

PAS provides the facility to run a report giving the number of charts tracked to a specific code, and the patient details. These reports are not run routinely but can be run as and when requested, eg in a ward move to ensure all charts are accounted for. Health records staff retrieve charts from the various offices and are aware of where there are large volumes of charts and would bring this to their Line Managers attention if there was an issue, eg large volumes of charts not normally in the office, or so many charts that finding a chart was difficult.

The volume of charts held in an office are indicative of the working practices for that consultant/specialty and not that there is a problem with the working practices – eg number of tests performed, audits being carried out, or if due to the nature of the patient's treatment there are regular enquiries re the treatment/drug regime it is easier to have the chart readily available. If a chart cannot be found the Health Records staff carry out a thorough search of all areas that the chart has been tracked to. If the chart is not found it is added to a Missing List and kept under review. A Datix is not usually completed for a missing chart as it is usually that someone has taken the chart to another location without tracking it appropriately.

3.with regards to your concern that there maybe other issues , we had a chat with martina and she agreed to send some details to Katherine so that Katherine would check pas logs etc to assure that the issue lay firmly with the consultant

As you know we haven't been heavily involved but I attach a work flow that would be useful as an overview of triage and appropriate escalation that acute services needs to adopt and implement

Finally if all worked as it should the admin process for the patient journey attached would be followed and maybe martina can highlight with the look back exercise what elements of this process went wrong and from that we could develop recommendations to provide assurances in future .

Many thanks
Anita

Mrs Anita Carroll
Assistant Director of Acute Services -
Functional Support Services
Daisy Hill Hospital
5 Hospital Road
Newry
Co. Down
BT35 8DR
Tel: Tel: Personal Information redacted by the USI or mob Personal Information redacted by the USI

 **Please consider the environment before printing this email**

Many thanks
Anita

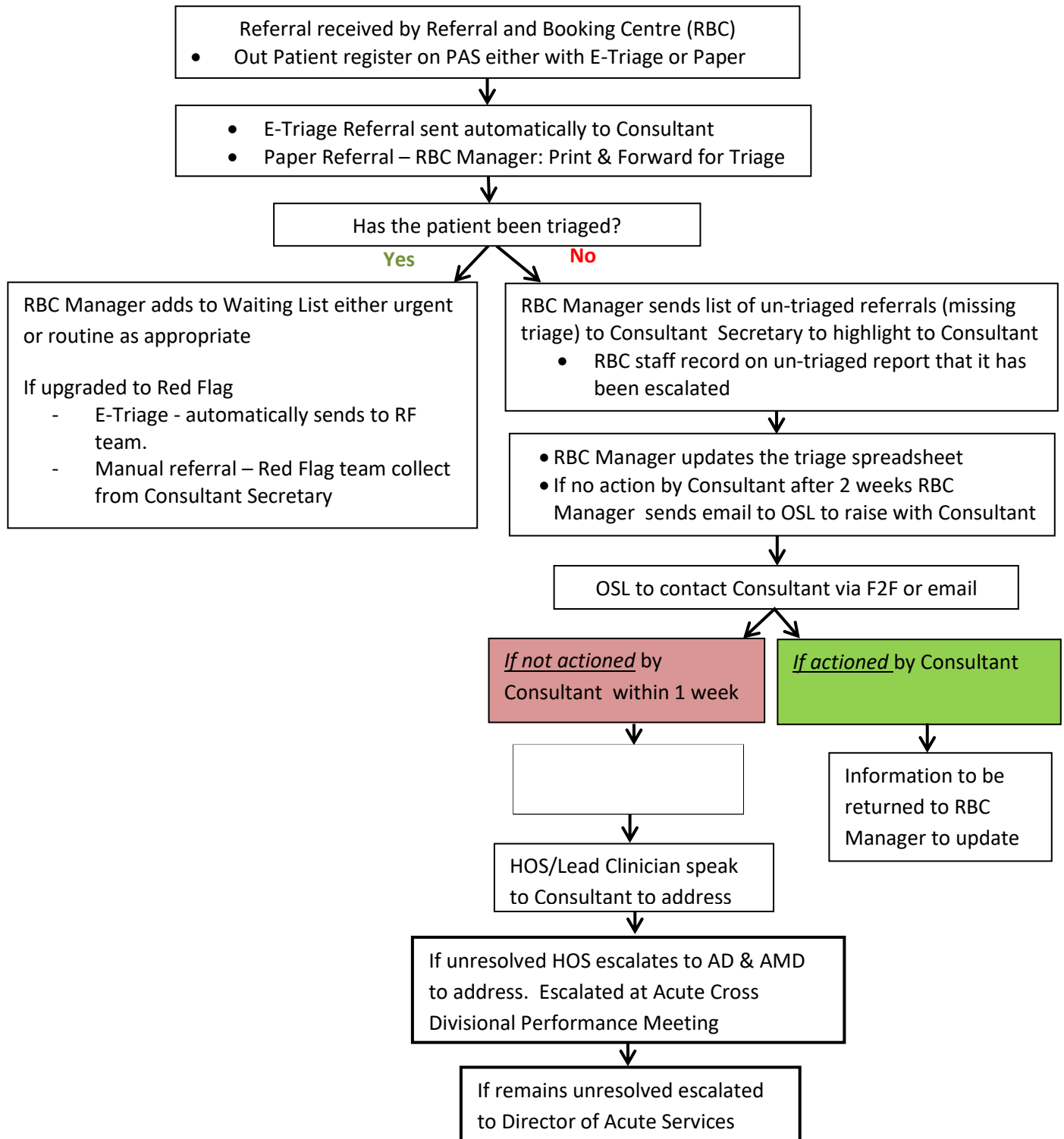
Mrs Anita Carroll
Assistant Director of Acute Services -
Functional Support Services
Daisy Hill Hospital
5 Hospital Road
Newry
Co. Down
BT35 8DR
Tel: Tel: Personal Information redacted by the USI or mob Personal Information redacted by the USI

 **Please consider the environment before printing this email**

- **Red Flag referrals should be returned from Triage within 24hrs**
- **Urgent referrals should be returned from Triage within 72hrs**
- **Routine referrals should be returned from Triage within week.**

PURPOSE OF TRIAGE

- Consultant triage is to confirm that the speciality is appropriate and the clinical urgency is appropriate.
- It directs the referral to an appropriate service within the speciality (e.g. to vascular surgeons etc.)
- It allows the Consultant to request any investigations which the patient will require prior to outpatient attendance
- The Consultant can return referrals with advice and no outpatient attendance where appropriate.



Please Note: This process will incur a minimum of 7 weeks in total if referral is un-triaged within the target times which means that if the referral is upgraded to Red Flag it is in excess of 14 day Red Flag turnaround.

It is the responsibility of the Consultant to ensure Triage is done within the appropriate timescales detailed above

Admin Process for Patient Journey

Referral & OPD

- Pt attends GP/A/E etc with a medical issue.
- Referral sent to RBC, registered on PAS
- Referral sent for triage
- Following triage, pt added to opd waiting list or straight to an inpt waiting list
- Pt selected for OPD apt in chronological order. Partially booking process adhered to.
- Medical Records pull charts for forthcoming clinics.
- PT attends, attendance recorded, charts forwarded to sec.
- Clinician dictates a letter re each pts attendance.
- Sec or A/T types letter to advise GP of action plan or discharge. Outcome of clinic visit is recorded ie review, add to inpt waiting list, order more tests etc.
- Sec or A/T does the PAS work from info on the letter ie add pt to review waiting list etc

Patient is to come for a Procedure

- Pt is to come for an operation, pt selected per chronological management
- Scheduler or Sec schedules pt, slot booked and confirmed.
- Sec or scheduler preadmits pt on PAS for operation.
- TMS Completed
- Medical Records pull chart for admission

Admission & Discharge

- Pt arrives at hospital and goes to Elective Admission ward or other venue stipulated on their letter.
- Pt is admitted on PAS by ward clerk.
- Pt operated on, chart goes from Theatres with operation notes to ward.
- Pt goes to ward for some recovery, e discharge is completed by Junior doc , lots of clinicians prefer a typed discharge letter

Discharge letter & Follow up

- If there is to be a typed discharge letter then the consultant dictates a letter. At this stage the chart should be with the secretary. If the chart is removed while awaiting dictation, Medical Records leave info of what the chart was removed for etc and for the chart to be returned to the secs office.
- Sec types discharge letter and adds any follow up needed to PAS, any results pending she puts into DARO on PAS etc.

Not convinced all secs check that all admissions are dictated specifically if a chart has been removed. How else is there for a prompt for a consultant to remember to do a discharge letter. This needs written into guidance for secs of should we have a list of weekly admissions to be checked for letters as a safety net??

Coding??

Admin Process for Patient Journey

Referral & OPD

- Pt attends GP/ **ED** etc with a medical issue.
- Referral sent to RBC, registered on PAS
- Referral sent for triage
- Following triage, pt added to opd waiting list or straight to an inpt waiting list
- Pt selected for OPD apt in chronological order. Partially booking process adhered to.
- **Health** Records pull charts for forthcoming clinics.
- PT attends, attendance recorded, charts forwarded to sec.
- Clinician dictates a letter re each pts attendance.
- Sec or A/T types letter to advise GP of action plan or discharge. Outcome of clinic visit is recorded ie review, add to inpt waiting list, order more tests etc.
- Sec or A/T does the PAS work from info on the letter ie add pt to review waiting list etc

Patient is to come for a Procedure

- Pt is to come for an operation, pt selected per chronological management
- Scheduler or Sec schedules pt, slot booked and confirmed.
- Sec or scheduler preadmits pt on PAS for operation.
- TMS Completed
- **Health** Records pull chart for admission

Admission & Discharge

- Pt arrives at hospital and goes to Elective Admission ward or other venue stipulated on their letter.
- Pt is admitted on PAS by ward clerk.
- Pt operated on, chart goes from Theatres with operation notes to ward.
- Pt goes to ward for some recovery, e discharge is completed by Junior doc , lots of clinicians prefer a typed discharge letter
- Ward clerk uses the information on the e-discharge to complete the follow up for the patient
- Ward clerk returns the chart to Health Records or the consultant (depending on their working practice – some consultants want to see the chart after discharge and some consultants want the chart returned to Health Records.

Discharge letter & Follow up

- If there is to be a typed discharge letter then the consultant dictates a letter. At this stage the chart should be with the secretary. If the chart is removed while awaiting dictation, ~~Medical~~ Health Records leave info of what the chart was removed for etc and for the chart to be returned to the secs office.
-
- Sec types discharge letter and adds any follow up needed to PAS, any results pending she puts into DARO on PAS etc.

Administration Processes for Management of Referrals Review

Background

The Referral and Booking Centre (RBC) provides a centralised booking service for the majority of acute outpatient appointments, including paediatric.

On average the RBC books circa 200k appointments per year. The rules for the management of outpatient referrals is set out by the IEAP (Integrated Elective Access Protocol), which are regional guidelines and which were implemented approx. 10 years ago by all Trusts.

There are a number of administrative booking processes in place regarding the management of referrals, and booking of patients, the majority of which are all fit for purpose. However, there are some areas where the process needs to be formalised in a Standard Operating Procedure (SOP) to ensure clear roles and responsibilities, and to provide a defined mechanism for monitoring and escalation.

The areas to be considered are with regard to triage including the receipt of paper referrals, the process for monitoring and escalation of issues, and the role of the locum consultant.

1 The administrative processes regarding the receipt of referrals and triage of referrals referred to the Urology Service from all sources. (This applies to all referrals not only urology)

Referrals to the Southern Trust come from a number of different sources within primary and secondary care and also include referrals from the private sector. The majority of referrals are sent directly to the RBC via CCG (Clinical Communications Gateway) from Primary care. However, some referrals come in paper form eg referrals from other consultants both within the SHSCT and external to the Trust.

Referrals received via Etriage are automatically registered on PAS while those in paper form must be manually registered. To ensure chronological management paper referrals are date stamped and registered on PAS using the date that they were received in the RBC.

Triage is essential to confirm the correct specialty and clinical urgency. The Urology specialty uses the E triage facility so the referrals are automatically sitting in an inbox for the consultants. Paper referrals are hand delivered to the Thorndale Unit each day where there is a specific tray for them. The Urology speciality uses the consultant of the week model to triage all referrals.

When the referrals are triaged the patient information is updated as required on PAS. An untriaged report is run periodically via Business Objects and emails are firstly to secretaries

and if letters are still not triaged emails are sent to the OSLs to follow up on the untriaged referrals.

Recommendation

We recommend moving all referrals to E triage which would incorporate all paper referrals and other consultant referrals. This list would be triaged as per rules of the specialty (COW model). This model would provide a more visible way of seeing what is outstanding for triage at any given time and save the need for running reports.

Action – BSO, Kate Cunningham and K Robinson

2 *The effectiveness of monitoring and escalation of the administrative processes including by whom and how often this information is reviewed.*

The monitoring process is the responsibility of different disciplines of staff, the RBC, OSLs, and HOS. However, the process at present is not robust enough to ensure that all outstanding issues are dealt with on a timely basis.

Recommendation

We recommend that this process is formalised and an effective Standard Operating Procedure is developed outlining the roles and responsibilities of each group of staff, and the escalation process to be followed. See attached work flow

Action: Katherine Robinson, Rep from OSL, Martina Corrigan

3 *To identify any potential gaps in the system where processes can be strengthened.*

In addition to the triage and monitoring processes to be strengthened as discussed in point 1 and 2 a further gap in the system is with regard to the role of the locum consultant in the triage process.

The role of the Consultant of the Week for triage is clear but the same cannot be said for locum staff, in that it is not always clear who is triaging or who is taking over whose lists of patients on waiting lists etc.

Recommendation

Formalisation of the role and responsibility of the locum consultant and better communication between the specialty team and the RBC regarding who is responsible for which waiting list would be beneficial and would result in less escalation to the OSL/HoS.

Action Martina Corrigan, Lead Clinician Urology

Head of Health Records and Admin Services



Quality Care - for you, with you

JOB DESCRIPTION

JOB TITLE	Head of Health Records & Admin Services
BAND	8A
DIRECTORATE	Acute
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Assistant Director of Functional Support Services
ACCOUNTABLE TO	Director of Acute Services

JOB SUMMARY

The role of the Head of Health Records is to ensure the provision of a comprehensive, efficient and effective health records service which includes responsibility for Ward Clerks, Outpatient receptionists, Emergency Department and Minor Injuries Admin staff for the Acute Directorate in the Southern Health & Social Care Trust.

The Head of Health Records will strategically plan for the future of the health records service and will lead the implementation of the patient electronic record in the future.

The Head of Health Records will manage the budget for all admin staff employed in the Health Records Departments, Outpatients reception, Emergency Department and Ward Clerks.

The Head of Health Records will develop a culture of patient and client responsiveness, flexibility and quality. As a member of the Functional Support Services Senior Management Team, he/she will share corporate responsibility for achievement of Team objectives, be committed to multidisciplinary working in driving forward a culture of change, innovation, development and modernisation.



KEY DUTIES / RESPONSIBILITIES

1. Ensure the provision of a comprehensive, efficient and effective Health Records Service on a Trust-wide basis, within the resources available and in accordance with statutory requirements.
2. Provide leadership and professional advice on health records.
3. Plan and implement a single acute patient record for the Southern Health and Social care Trust and in the longer term, a patient electronic record.
4. Ensure that the Health Records Departments across the Trust comply with the Data Protection Act, Subject Access Requirements and the Access to Health Records (1990). Ensure compliance with Records Management Control Assurance standards.
5. Represent the Trust on external or regional committees regarding Health Records and associated Information systems, e.g. eEMS.
6. Manage contracts with external storage supplies.
7. Improve data quality and data recording through the development and implementations of procedures to help staff understand the importance of their data input and get it right at the source of entry.
8. Develop a culture of client and patient responsiveness, flexibility and quality. Involve patients and clients in setting performance indicators and ensure regular feedback on progress.
9. Strive to develop new ways of working to improve effectiveness and efficiency in service delivery, such as 'bank' staff to provide essential cover during staff absenteeism.
10. Ensure that health and social care records are available and accessible to meet the demands of patient on a 24-hour basis and will develop and implement a 'real time' service in the future.
11. Develop, implement and review a Health Records strategy, policies and procedures and monitor and evaluate implementation of these. This will ensure that all Acute Health Records are available for patient care at the appropriate time and place.



12. Manage and delegate the work of the various departments and groups of staff ensuring that duties are carried out to the required standard and within agreed deadlines.
13. Demonstrate strategic thinking in order to enable delivery of future changes to the service against the e-Health agenda. The postholder will play a leading role in the strategic planning and development of the electronic patient health records,
14. Plan and facilitate changes in workload, e.g. waiting list initiatives, clinical audit and research, peripheral clinics.
15. Keep abreast of the increasing legislative issues affecting the service and ensure that measures are devised and implemented and staff briefed accordingly across the diverse number of sites.
16. Develop and maintain work relationships with other colleagues to ensure achievement and objectives and effective team working. The postholder has the freedom to adapt, devise and implement policies and procedures regarding the health records service. If these policies or procedures affect other departments, this must be carried out in partnership with the other heads of service.

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.

EMERGENCY PLANNING & BUSINESS CONTINUITY RESPONSIBILITIES

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)

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 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.

October 2020





Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE AND BAND	Head of Health Records & Admin Services Band 8A
DEPARTMENT / DIRECTORATE	Functional Support Services / Acute
HOURS	Full-time / 37.5 hours per week

Ref No: <to be inserted by HR>

<Month & Year>

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.

Factor	Criteria	Method of Assessment
Qualifications / Experience	A relevant degree or professional qualification in Records Management or Business/Management and have at least 2 years' experience working in a middle management role (<i>equivalent to NHS/HSC Band 5 level</i>) with responsibility for records management . OR have a HND/HNC in Business related subject and 3 years' experience working in a middle management	Shortlisting by Application Form



	<p>role (<i>equivalent to NHS/HSC Band 5 level</i>) with responsibility for records management OR have at least 4 years' experience working in a middle management role (equivalent to NHS/HSC Band 5 level) with responsibility for records management.</p> <p>A minimum of 1 years' experience of managing a team of staff.</p>	
Other	<p>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
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	<p>Have an ability to provide effective leadership and strategic direction</p> <p>Demonstrate evidence of managing priorities to achieve successful outcomes</p> <p>Demonstrate evidence of influencing and delivering improvement in service outcomes</p> <p>High level of verbal and written communication skills</p> <p>Able to establish effective working relationships</p> <p>Staff management and the ability to effectively motivate a team</p> <p>Must be a team player and have personal initiative and drive</p>	Interview
Knowledge	<p>In depth knowledge of Health records management and legislation affecting the Health Records function.</p>	Interview



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	A minimum of one year's experience working in a middle management role (equivalent to NHS/HSC Band 5) in health records management.	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.

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



**Working Together****What does this mean?**

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

What does this look like in practice? - Behaviours

- 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

**Compassion**

We are sensitive, 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

**Excellence**

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.

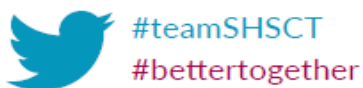
- I put the people I care for and support at the centre of all I do to make a difference
- I take responsibility for my decisions and actions
- I commit to best practice and sharing learning, while continually learning and developing
- I try to improve by asking 'could we do this better?'

**Openness & Honesty**

We are open and honest with each other and act with integrity and candour.

- 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



Follow us on:



SOUTHERN HEALTH & SOCIAL CARE TRUST**JOB DESCRIPTION**

Job Title: Referral & Booking Centre Manager (1 post)

Band: ***Band 6***

Reports to: Head of Health Records

Responsible to: Director of Functional Support Services

Location: Craigavon Area Hospital

JOB PURPOSE

The postholder will be responsible to the Head of Health Records for the management of the administration of all out-patient registration and appointments for the Southern Trust. In doing so, the postholder must meet Government booking and waiting times targets for Outpatients.

This service is currently provided across 6 locations in the Southern Trust. This postholder will play a **lead** role in centralising this service to a single unit on the Craigavon Area Hospital site in April/May 2008, combining all call centres of hospitals within the Trust. The postholder will lead discussions with the relevant stakeholders and facilitate the planning, co-ordination and delivery of a centralised service.

The postholder will have responsibility for the Patient Booking Team and will ensure that all new patient referrals are received in the Contact Centre and booked for their first appointment within guidelines set.

The postholder will fully implement DHSSPS Elective Access Reform Targets, including Access Protocols, which will ensure that all referral letters are registered on the day of receipt, graded by Clinicians within 4 days and patients are offered a range of appointments within 6 weeks of target appointment times. The postholder will also manage appointments for non-urgent (routine) review patients.

The postholder will also assist with the implementation of a 7 day week, 12 hour day contact centre to improve patient access. The postholder will also assist with the implementation of appropriate telephony systems to monitor response times and customer service. The postholder will report on this to the Head of Health Records and will recommend and take any corrective action required to improve services to patients.

JOB DIMENSIONS

The postholders will be responsible for the management of the following staff:-

5 Supervisors (Band 4)
30 (approx) Booking Co-ordinators (Band 3)

Managerial responsibility for appropriate administration of approximately 100,000 new outpatient referrals per annum and 168,000 review appointments (total 268,000 outpatient appointments).

PRIMARY DUTIES & KEY RESULT AREAS

- 1 Effective management of the departmental team; agreeing work areas, objectives and undertaking regular appraisal. Implement, develop and monitor outpatient booking processes to ensure maximum efficiency, effectiveness and understanding.
- 2 Engage with senior medical, nursing staff and administrative staff to ensure that the main focus continues to be on the management of specialty specific PTLs to meet maximum patient access targets.
- 3 To ensure all telephone communication with patients and referrers is conducted in a courteous, helpful and timely manner, developing protocols for staff where necessary.
- 4 To ensure appropriate systems and processes are in place to meet Government booking and waiting times targets for Outpatients.
- 5 Responsible for monitoring and maintaining agreed Trust standards for out patient booking, for example PTLs, customer service and response, timeliness of patient registration and booking.
- 6 To implement, review and revise Contact Centre policies and procedures e.g. escalation policy and access protocols and to monitor compliance;
- 7 To liaise with Clinicians and Heads of Service to rectify underperformance against targets and compliance with Policies and Procedures e.g. notification of Consultant Annual Leave, 4 day turnaround in grading referrals;
- 8 To liaise continuously and effectively with Head of Performance, Heads of Service and clinicians, to manage the boundaries and ensure that services are delivered in partnership.
- 9 To liaise and communicate with GPs, Practice Managers and other referral agents, to address issues such as missing referral data, which can affect the efficiency of the service.
- 10 To ensure that patient data held on PAS is validated and updated appropriately e.g. changes to patient details, address, contact details etc.
- 12 To assist with the population and accurate use of the H&C number to improve accuracy of patient data and work towards a single patient electronic record.

To improve efficiency and effectiveness through the recommendation/implementation of technology, and to ensure that staff are appropriately trained on any new technology implemented.

To ensure that the function of the Contact Centre Team assists with other organisational objectives in other Directorates, such as 'Red flagging' cancer patients to ensure access targets in other areas.

To ensure that the procedures for the Independent Sector are in line and are developed in conjunction with the Booking Centre's policies.

To make recommendations and provide reports on progress and improvements in respect of the Contact Centre, to the Head of Health Records and other Heads of Service.

To gather Contact Centre statistics and use this information to improve performance.

To assist with the implementation of a 6 day week, 12 hour day contact centre to improve patient access.

To assist with the implementation of appropriate telephony systems to monitor response times and customer service.

To assist with centralising the Contact Centre to a single unit on the Craigavon Area Hospital site in April/May 2008, combining all call centres of hospitals within the Trust.

To review availability of appointments alongside waiting lists and PTLs and maximise the use of clinic capacity to achieve waiting list targets.

To escalate appropriate issues to the Head of Health Records, Heads of Service, and Director of Acute Services, when required, to ensure no breaches against Government outpatient waiting list targets.

To implement policies which ensure zero tolerance on 'Booking Beyond Breach' within the call centre.

To ensure that there is a manual or electronic trail for all referral letters leaving the Department and to have a recall/BF system in place to mitigate the risk of any missing letters which could compromise patient safety and breach waiting list targets.

INFORMATION AND ANALYSIS

Responsible for the provision of statistics on demand/capacity for all sites within the Southern Trust for Outpatients on a fortnightly basis.

Meet with HOS on a fortnightly basis and present information on demand/capacity/triage and position on urgent patients for each specialty and each site.

Advise HOS on possible alternatives and solutions to meet targets.

To monitor DNA rates and report on possible reasons for DNAs to the weekly performance meeting.

Analyse complex performance information to identify areas for improvement and to work collaboratively to develop plans to deliver improvement.

Work with the Trust's Information Department to co-ordinate the collection and analysis of data to facilitate the monitoring of performance across the hospital system.

Staff Management

Assume day to day line management responsibility for the administrative and clerical staff within the Booking Centre.

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.

Maintain good staff relationships and morale amongst staff reporting to him/her.

Participate as required in selection and appointment of staff reporting to him/her 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 which he/she has responsibility.

To regularly assess the training needs of staff and develop and provide training programmes appropriate to identified needs in order to maintain standards and enable staff to respond to service changes;

To assess the need for support staff and present bids for funding for the Booking Centre Service;

Personnen Specification

KNOWLEDGE, SKILLS & EXPERIENCE REQUIRED

Qualifications & Training

- i. *Recognised Management qualification e.g. Business Studies, Management or related*
- ii. *Where postholders do not hold any of these qualifications, they should be willing to undertake this within 1 year of taking up post.*

Personal attributes

- i. Excellent leadership and motivational skills;
- ii. Excellent verbal and written communication and inter-personal skills
- iii. A self-disciplined and self-motivated individual with the ability to work on their own initiative;
- iv. High level of commitment and the ability to complete tasks to strict deadlines;
- v. Ability to train and develop staff;
- vi. Good organiser;
- vii. A positive and flexible approach to the changing demands and opportunities of the service.

5.3 Experience

- i. Three years working in the NHS;
- ii. Two years management experience;
- iii. Experience of working with clinicians and senior staff at management level

5.4 Technical Skills

- i. Knowledge and experience of Patient Administration Systems (PAS);
- ii. Computer literacy (Microsoft).

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 30 July 2013 20:42
To: Lappin, Aideen <[REDACTED]>
Subject: FW: issues list for admin

From this list there are a number of things I need to action I need to write to consultants about a few things can you pull onto a one pager and I can action Thanks A

From: Adams, Valerie
Sent: 30 July 2013 15:17
To: Carroll, Anita
Subject: RE: issues list for admin

Anita, attached is the list with comments from Helen and Katherine added.

From: Carroll, Anita
Sent: 29 July 2013 19:17
To: Adams, Valerie
Subject: issues list for admin

Can we catch up tomorrow

Issues re Admin Transfer

Issue	Description	Date	How Progressed
Clinic templates	Update the OPD Clinic cancellation form.		Wendy has circulated and comments to be forwarded to Wendy.
Clinic outcomes	Some clinics are not recording outcomes and for those that are there are 2 systems in place ie the Clinic Outcome Sheet and the PAS Clinic List. The Clinic Outcome Sheet provides a structured format for Medical staff to complete and ensures that there is a clear indication as to what information is required on the disposal of each patient. Referrals to other Consultants are not being captured on the Clinic List which means that the first indication that the Booking Centre and Performance Team get is when the clinic letter is typed and if there is a delay in typing then it causes problems in getting the patient seen in the appropriate timeframe.		Helen provided detail on use of the Clinic Outcome Sheet Anita circulated to ADs.
Triage Arrangements	Triage is not taking place in a timely manner.		A process has been developed and Anita is to write to the Consultants re the process
Re-coding of OPD cancellations	Cancellations recorded from 1/7/2013 with old Cancellation Reason Codes.		Helen to amend the details

Under 18 DNAs	If a patient DNA their outpatient appointment the referral letter and an Under 18 form is sent to the Consultant for completion re the disposal of the patient. These forms need completed quickly and shared with AMDs and CDs.		<p>Process in place.</p> <p>Anita to write to AMD and CDs re the process and need to get forms completed quickly.</p> <p>Katherine to discuss with secretaries.</p>
Flexing Templates	RBC undertaking these temporarily due to the recovery plans in place to meet the performance targets. Identify who will be responsible for these types of PAS issues.		OSLs / Maria
Backlog of filing of Lab and X-Ray results at ward level	Delays in Medical staff signing Lab and X-ray results resulting in them remaining unfilled in the ward. The results of these investigations are available on the Lab system and so always available should Medical or Nursing staff need to review the results. If the unsigned Lab reports are to be destroyed do they all need to be checked prior to destroying in case there is some important information that may be missed? If the lab reports have to be filed then they must all be checked and signed by Medical staff – discussion would therefore need to take place with medical staff to ensure they action the checking and signing of the lab reports.		Anita has written to medical staff re filing of results and to get consensus on the way forward
Filing of results ie Bloods Ordercomms			<p>New system to be implemented to avoid results being printed.</p> <p>Ordercomms working group taking forward</p>

Processes for Independent Sector			Helen has written to KR and OSLs re draft processes and to get comments. When finalised the processes will be circulated as appropriate.
Emergency Dept Scanning of flimsies			Pauline Matier leading working group
Digital Dictation			Working group looking at Digital Dictation and Katherine working with implementation
Saviance Automatic Check-in			Helen / Katherine / Kate / Pamela taking forward
Real-time Recording PAS			Helen taking forward
Destruction of Emergency Dept records from Oasis			Helen / Irene taking forward
Understanding of Overtime and Agency with a view as to how to reduce in the divisions			Katherine and Helen to take forward.

Service Administrator

JOB DESCRIPTION

JOB TITLE: Service Administrator -IMWH (temporary)

BAND: Band 5

LOCATION: Acute Services— Daisy Hill Hospital

REPORTS TO: Admin Head of Service

RESPONSIBLE TO: Assistant Director of Functional Support – Acute Services.

JOB SUMMARY: The post holder will have management responsibility for a large number of administrative and clerical staff (bands 2-4) and will ensure the day-to-day delivery of administrative services within Acute Services, through the provision of high quality, cost effective support to staff. The post holder will play an active role in the development of processes within their assigned division by assisting the Admin Manager with the full range of duties and deputising in his/her absence.

KEY DUTIES/RESPONSIBILITIES:

1. Clinical Information

- 1.1 Ensure the accurate, timely and complete recording of information within the Division on the Patient Administration System (PAS) and other clinical information systems.
- 1.2 Be the first point of contact for queries about the PAS and recording of information, and to provide appropriate PAS training within the Division in association with the PAS Manager.
- 1.3 Review the effectiveness of patient data collection and implement any necessary improvements.
- 1.4 Put a mechanism in place to ensure all patients are followed up, sent for tests, added to waiting lists appropriately.
- 1.5 Provide statistics and information as required to the Division using appropriate information systems and computer applications.

- 1.6 Be proactive in the development and implementation of new systems and services, both computerised and manual, within the Division.
- 1.7 Liaise with Clinical Coders and Division staff to facilitate the clinical coding function.
- 1.8 Work closely with the Data Quality Team regarding information, performance issues and queries.

2. Staff Management

- 2.1 Responsible for the management of the administrative and secretarial function within the Division including all administrative and clerical staff ensuring cost effectiveness and efficiency.
- 2.2 Review and continuously monitor workload distribution and allocate secretarial and administrative staff accordingly ensuring the effective provision of cover during staff absences.
- 2.3 Develop and implement staff appraisal.
- 2.4 Develop and maintain accurate staff records.
- 2.5 Allocate leave and monitor sickness and absenteeism.
- 2.6 Participate in the recruitment and selection of staff in accordance with the Trust's policies.
- 2.7 Participate in disciplinary matters in liaison with the Admin- Manager.
- 2.8 Identify staff training needs and ensure that these needs are met.
- 2.9 Monitor the secretarial and administrative budget, in liaison with the Admin Manager
- 2.10 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.

3. General duties

- 3.1 Participate in and/or manage a range of non-clinical projects on behalf of the Division as appropriate.
- 3.2 Prepare reports for the Admin Manager and Assistant Director of Functional Support.
- 3.3 Implement new processes and systems to support clinical and non-clinic processes within the Division, including preparation of protocol and provision of training as directed.
- 3.4 Assist the Admin Manager and Assistant Director of Functional Support in the investigation and response to complaints.

- 3.5 Ensure minor non-capital and maintenance programmes within the Division are planned and completed effectively.
- 3.6 Ensure that all clinical records and information used within the Division are managed and stored in an appropriate manner and with due regard to confidentiality and Data Protection legislation.

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 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.



Quality Care - for you, with you

PERSONNEL SPECIFICATION

JOB TITLE **Service Administrator (Maternity Leave cover)**

DIRECTORATE **Integrated Maternity & Women's Health**

SALARY

HOURS **30hrs hours 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;

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.		
Factor	Criteria	Method of Assessment
Experience	1. You must be <u>an employee</u> of the Southern Health & Social Care Trust, employed within Acute Services to be eligible to apply for this post or registered on Trust Admin Bank if Agency staff within Acute Services. 2. Degree or recognised professional	Shortlisting by Application Form

	<p>qualification or equivalent/higher qualification in a business / management / administrative related field <u>AND</u> 1 years experience in an admin role within a clinical setting at Band 4 or above</p> <p>OR</p> <p>HNC/HND or equivalent/higher qualification in a business / management / administrative related field <u>AND</u> 2 years experience in an admin role within a clinical setting including 1 year at Band 4 or above</p> <p>OR</p> <p>4 years' experience in an admin role within a clinical setting at Band 3 or above.</p> <p>3. Experience in the use of Microsoft office products including Word and Excel, or equivalent.</p> <p>4. Experience in staff management/supervision.</p> <p>Hold a full current driving licence valid for use in the UK and have, on appointment, access to a car</p>	
	<p>5. Effective planning & organisational skills with an ability to prioritise own workload.</p> <p>6. Effective communication skills to meet the needs of the post in full</p> <p>7. Ability to effectively manage and lead a team</p> <p>8. Ability to work as part of a team whilst using own initiative.</p> <p>9. Ability to identify solutions to problems and implement them effectively.</p> <p>10. Ability to work to tight timescales whilst meeting targets</p>	<p><i>The following are essential criteria which will be measured during the interview stage</i></p>



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





-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 12 February 2014 16:48
To: Trouton, Heather <[REDACTED]>; Mackle, Eamon
<[REDACTED]>
Cc: Corrigan, Martina <[REDACTED]>
Subject: FW: CHARTS AND aob

Sharing as requested

A

From: Lawson, Pamela
Sent: 12 February 2014 16:46
To: Carroll, Anita
Subject: RE: can i have an update on mr o brien ?

Anita – please see below – these are details of the IR1 forms submitted re charts Mr O'Brien has had to bring in from his home for clinics and admissions.

08/05/13 – 1 chart
20/05/13 – 1 chart
16/05/13 – 1 chart
31/05/13 – 2 charts
14/06/13 – 1 chart
22/08/13 – 3 charts
23/08/13 – 2 charts
27/08/13 – 3 charts
30/08/13 – 2 charts
16/09/13 – 1 chart
18/09/13 – 1 chart
20/09/13 – 1 chart
03/10/13 – 6 charts
14/10/13 – 1 chart
15/10/13 – 1 chart – AOB forgot to bring chart in – pages and labels had to be made up for CDSU procedure
15/10/13 – 1 chart
04/11/13 – 1 chart – chart did not arrive in time for clinic
25/11/13 – 6 charts
11/12/13 – 6 charts
08/01/14 – 2 charts
09/01/14 – 2 charts
21/01/14 – 3 charts – not able to get these charts as AOB was out of the country and his secretary was on leave
24/01/14 – 3 charts
12/02/14 – 3 charts

From: Carroll, Anita
Sent: 12 February 2014 16:38
To: Lawson, Pamela

Subject: can i have an update on mr o brien ?

Mrs Anita Carroll
Assistant Director of Acute Services
Functional Support Services
Daisy Hill Hospital
5 Hospital Road
Newry
Co. Down
BT35 8DR

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

From: Carroll, Anita
Sent: 03 September 2013 16:17
To: Forde, Helen
Subject: FW: CHARTS TO CONSULTANT'S HOME

See below

From: Burns, Deborah
Sent: 03 September 2013 15:10
To: Carroll, Anita
Subject: RE: CHARTS TO CONSULTANT'S HOME

I will send to CD / AMD and ask them to address asap D

Debbie Burns
Interim Director of Acute Services
SHSCT
Tel: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Carroll, Anita
Sent: 03 September 2013 10:11
To: Burns, Deborah
Cc: Corrigan, Martina; Forde, Helen
Subject: FW: CHARTS TO CONSULTANT'S HOME

Debbie how do you think its best to deal with this , should the HOS discuss with mr o brien can they arrange to get charts back or do we need to discuss at governance as part of the problem is they aren't even tracked out Happy to discuss Anita

From: Forde, Helen
Sent: 27 August 2013 18:15
To: Trouton, Heather; Corrigan, Martina
Cc: Carroll, Anita
Subject: FW: CHARTS TO CONSULTANT'S HOME

Please see below – Mr O'Brien continues to have charts at home. This is causing problems for records as per Pamela's e-mail. What can be done to resolve this?

Helen Forde
Head of Health Records
Operations Office, Admin Floor, CAH
Direct Line : Personal Information redacted by the USI
Mobile : Personal Information redacted by the USI

From: Lawson, Pamela
Sent: 27 August 2013 11:06
To: Forde, Helen
Subject: CHARTS TO CONSULTANT'S HOME

Helen – can you please raise this issue with the appropriate person? I have been submitting IR1 forms regarding this but the problem is getting worse instead of better.

We are wasting a lot of valuable time searching for charts that are not tracked properly and we are falling behind. Last week was particularly bad and we are short-staffed which doesn't help matters.

Please see list of IR1 forms to date

27/08/13	AOB	3 charts
23/08/13	AOB	2 charts
22/08/13	AOB	3 charts
14/06/13	AOB	1 chart
31/05/13	AOB	2 charts
20/05/13	AOB	1 chart
16/05/13	AOB	1 chart
08/05/13	AOB	1 chart

Many thanks
Pamela

Pamela Lawson
Health Records Manager (HRM)
CAH, BBPC and STH

Tel [Personal Information redacted by the USI]

Mob [Personal Information redacted by the USI]

From: Carroll, Anita <[REDACTED]>
Sent: 27 January 2015 12:54
To: Trouton, Heather <[REDACTED]>
Subject: RE: Aob and charts at home

I know A

-----Original Message-----

From: Trouton, Heather
Sent: 27 January 2015 12:28
To: Carroll, Anita
Subject: RE: Aob and charts at home

I spoke to Mr Young about this last week and he is going to speak to Aidan again.

I will consider the Risk register although with that you are supposed to address the risk and eliminate it. This is down to a personal way of working which seems impossible to stop.

Heather

-----Original Message-----

From: Carroll, Anita
Sent: 27 January 2015 11:55
To: Trouton, Heather; Corrigan, Martina
Cc: Forde, Helen
Subject: Aob and charts at home

Heather

Do you think you ? Should have something on risk register in relation to this

Anita

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 14 October 2014 14:40
To: Trouton, Heather <[REDACTED]>
Subject: FW: NOTES WITH AOB
Importance: High

From: Forde, Helen
Sent: 14 October 2014 13:52
To: Carroll, Anita
Subject: FW: NOTES WITH AOB
Importance: High

See below – still a problem

Helen Forde
Head of Health Records
Admin Floor, CAH

DDI [REDACTED] Ext [REDACTED]
[REDACTED]

‘You can follow us on Facebook and Twitter’

From: Lawson, Pamela
Sent: 14 October 2014 13:34
To: Forde, Helen
Subject: FW: NOTES WITH AOB
Importance: High

fyi

From: Lawson, Pamela
Sent: 14 October 2014 13:33
To: Troughton, Elizabeth; Corrigan, Martina
Subject: FW: NOTES WITH AOB
Importance: High

Elizabeth – would you please explain to Mr Glackin that these notes will not be present for the appointment tomorrow as Mr O’Brien has them.

Thanks
Pamela

From: Mills, Barbara
Sent: 14 October 2014 10:36
To: Lawson, Pamela
Subject: NOTES WITH AOB

Importance: High

Hi Pamela,

Personal Information redacted by the USI
- chart with AOB. Noleen e-mailed him twice –no response. Needed for CAJGPB 15/10/14.

Many Thanks
Barbara

-----Original Message-----

From: Carroll, Anita <[REDACTED]>

Sent: 09 December 2013 15:48

To: Trouton, Heather <[REDACTED]>

Subject: FW: Triage - Mr O'Brien

From: Robinson, Katherine

Sent: 09 December 2013 15:48

To: Corrigan, Martina

Cc: Carroll, Anita

Subject: Triage - Mr O'Brien

It was highlighted to me recently that perhaps Mr O'Brien would no longer triaged unnamed referrals. But just named. Martina, you had advised me to hold on this is this still the case as I need to inform my team, and amend team bibles etc.

Ta

K

Mrs Katherine Robinson

Booking & Contact Centre Manager

Southern Trust Referral & Booking Centre Ramone Building Craigavon Area Hospital

t: [REDACTED]

e: [REDACTED]

-----Original Message-----

From: Robinson, Katherine <[REDACTED]>
Sent: 09 December 2013 15:46
To: Carroll, Anita <[REDACTED]>
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

I go the impression all wasn't finalised. I will email now.

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

t: [REDACTED]

e: [REDACTED]

From: Carroll, Anita
Sent: 09 December 2013 15:46
To: Robinson, Katherine
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

why

From: Robinson, Katherine
Sent: 09 December 2013 15:44
To: Carroll, Anita
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Martina told me to hold off on this!

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

t: [REDACTED]

e: [REDACTED]

From: Carroll, Anita
Sent: 09 December 2013 15:16
To: Robinson, Katherine
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

YES BUT we need to monitor the named ones

From: Robinson, Katherine
Sent: 04 December 2013 11:28
To: Carroll, Anita; Forde, Helen
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

So are we saying named referrals to Mr O'Brien but no unnamed? I let Martina know the situation all the time.

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

t: [Personal Information redacted by the USI]

e: [Personal Information redacted by the USI]

From: Carroll, Anita
Sent: 04 December 2013 11:20
To: Robinson, Katherine; Forde, Helen
Subject: FW: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

See from below

We will have to closely monitor the returns of the named referrals though and Anita can you please ask Katherine to let us know early if there are any problems arising?
Please keep me posted

From: Trouton, Heather
Sent: 03 December 2013 17:28
To: Young, Michael; Brown, Robin
Cc: Corrigan, Martina; Carroll, Anita
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Dear Both

Michael, thank you for speaking with Aidan again.

Robin and I had a conversation about this this morning and the only solution we see if it is unlikely that Aidan will change practice is for triage to no longer go to him. I appreciate this will put an increased burden on yourself, Tony and Mr Surresh but it is just too critical to leave as it is.

I believe you have already agreed to do this for the general triage (Martina informs me) which is great and much appreciated.

We will have to closely monitor the returns of the named referrals though and Anita can you please ask Katherine to let us know early if there are any problems arising?

Re charts at home, I think we all agree this is just not acceptable.

Thankyou all for your help

Heather

From: Young, Michael
Sent: 02 December 2013 15:28
To: Brown, Robin; Trouton, Heather
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Have spoken and offered help with the triage issue – will reinforce again this week

From: Brown, Robin
Sent: 30 November 2013 14:00
To: Young, Michael; Trouton, Heather
Cc: Corrigan, Martina; Carroll, Anita
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Heather

I wonder if could you call me on the phone to discuss this I had a lengthy one-to-one meeting with AOB in July on this subject and I talked to him again on the phone about it week before last. I agree that we are not making a lot of headway, but at the same time I do recognise that he devotes every wakeful hour to his work – and is still way behind. Perhaps some of us – maybe Michael Aidan and I could meet and agree a way forward. Aidan is an excellent surgeon and I'd be more than happy to be his patient (that could be sooner than I hope!), so I would prefer the approach to be "How can we help".

Robin

From: Young, Michael
Sent: 26 November 2013 12:35
To: Trouton, Heather; Brown, Robin
Cc: Corrigan, Martina; Carroll, Anita
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Understand
I will speak

From: Trouton, Heather
Sent: 26 November 2013 11:40
To: Young, Michael; Brown, Robin
Cc: Corrigan, Martina; Carroll, Anita
Subject: FW: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Dear Both

In confidence please see below.

I personally have spoken to Mr O'Brien about this practice on various occasions and Martina has also much more often. While we very much appreciate Aidan's response, I suspect that without further intervention by his senior colleagues it will happen again.

I also spoke to him not more than 4 weeks ago both about timely triage and having charts at home and he promised me he would deal with both, however we find today that patients are still with him not triaged from August , he would have known that at the time of our conversation yet no action was taken. I am also advised today that a further IR1 form has been lodged by health records as 6 charts cannot be found.

As stated by Aidan we have been very patient and have offered any help in the past with regard to systems and processes to assist Aidan with this task but it has not been taken up and the delays continue.

Despite the fact that patients sitting not triaged from August mean that we have breached the access standard before we even start to look for appointments I am more concerned about the clinical implications for patients who need seen urgently and possibly even needing upgraded to a red flag status.

We really need you to speak with Mr O'Brien both in the capacity of a colleague but also in your capacity of Clinical lead and Clinical Director for Urology as well of course as patient advocates.

I also really need a response within 1 week on how this is being addressed for now and the future or I will be forced to escalate to Debbie and Mr Mackle as Director and AMD for this service. It has already been suggested that Dr Simpson be involved which I have not progressed to date but it may have to come to that unless a sustainable solution can be found.

Thank you for your assistance

Heather

From: Corrigan, Martina
Sent: 26 November 2013 08:02
To: Robinson, Katherine; Glenny, Sharon
Cc: Trouton, Heather
Subject: FW: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Dear both

Please see below – Katherine can you advise if you receive these?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust

Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: O'Brien, Aidan
Sent: 26 November 2013 02:08
To: Corrigan, Martina
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Martina,
I really am so sorry that I have fallen so behind in triaging.

However, whilst on leave, I have arranged all outstanding letters of referral in chronological order, so that I can pass them to CAO via Monica in that order, beginning tomorrow. I know that I have fallen behind particularly badly (except for red flag referrals which are up to date) and I do appreciate that this causes many staff inconvenience and frustration, and that all have been patient with me! I can assure you that I will catch up, but am determined to do so in a chronologically ordered fashion,

Aidan

From: Corrigan, Martina
Sent: 24 November 2013 17:28
To: O'Brien, Aidan
Cc: McCorry, Monica; Robinson, Katherine; Glenny, Sharon
Subject: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE
Importance: High

Dear Aidan,

Please advise, this is holding up picking patients for all clinics as these letters have not been triaged and I know that this will need to be escalated early this week if not resolved.

I would be grateful for your action/update

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust

Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Robinson, Katherine
Sent: 21 November 2013 14:31
To: Corrigan, Martina
Subject: FW: MISSING TRIAGE

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

t: Personal Information redacted by the USI
e: Personal Information redacted by the USI

From: Browne, Leanne

Sent: 21 November 2013 14:12
To: McCorry, Monica
Cc: Cunningham, Andrea; Robinson, Katherine
Subject: MISSING TRIAGE

Monica

Here is list of missing triage as requested.

CAH

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ROUTINE

03/09/2013

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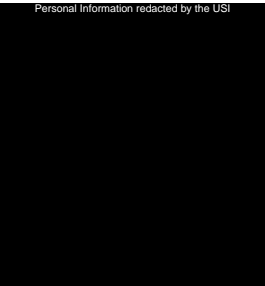
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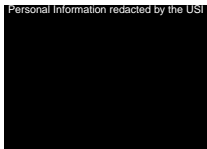
email to sharon 11.11.13

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ROUTINE

23/08/2013

76

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EMAIL TO SHARON GLENNY 1.11.13

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ROUTINE

27/08/2013

72

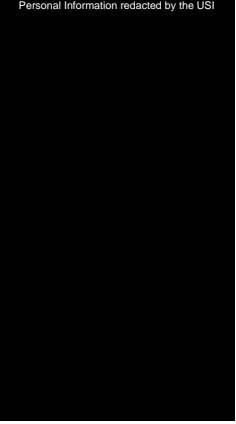
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ROUTINE

28/08/2013

71

EMAIL TO MONICA/NOLEEN 091013 - AC

EMAILED ANDREA 161013 AC

EMAIL TO SHARON GLENNY 1.11.13

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28/08/2013

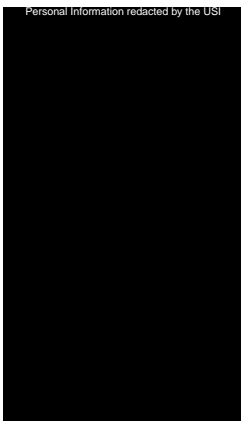
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29/08/2013

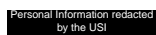
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EMAIL TO SHARON GLENNY 1.11.13

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ROUTINE

29/08/2013

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EMAILED ANDREA 161013 AC

EMAIL TO SHARON GLENNY 1.11.13

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29/08/2013

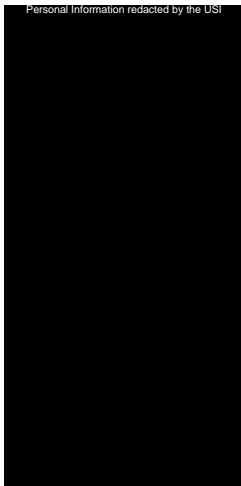
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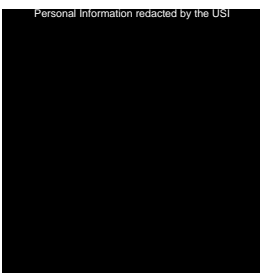
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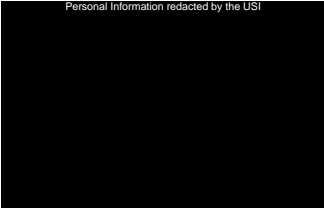
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ROUTINE

29/08/2013

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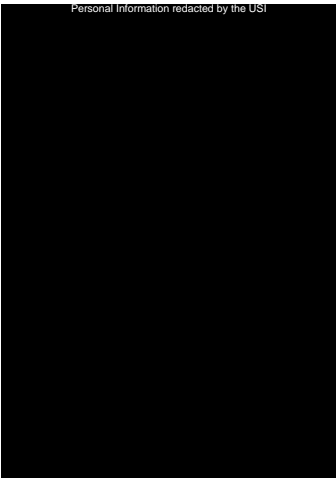
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EMAIL TO SHARON GLENNY 1.11.13

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ROUTINE

29/08/2013

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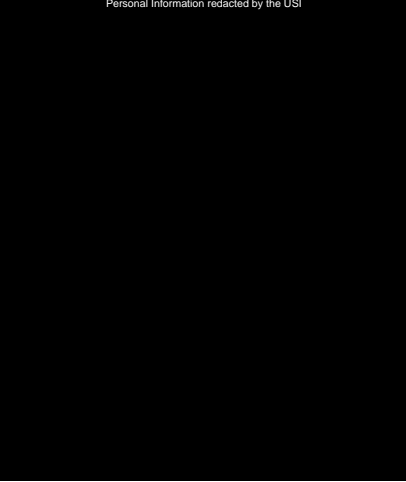
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EMAIL TO SHARON GLENNY 1.11.13

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ROUTINE

29/08/2013

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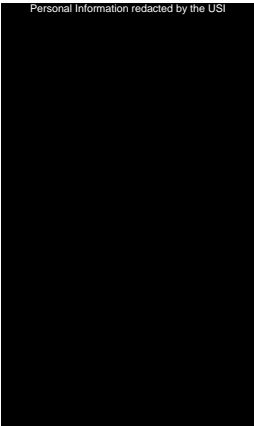
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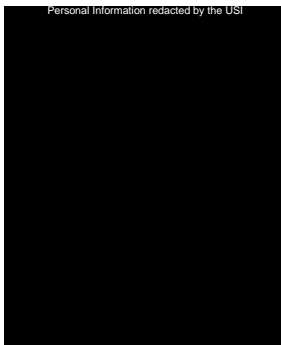
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ROUTINE

29/08/2013

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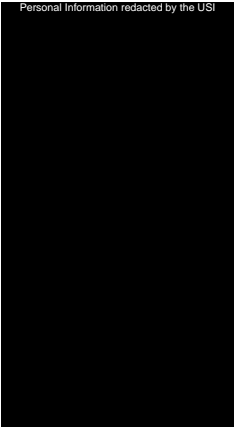
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GURO

ROUTINE

29/08/2013

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EMAILED ANDREA 161013 AC

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ROUTINE

29/08/2013

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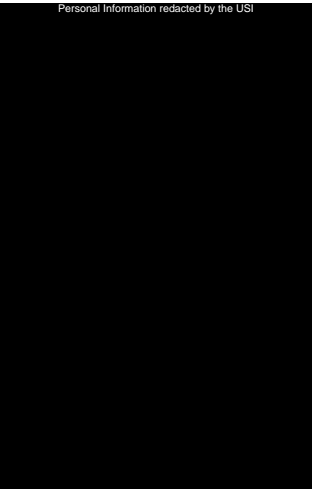
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AOB

ROUTINE

03/09/2013

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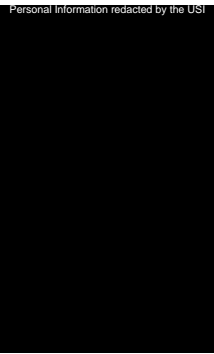
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ROUTINE

04/09/2013

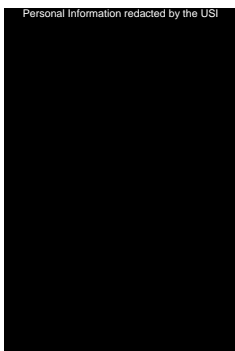
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URO

AOB

ROUTINE

09/09/2013

59

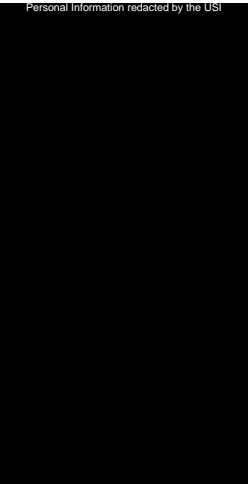
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AOB

URGENT

10/09/2013

58

EMAIL TO MONICA/NOLEEN 091013 - AC

EMAILED ANDREA 161013 AC

EMAIL TO SHARON GLENNY 1.11.13

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AOB

ROUTINE

10/09/2013

58

EMAIL TO MONICA/NOLEEN 091013 - AC

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AOB

ROUTINE

10/09/2013

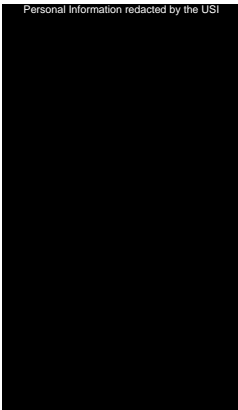
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EMAILED ANDREA 161013 AC

EMAIL TO SHARON GLENNY 1.11.13

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AOB

ROUTINE

11/09/2013

57

EMAIL TO MONICA/NOLEEN 091013 - AC

EMAILED ANDREA 161013 AC

EMAIL TO SHARON GLENNY 1.11.13

CAH



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ROUTINE

27/08/2013

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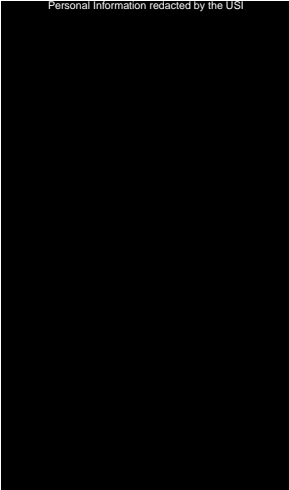
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EMAILED ANDREA 161013 AC

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ROUTINE

28/08/2013

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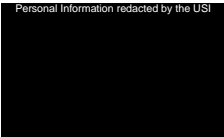
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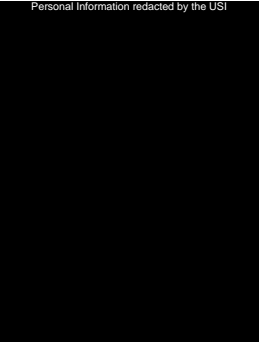
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EMAIL TO MONICA/NOLEEN 091013 - AC

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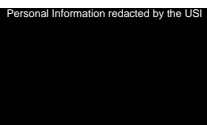
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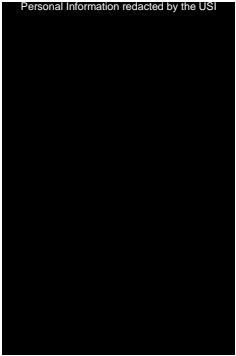
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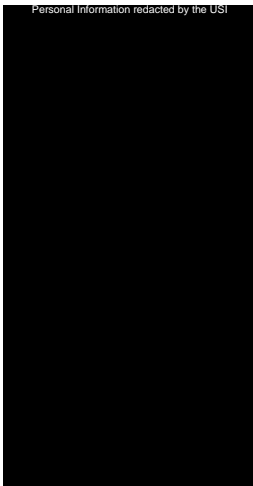
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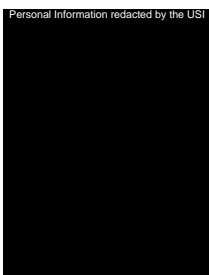
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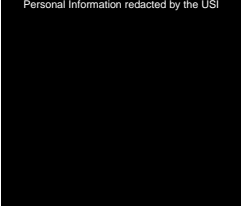
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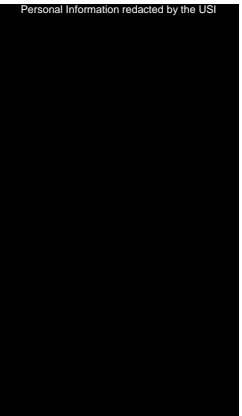
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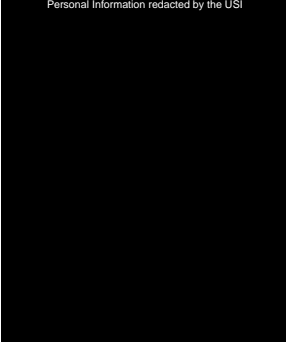
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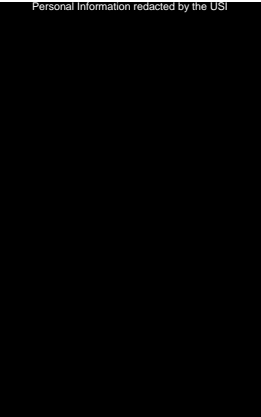
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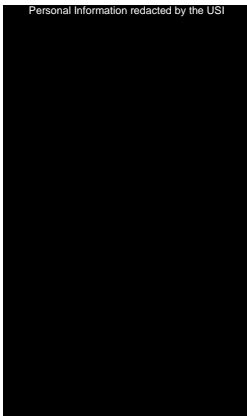
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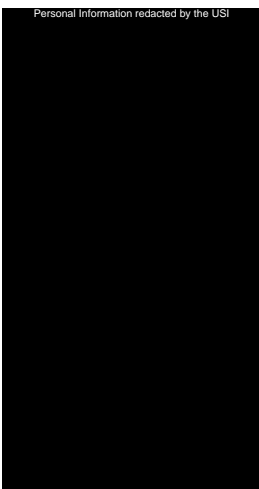
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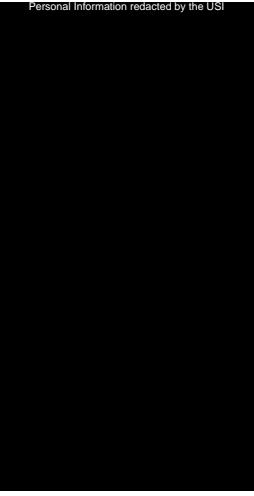
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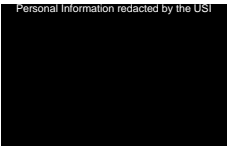
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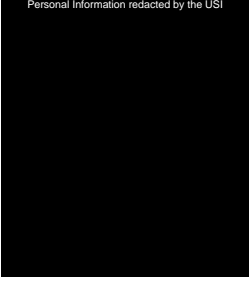
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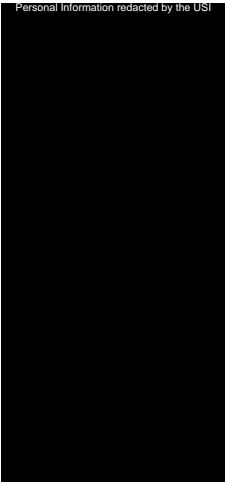
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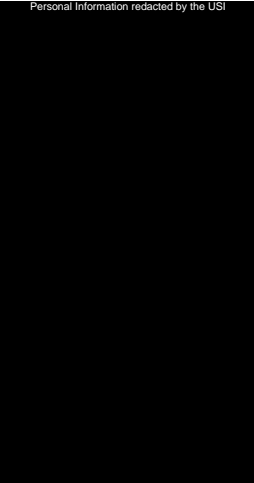
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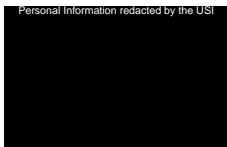
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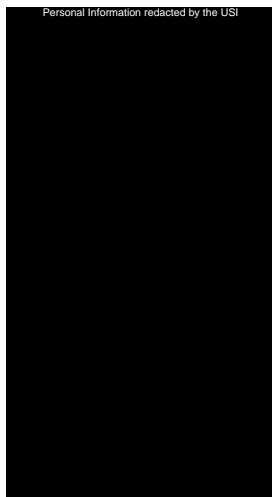
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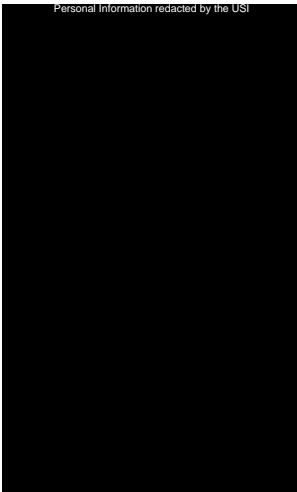
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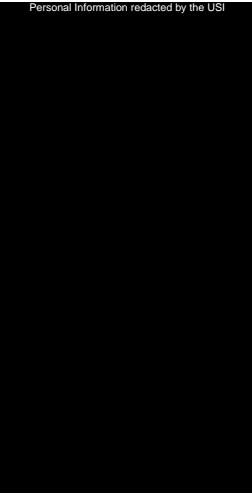
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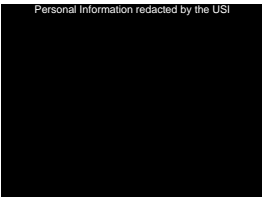
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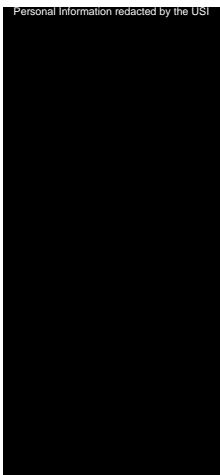
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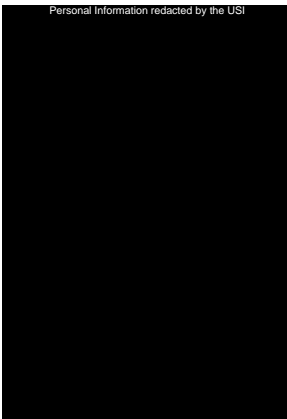
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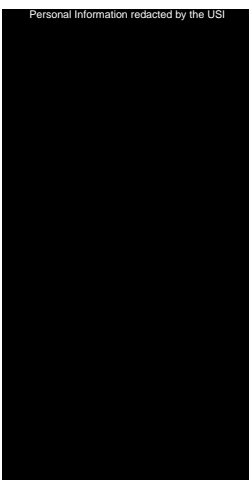
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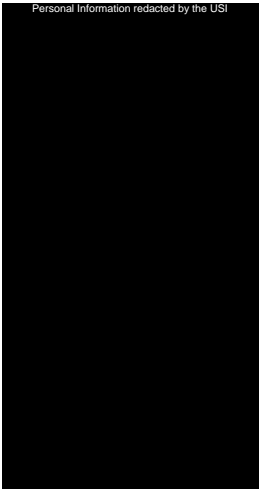
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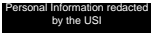
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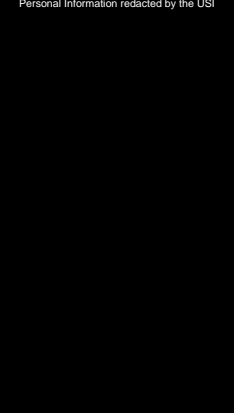
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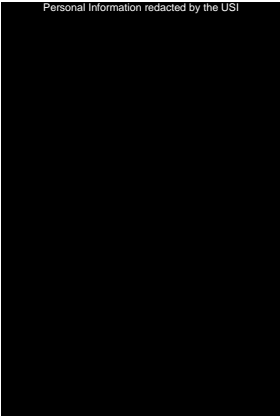
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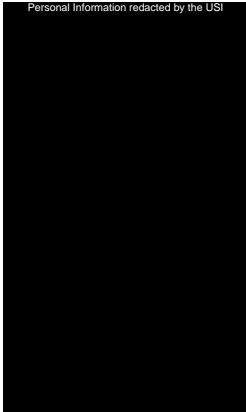
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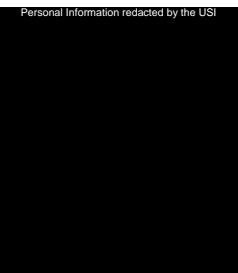
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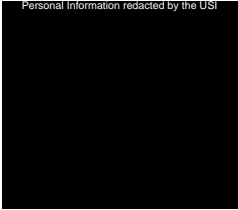
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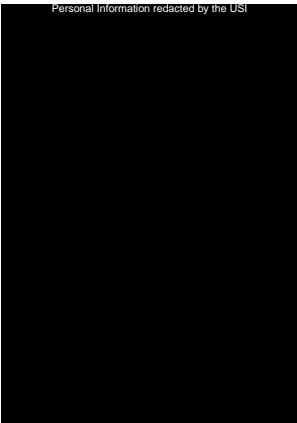
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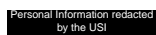
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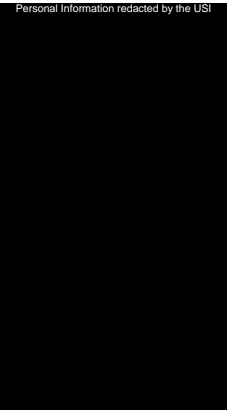
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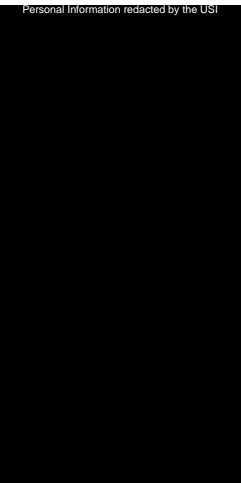
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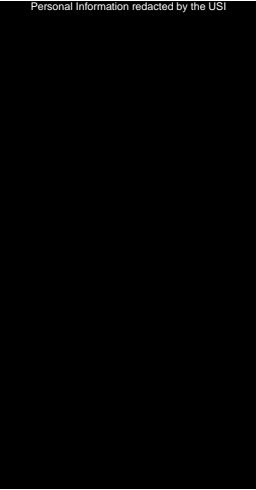
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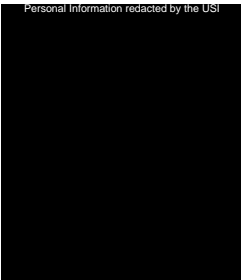
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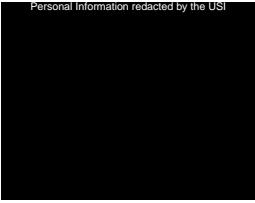
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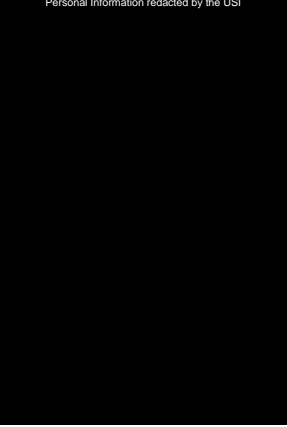
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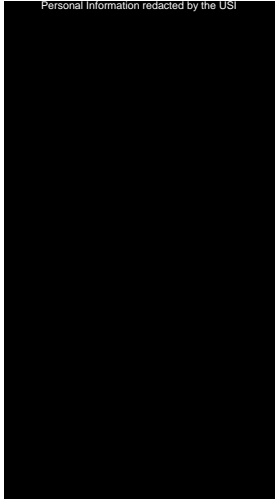
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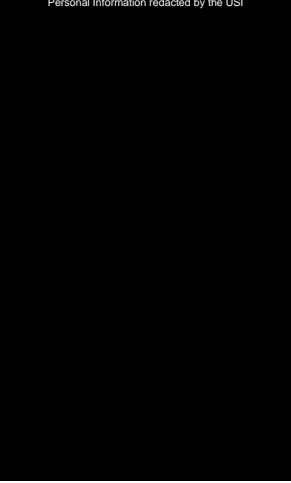
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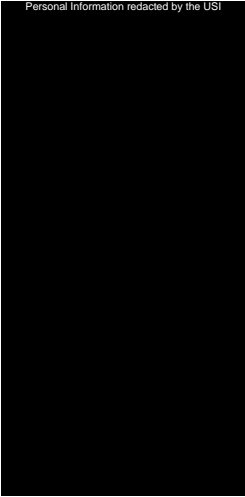
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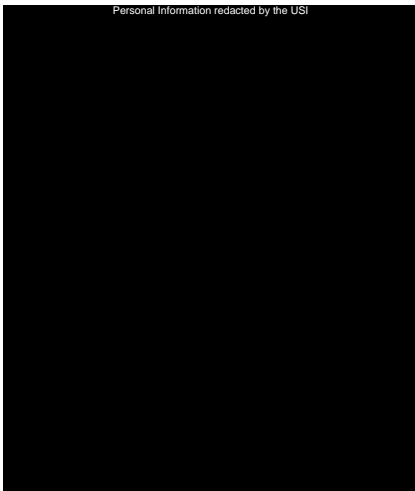
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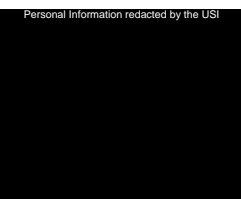
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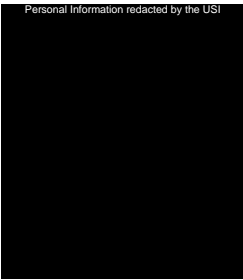
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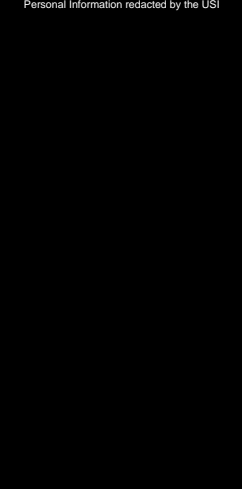
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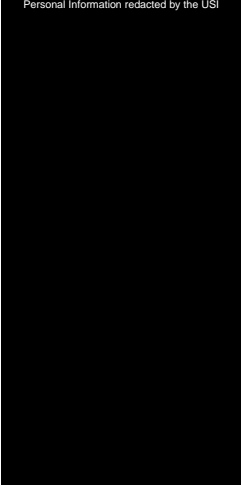
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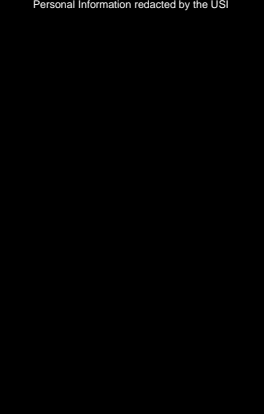
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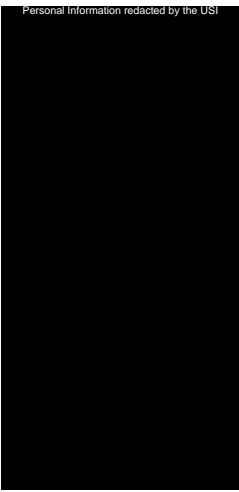
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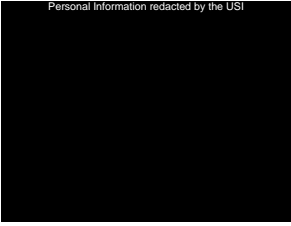
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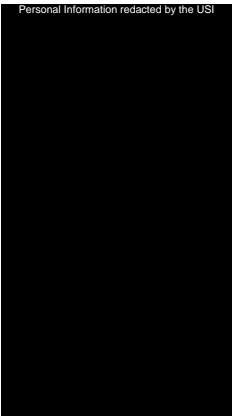
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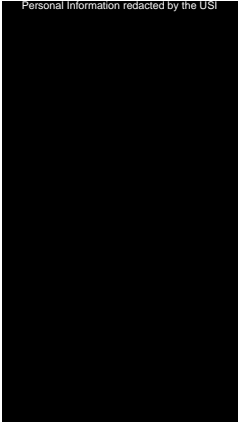
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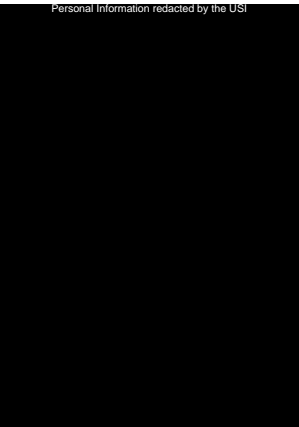
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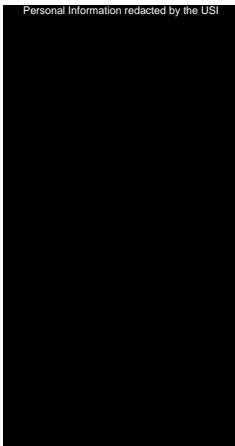
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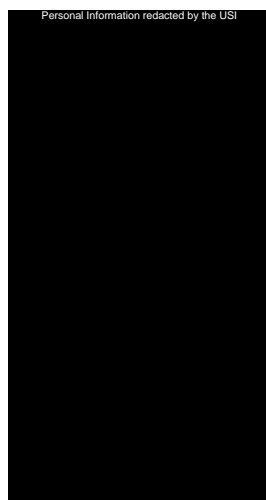
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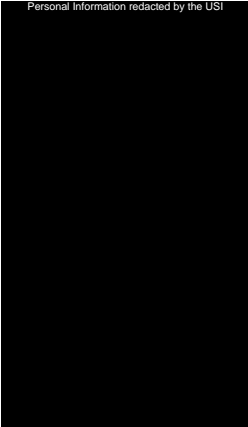
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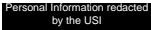
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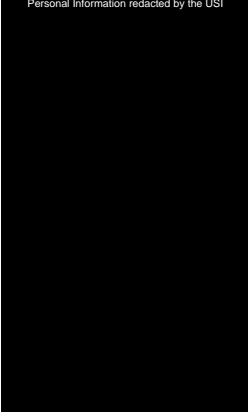
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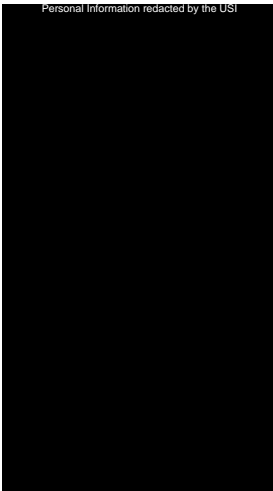
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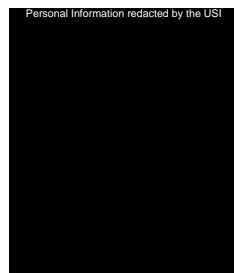
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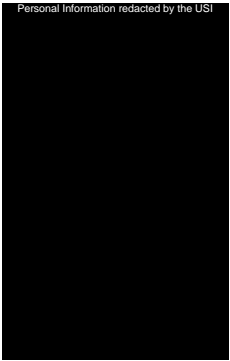
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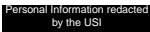
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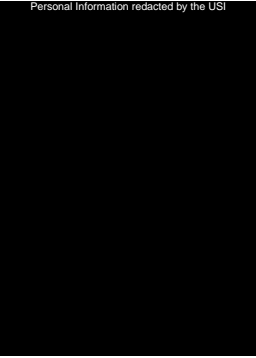
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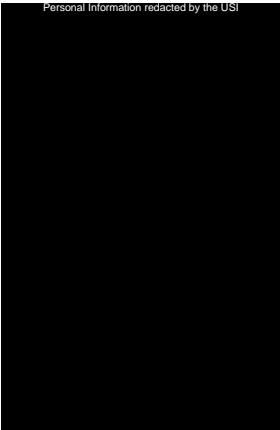
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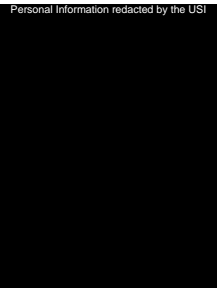
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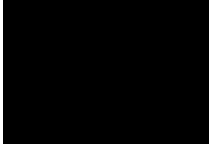
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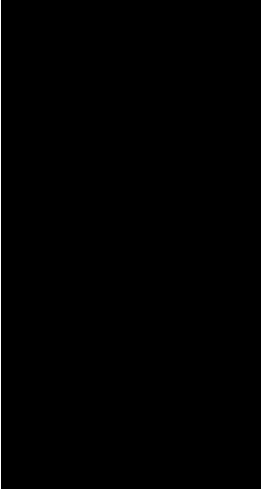
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Leanne

Leanne Browne
Acting Supervisor
Referral & Booking Centre
Ramone Building
Craigavon Area Hospital

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E: Personal Information redacted by the USI

Urology

HHS#	CMS Number	Casename	Forenames	Surname	Age	Telephone	Telephone Area	Sec Code	Cons Code	Priority	Referral Date Only	Date From Ref Date	Non Clinical Comments	WL Code	WL Ord Code	
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-----Original Message-----

From: Corrigan, Martina <[redacted]>
Sent: 19 December 2013 15:27
To: Robinson, Katherine <[redacted]>; Carroll, Anita
<[redacted]>
Cc: Trouton, Heather <[redacted]>
Subject: RE: Triage

Katherine

We had hoped that this would have happened by now and Mr Young had advised me that he was going to do the triage, however we have not been able to progress this and I have spoken to Mr O'Brien today to advise him that I have escalated this and he told me he would do it over the next few days (he did say that he had done quite a bit on Sunday and indeed had upgraded 15 red flags??) so just wondering did you receive these and also I will check tomorrow evening if there has been anymore sent down because if not then Heather will be escalating this further.

Apologies about this – I have tried and had hoped that we had got the solution but for now this does not seem to have happened.

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Telephone: [redacted] (Direct Dial)
Mobile: [redacted]
Email: [redacted]

From: Robinson, Katherine
Sent: 17 December 2013 16:58
To: Corrigan, Martina; Carroll, Anita
Subject: Triage

Any joy on what is happening with the triage of Mr O'Brien's referrals in Urology. Martina, you had mentioned I hold on this. Its just there are loads not triaged for January.

K

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

t: [redacted]

e: [redacted]

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 04 April 2014 15:23
To: Trouton, Heather <[REDACTED]>
Subject: FW: Mr O'Brien triage

From: Robinson, Katherine
Sent: 04 April 2014 14:21
To: Corrigan, Martina; Carroll, Anita
Subject: Fw: Mr O'Brien triage

What's going on. Do u know

From: Coleman, Alana
Sent: Friday, April 04, 2014 02:00 PM
To: Robinson, Katherine; Corrigan, Martina; Browne, Leanne
Subject: FW: Mr O'Brien triage

Hi Katherine/Martina,

Per email below we were advised to send Mr O'Brien triage to Mr young excluding named referrals. I have sent these to Mr Young's secretary and I have just received a batch of referrals date stamped 01/04/14 and 02/04/14 not triaged (more triage was also returned yesterday un-triaged but we have sent these back to Paulette). On the pro-forma which is sent with referrals Paulette has written *Mr Young not on call – Mr O'Brien* this was also written on the returned referrals yesterday. I have attached emails between myself and Paulette regarding the triage, can you advise if these is a change from the email below and that the referrals do actually need to go to Mr O'Brien.

Thanks
Alana

From: Browne, Leanne
Sent: 06 March 2014 19:55
To: Coleman, Alana
Subject: FW: Mr O'Brien triage

From: Robinson, Katherine
Sent: Thursday, March 06, 2014 7:54:55 PM
To: Browne, Leanne
Subject: Fw: Mr O'Brien triage
Auto forwarded by a Rule

From: Corrigan, Martina
Sent: Thursday, March 06, 2014 06:03 PM
To: Robinson, Katherine

Cc: Carroll, Anita; Trouton, Heather; Burns, Deborah
Subject: Mr O'Brien triage

Katherine

Debbie and I met with Mr O'Brien and he has agreed that apart from his own named referrals, that on the weeks that he is oncall he will be no longer triaging general urology letters.

Mr Young has asked that during the week of Mr O'Brien's oncall, can the general urology letters that Mr O'Brien would have triaged please be left with him for triaging.

I note that the next weekday that Mr O'Brien is oncall for March is actually 31 March, so this will not happen until then.

Any issues can you please highlight to me in the first instance.

Many thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust

Telephone: Personal Information redacted by the USI (Direct Dial)

Mobile: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

-----Original Message-----

From: Dignam, Paulette <[REDACTED] Personal Information redacted by the USI >
Sent: 03 April 2014 11:19
To: Coleman, Alana <[REDACTED] Personal Information redacted by the USI >
Subject: RE: Mr O'Brien triage

Hi Alana

I haven't been told this and on checking with Monica this morning she has informed me Mr O'Brien is triaging himself.

Many thanks
Paulette

From: Coleman, Alana
Sent: 03 April 2014 09:29
To: Dignam, Paulette
Subject: FW: Mr O'Brien triage

Hey,

Sorry was speaking with Leanne to try and figure out what's going on, email below indicates Mr Young has agreed to triage all Mr O'Brien triage apart from his named referrals.

Thanks
Alana

From: Browne, Leanne
Sent: 06 March 2014 19:55
To: Coleman, Alana
Subject: FW: Mr O'Brien triage

From: Robinson, Katherine
Sent: Thursday, March 06, 2014 7:54:55 PM
To: Browne, Leanne
Subject: Fw: Mr O'Brien triage
Auto forwarded by a Rule

From: Corrigan, Martina
Sent: Thursday, March 06, 2014 06:03 PM
To: Robinson, Katherine
Cc: Carroll, Anita; Trouton, Heather; Burns, Deborah
Subject: Mr O'Brien triage

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-----Original Message-----

From: Dignam, Paulette <[REDACTED]>

Sent: 03 April 2014 09:24

To: Coleman, Alana <[REDACTED]>

Subject: REFERRALS

Hi Alana

Have been trying to phone you back but your line is constantly engaged. Mr Young is not triaging Mr O'Brien's referrals. He did some of his backlog to help clear this a while back but Mr O'Brien is doing his own triage.

Many thanks

Paulette

From: Dignam, Paulette <[REDACTED]>
Sent: 03 April 2014 11:19
To: Coleman, Alana <[REDACTED]>
Subject: RE: Mr O'Brien triage

Hi Alana

I haven't been told this and on checking with Monica this morning she has informed me Mr O'Brien is triaging himself.

Many thanks
Paulette

From: Coleman, Alana
Sent: 03 April 2014 09:29
To: Dignam, Paulette
Subject: FW: Mr O'Brien triage

Hey,

Sorry was speaking with Leanne to try and figure out what's going on, email below indicates Mr Young has agreed to triage all Mr O'Brien triage apart from his named referrals.

Thanks
Alana

From: Browne, Leanne
Sent: 06 March 2014 19:55
To: Coleman, Alana
Subject: FW: Mr O'Brien triage

From: Robinson, Katherine
Sent: Thursday, March 06, 2014 7:54:55 PM
To: Browne, Leanne
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From: Corrigan, Martina
Sent: Thursday, March 06, 2014 06:03 PM
To: Robinson, Katherine
Cc: Carroll, Anita; Trouton, Heather; Burns, Deborah
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Southern Health and Social Care Trust

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-----Original Message-----

From: Trouton, Heather <[REDACTED]>
Sent: 07 April 2014 19:21
To: Carroll, Anita <[REDACTED]>
Subject: RE: Mr O'Brien triage

Will check whats going on

h

From: Carroll, Anita
Sent: 04 April 2014 15:23
To: Trouton, Heather
Subject: FW: Mr O'Brien triage

From: Robinson, Katherine
Sent: 04 April 2014 14:21
To: Corrigan, Martina; Carroll, Anita
Subject: Fw: Mr O'Brien triage

What's going on. Do u know

From: Coleman, Alana
Sent: Friday, April 04, 2014 02:00 PM
To: Robinson, Katherine; Corrigan, Martina; Browne, Leanne
Subject: FW: Mr O'Brien triage

Hi Katherine/Martina,

Per email below we were advised to send Mr O'Brien triage to Mr young excluding named referrals. I have sent these to Mr Young's secretary and I have just received a batch of referrals date stamped 01/04/14 and 02/04/14 not triaged (more triage was also returned yesterday un-triaged but we have sent these back to Paulette). On the pro-forma which is sent with referrals Paulette has written *Mr Young not on call – Mr O'Brien* this was also written on the returned referrals yesterday. I have attached emails between myself and Paulette regarding the triage, can you advise if these is a change from the email below and that the referrals do actually need to go to Mr O'Brien.

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Sent: 06 March 2014 19:55
To: Coleman, Alana
Subject: FW: Mr O'Brien triage

From: Robinson, Katherine
Sent: Thursday, March 06, 2014 7:54:55 PM
To: Browne, Leanne
Subject: Fw: Mr O'Brien triage
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From: Corrigan, Martina
Sent: Thursday, March 06, 2014 06:03 PM
To: Robinson, Katherine
Cc: Carroll, Anita; Trouton, Heather; Burns, Deborah
Subject: Mr O'Brien triage

Katherine

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-----Original Message-----

From: Corrigan, Martina <[redacted]>
Sent: 04 April 2014 14:55
To: Robinson, Katherine <[redacted]>; Carroll, Anita
<[redacted]>
Cc: Trouton, Heather <[redacted]>
Subject: Re: Mr O'Brien triage

Katherine

It is definitely Mr Young supposed to be triaging as this was agreed with Debbie. As you know I am off today but I will email Mr Young and Paulette. The problem will be that Mr Young is off on leave next week so I will get a plan in place on Monday to get this sorted.

Will let you know as soon as possible.

Martina

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile [redacted]

From: Robinson, Katherine
Sent: Friday, April 04, 2014 02:20 PM
To: Corrigan, Martina; Carroll, Anita
Subject: Fw: Mr O'Brien triage

What's going on. Do u know

From: Coleman, Alana
Sent: Friday, April 04, 2014 02:00 PM
To: Robinson, Katherine; Corrigan, Martina; Browne, Leanne
Subject: FW: Mr O'Brien triage

Hi Katherine/Martina,

Per email below we were advised to send Mr O'Brien triage to Mr young excluding named referrals. I have sent these to Mr Young's secretary and I have just received a batch of referrals date stamped 01/04/14 and 02/04/14 not triaged (more triage was also returned yesterday un-triaged but we have sent these back to Paulette). On the pro-forma which is sent with referrals Paulette has written *Mr Young not on call – Mr O'Brien* this was also written on the returned referrals yesterday.

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Sent: Thursday, March 06, 2014 06:03 PM
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Cc: Carroll, Anita; Trouton, Heather; Burns, Deborah
Subject: Mr O'Brien triage

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-----Original Message-----

From: Corrigan, Martina <[REDACTED]>
Sent: 17 April 2014 19:34
To: Trouton, Heather <[REDACTED]>; Carroll, Anita
<[REDACTED]>
Subject: Re: Missing Triage

Heather and Anita

All these letters were triaged by Mr Young and there was nothing urgent in this. Mr Young had given these back at the time to Mr O'Brien instead of booking centre, I've since changed this process in that firstly apart from Named Referrals everything is going to Mr Young who is triaging and then these are going straight back to booking centre.

The waiting time for first appointment for Urology is now 29 weeks so none of these patients can be appointed. I have highlighted this to Mr O'Brien who had assured me he will get these to booking centre. But I am assured by Mr Young that there is nothing urgent in these.

Martina

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile [REDACTED]

From: Trouton, Heather
Sent: Thursday, April 17, 2014 07:08 PM
To: Carroll, Anita; Corrigan, Martina
Subject: RE: Missing Triage

Martina and Anita

Are these really missing? Why did we not know about them before now?

What is Aidan doing about them?
Heather

From: Carroll, Anita
Sent: 15 April 2014 16:31
To: Trouton, Heather
Subject: FW: Missing Triage

FYI

From: Browne, Leanne
Sent: 15 April 2014 16:11
To: Carroll, Anita
Cc: Rankin, Christine; Robinson, Katherine

Subject: Missing Triage

Hi Anita

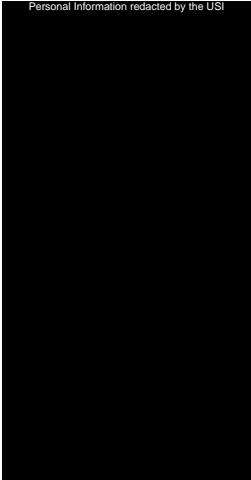
Here is an updated list of Urology Missing Triage.

Emails have been sent to Consultant secretaries, Andrea Cunningham, Sharon Glenny and Martina.

Martina has given permission for the longest waiters to be booked regardless of triage, we are in the process of doing this.

CAH

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URO

AOB

ROUTINE

17/12/2013

114

email to monica 180114

email to andrea 24.1.14

email to sharon 14/2/14

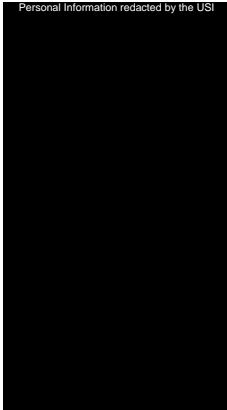
EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA & MR O'BRIEN 21.3.14 *EMAIL TO MARTINA 280314*

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

CAH



URO

AOB

ROUTINE

19/12/2013

112

email to monica 180114

email to andrea 24.1.14

email to sharon 14/2/14

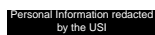
EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA & MR O'BRIEN 21.3.14*EMAIL TO SHARON 280314*

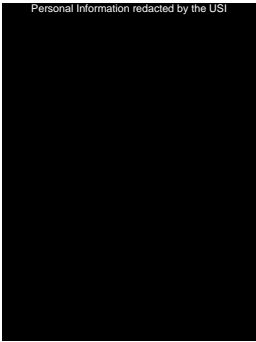
email to martina 7/4/14

EMAIL TO ANITA 7/4/14

CAH



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URO

GURO

ROUTINE

14/01/2014

86

email to monica 3.2.14

email to andrea 14/2/14

email to sharon 27.2.14

EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA 280314

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

CAH

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the USI

URO

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URGENT

15/01/2014

85

email to monica 3.2.14

email to andrea 14/2/14

email to sharon 27.2.14

EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA 280314

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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GURO

ROUTINE

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85

email to monica 3.2.14

email to andrea 14/2/14

email to sharon 27.2.14

EMAIL TO MARTINA 7/3/14

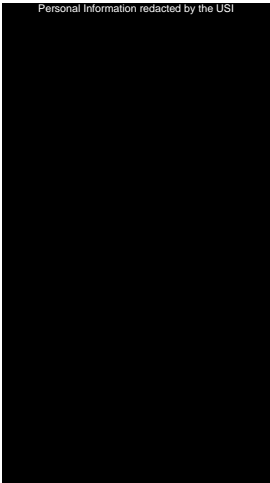
EMAIL TO MARTINA 280314

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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URO

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ROUTINE

17/01/2014

83

email to monica 14.2.14

email to andrea 270214

email to sharon 7/3/14

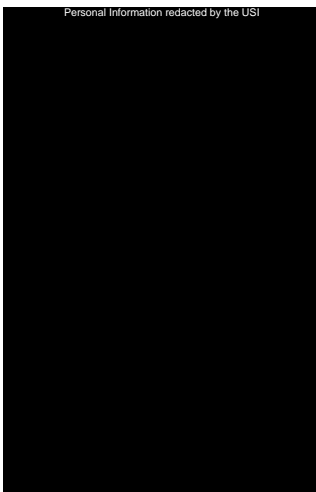
EMAIL TO MARTINA 24.3.14

EMAIL TO MARTINA 280314

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

CAH



URO

AOB

ROUTINE

21/01/2014

79

email to monica 27/2/14

email to andrea 7/3/14

EMAIL TO SHARON 24.3.14

EMAIL TO MARTINA 280314

EMAIL TO MARTINA 7/4/14

EMAIL TO ANITA 7/4/14

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URO

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ROUTINE

GPR

23/01/2014

77

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 280314

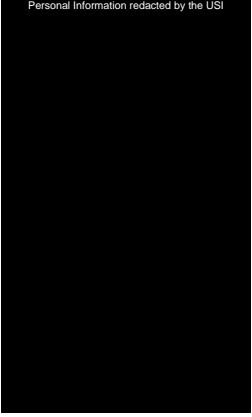
EMAIL TO MARTINA 7/4/14

EMAIL TO ANITA 7/4/14

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by the USI

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URO

GURO

ROUTINE

30/01/2014

70

email to monica 27/2/14

email to andrea 7/3/14

EMAIL TO SHARON 24.3.14

EMAIL TO MARTINA 280314

EMAIL TO MARTINA 7/4/14

EMAIL TO ANITA 7/4/14

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USI

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ROUTINE

30/01/2014

70

email to monica 27/2/14

email to andrea 7/3/14

EMAIL TO SHARON 24.3.14

EMAIL TO MARTINA 280314

EMAIL TO MARTINA 7/4/14

EMAIL TO ANITA 7/4/14

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ROUTINE

GPR

07/02/2014

62

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

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ROUTINE

GPR

07/02/2014

62

EMAIL TO MONICA 07.03.14

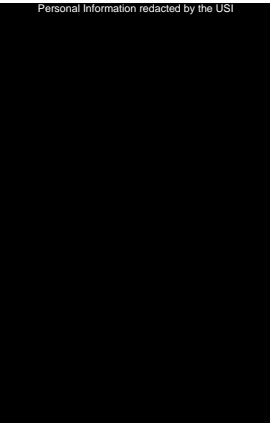
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07/02/2014

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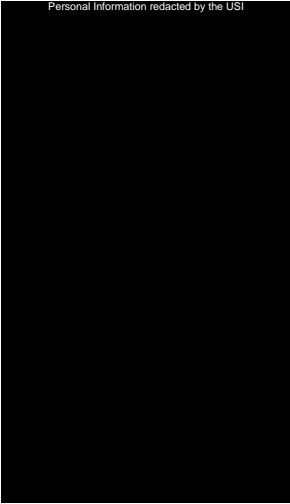
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GPU

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ROUTINE

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11/02/2014

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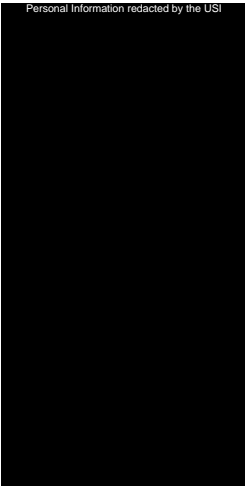
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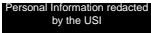
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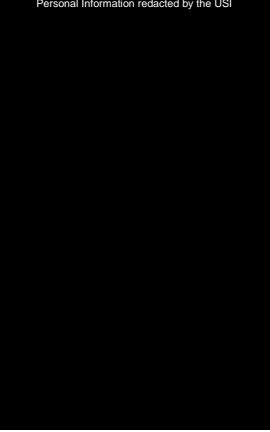
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11/02/2014

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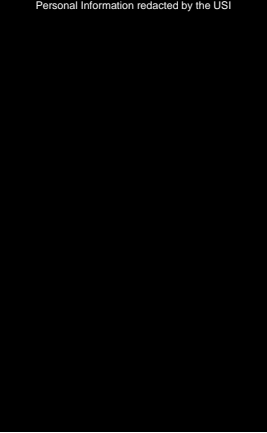
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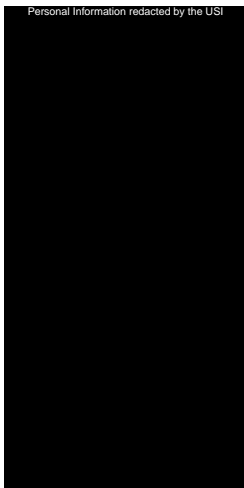
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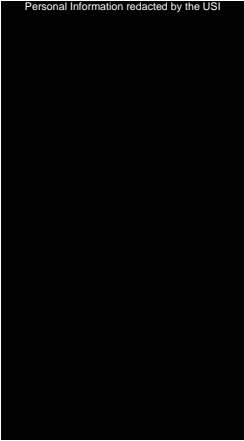
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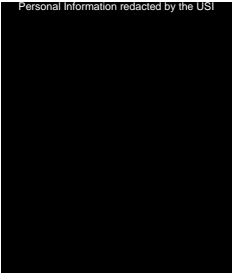
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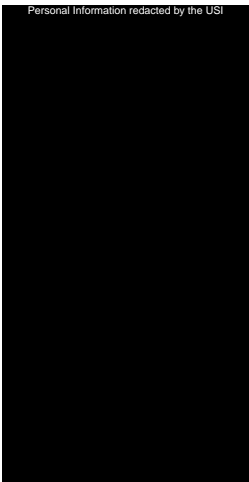
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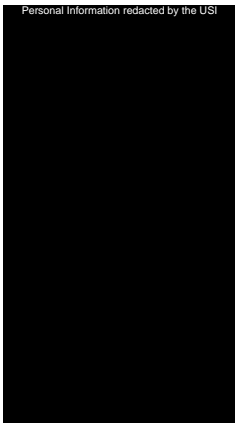
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EMAIL TO MONICA 070314

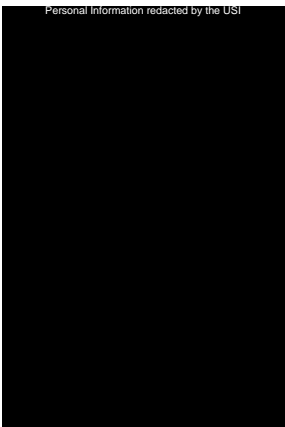
email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

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Personal Information redacted by the USI



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ROUTINE

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12/02/2014

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email to andrea 210314

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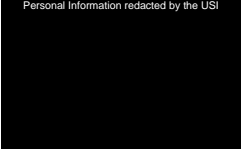
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EMAIL TO MONICA 07.03.14

email to andrea 210314

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EMAIL TO MONICA 070314

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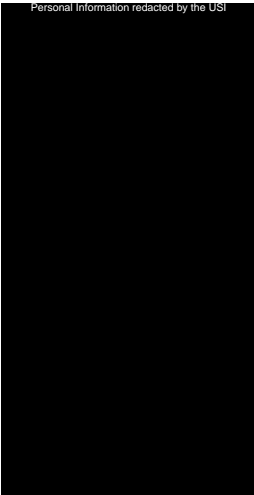
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13/02/2014

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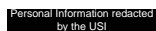
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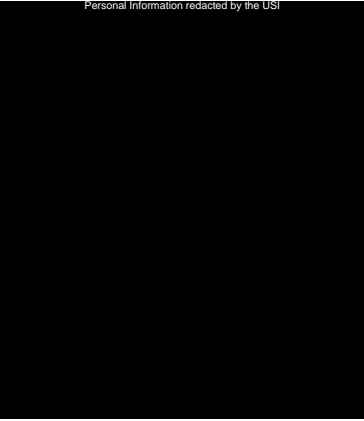
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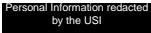
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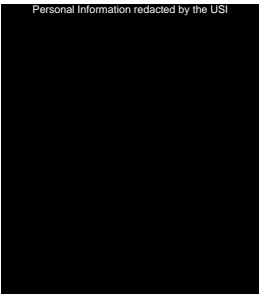
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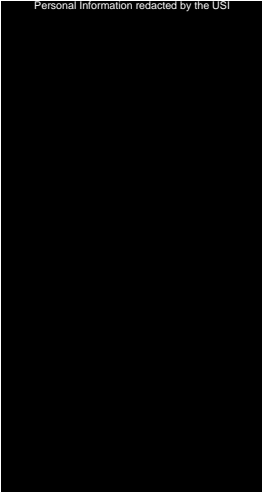
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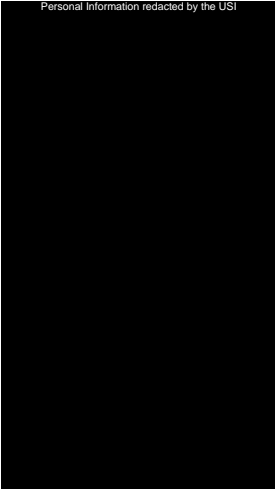
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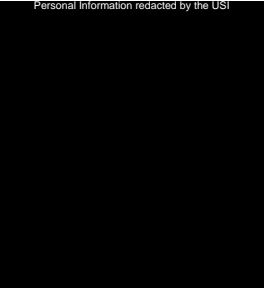
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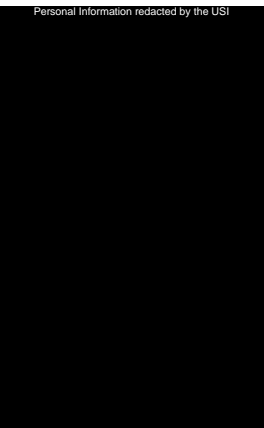
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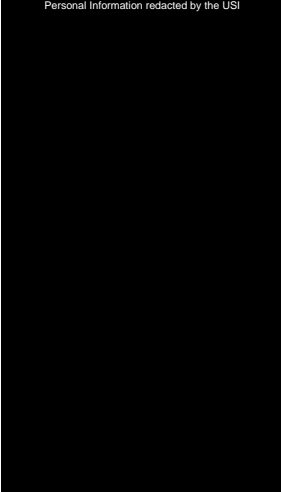
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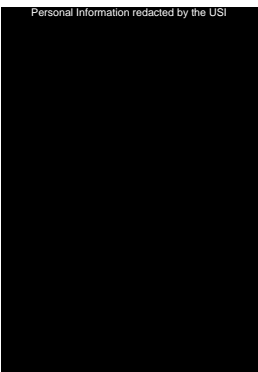
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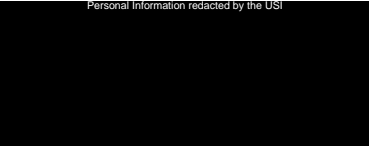
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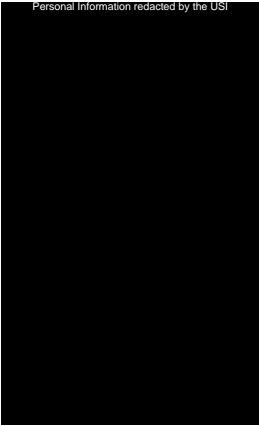
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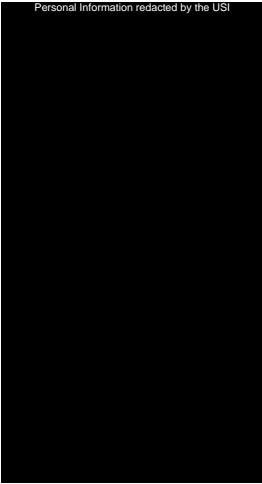
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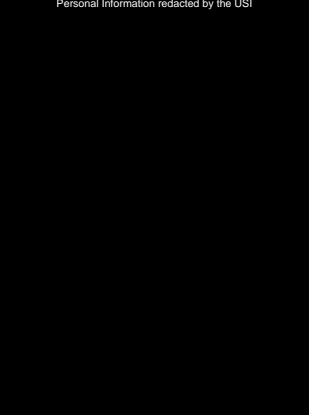
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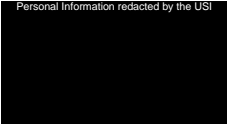
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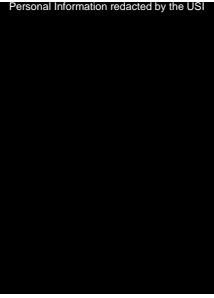
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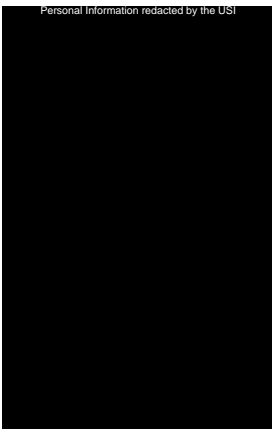
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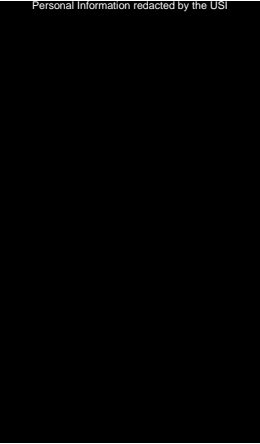
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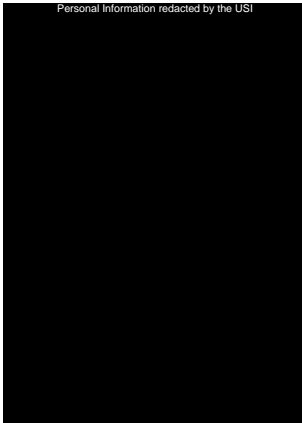
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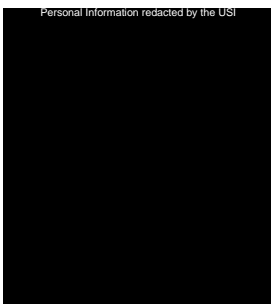
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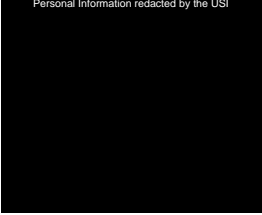
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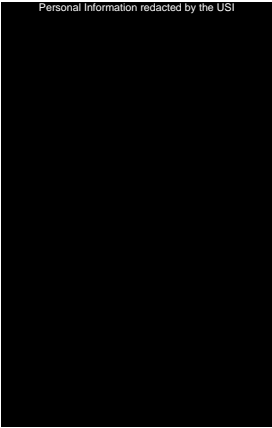
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EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

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18/02/2014

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EMAIL TO PAULETTE 070314 (sent to my per ajg traige)


email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

Thank you

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Robinson, Katherine <[REDACTED]>
Sent: 15 April 2014 16:37
To: Carroll, Anita <[REDACTED]>; Browne, Leanne
<[REDACTED]>
Cc: Rankin, Christine <[REDACTED]>; Corrigan, Martina
<[REDACTED]>
Subject: RE: Missing Triage

Not too sure, I know Martina has been chasing but some would not matter anyway as this specialty has a waiting time of 22 weeks now. This means that we are only booking referrals with a less than date of 27/11/13 in April.

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

t: [REDACTED]

e: [REDACTED]

From: Carroll, Anita
Sent: 15 April 2014 16:34
To: Browne, Leanne
Cc: Rankin, Christine; Robinson, Katherine
Subject: RE: Missing Triage

Thanks Leanne
Katherine whats the issue
A

From: Browne, Leanne
Sent: 15 April 2014 16:11
To: Carroll, Anita
Cc: Rankin, Christine; Robinson, Katherine
Subject: Missing Triage

Hi Anita

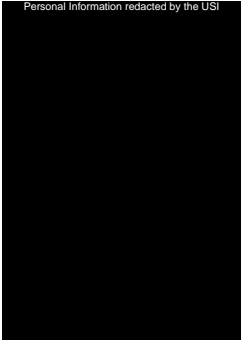
Here is an updated list of Urology Missing Triage.
Emails have been sent to Consultant secretaries, Andrea Cunningham, Sharon Glenny and Martina.

Martina has given permission for the longest waiters to be booked regardless of triage, we are in the process of doing this.

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ROUTINE

17/12/2013

114

email to monica 180114

email to andrea 24.1.14

email to sharon 14/2/14

EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA & MR O'BRIEN 21.3.14 *EMAIL TO MARTINA 280314*

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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ROUTINE

19/12/2013

112

email to monica 180114

email to andrea 24.1.14

email to sharon 14/2/14

EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA & MR O'BRIEN 21.3.14*EMAIL TO SHARON 280314*

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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ROUTINE

14/01/2014

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email to monica 3.2.14

email to andrea 14/2/14

email to sharon 27.2.14

EMAIL TO MARTINA 7/3/14


EMAIL TO MARTINA 280314

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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15/01/2014

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email to andrea 14/2/14

email to sharon 27.2.14

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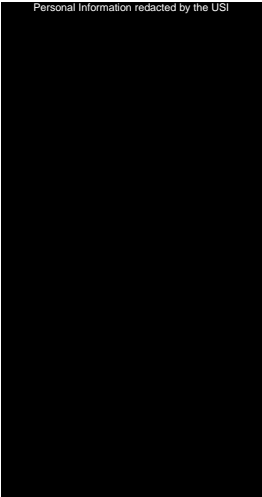
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email to martina 7/4/14

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email to andrea 14/2/14

email to sharon 27.2.14

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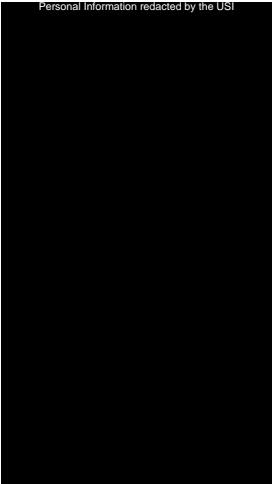
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email to andrea 270214

email to sharon 7/3/14

EMAIL TO MARTINA 24.3.14

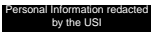
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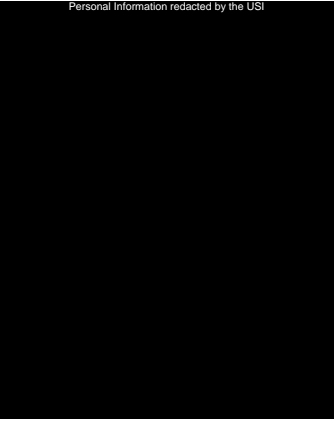
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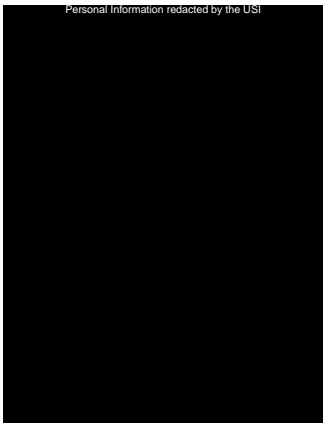
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23/01/2014

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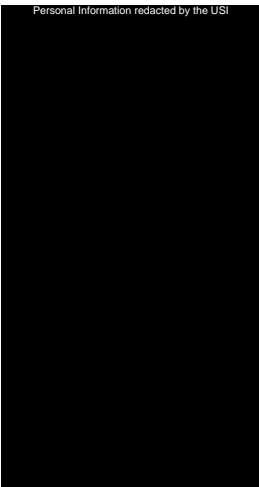
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30/01/2014

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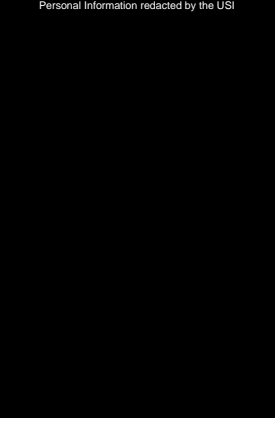
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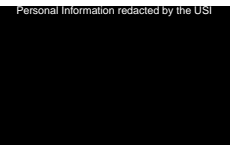
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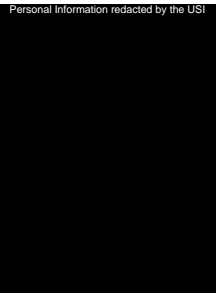
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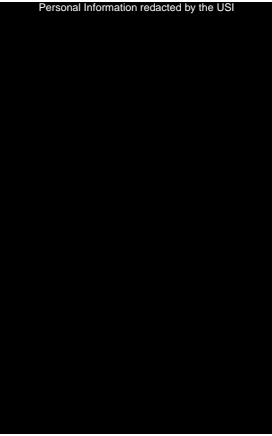
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EMAIL TO MONICA 070314

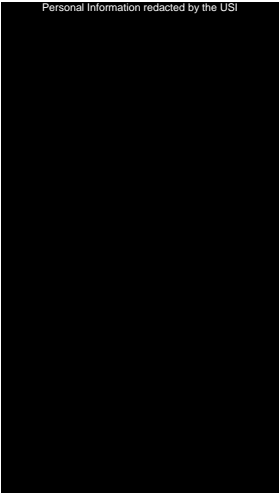
email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

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62

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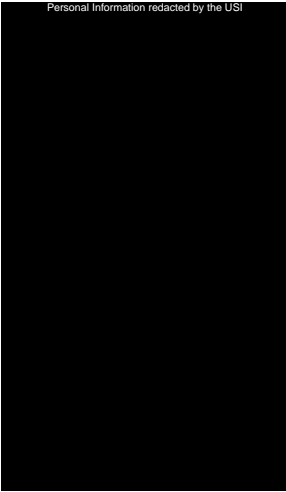
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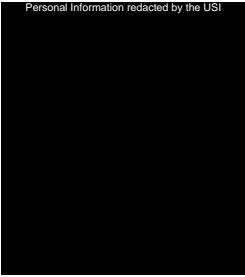
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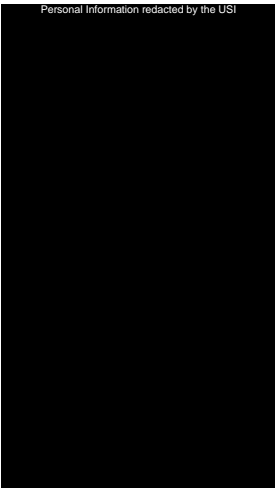
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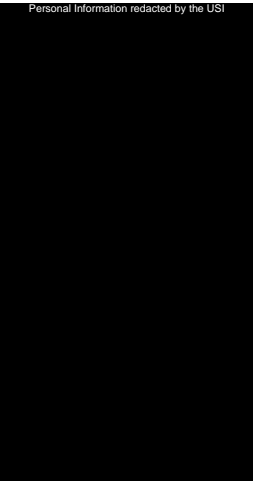
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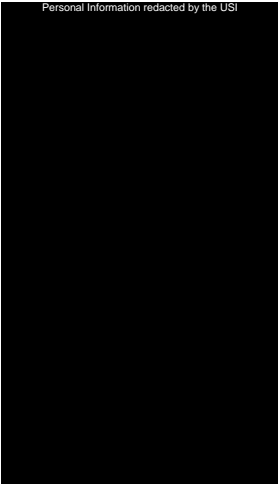
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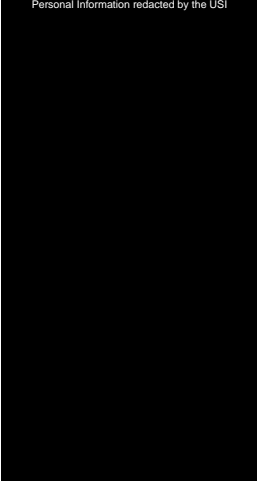
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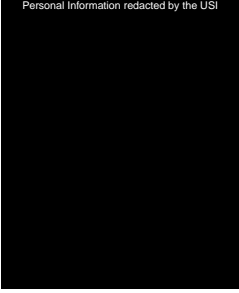
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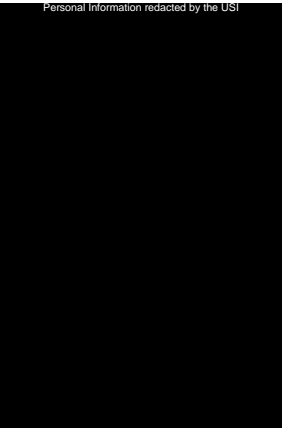
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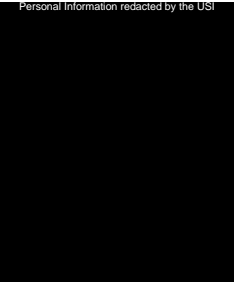
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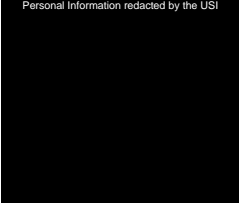
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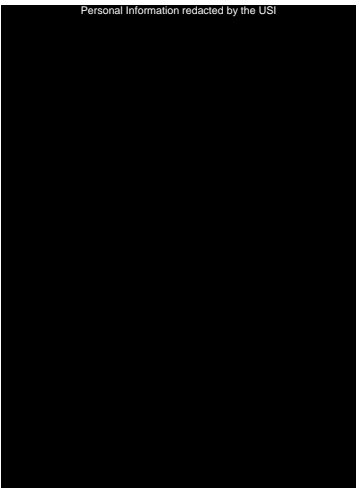
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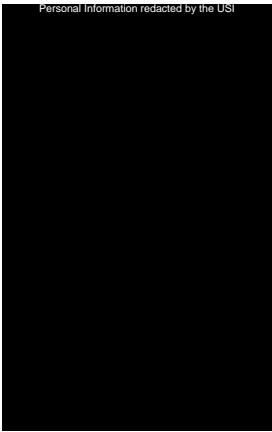
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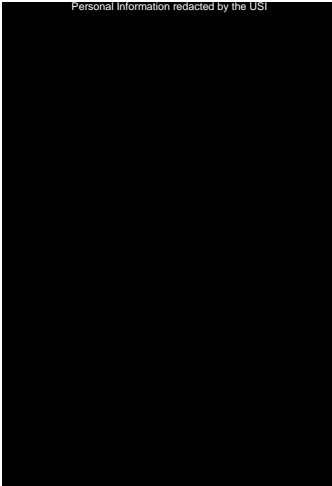
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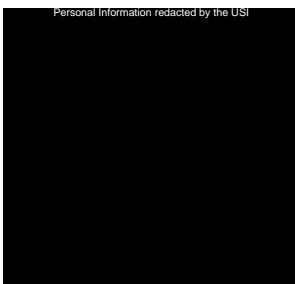
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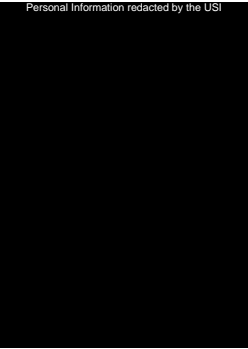
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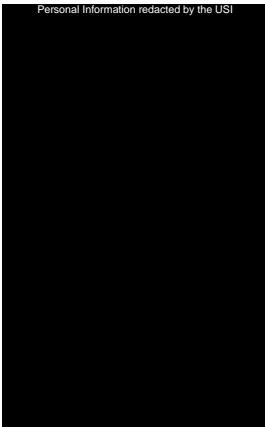
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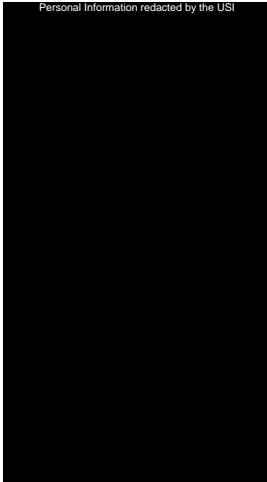
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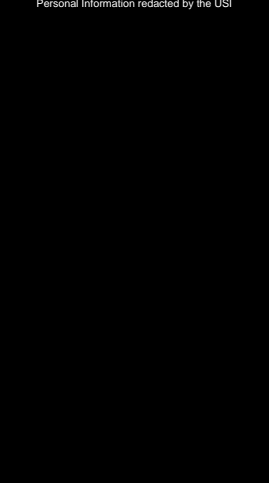
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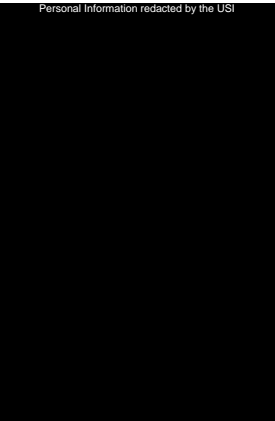
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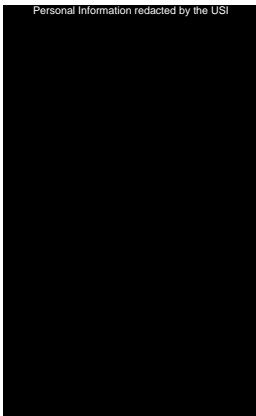
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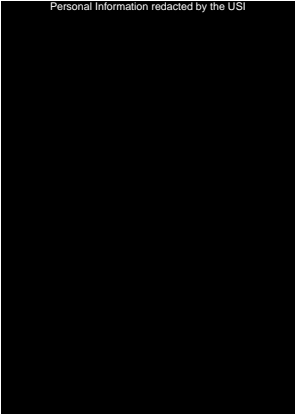
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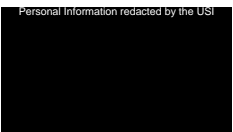
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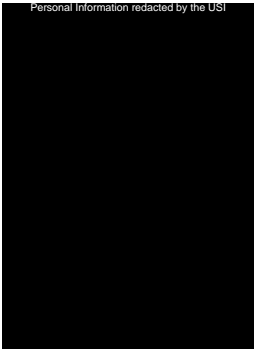
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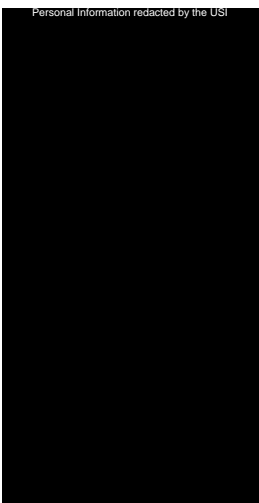
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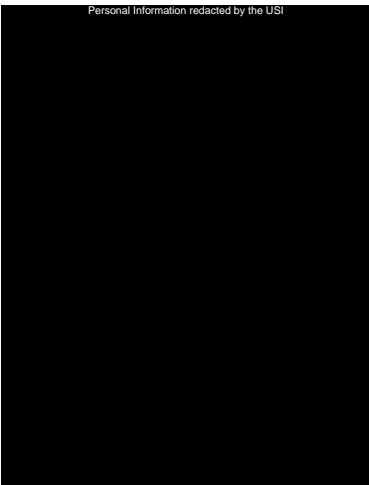
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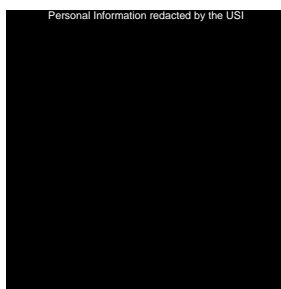
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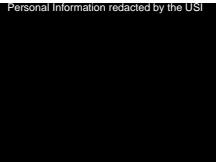
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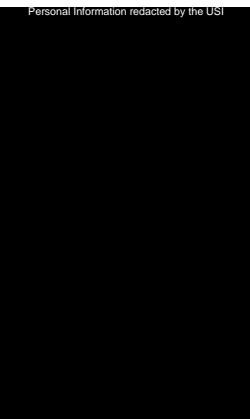
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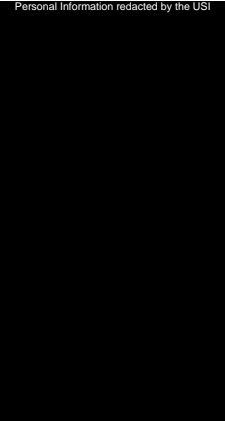
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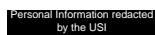
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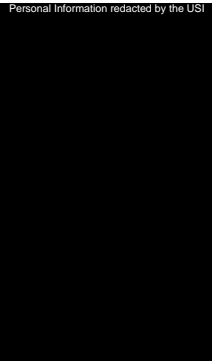
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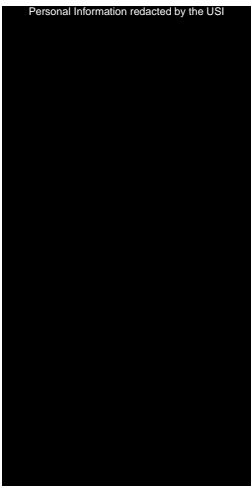
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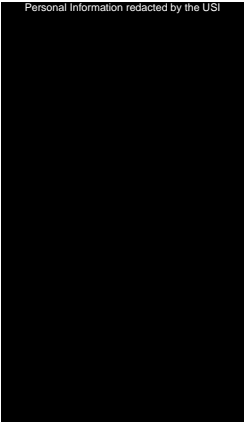
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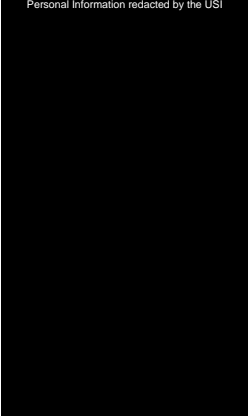
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EMAIL TO PAULETTE 070314 (sent to my per ajg traige)


email to andrea 210314

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EMAIL TO MARTINA 7/4/14

Thank you

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Carroll, Anita <[REDACTED]>

Sent: 15 April 2014 16:31

To: Trouton, Heather <[REDACTED]>

Subject: FW: Missing Triage

FYI

From: Browne, Leanne

Sent: 15 April 2014 16:11

To: Carroll, Anita

Cc: Rankin, Christine; Robinson, Katherine

Subject: Missing Triage

Hi Anita

Here is an updated list of Urology Missing Triage.

Emails have been sent to Consultant secretaries, Andrea Cunningham, Sharon Glenny and Martina.

Martina has given permission for the longest waiters to be booked regardless of triage, we are in the process of doing this.

CAH

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ROUTINE

17/12/2013

114

email to monica 180114

email to andrea 24.1.14

email to sharon 14/2/14

EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA & MR O'BRIEN 21.3.14 *EMAIL TO MARTINA 280314*

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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email to monica 180114

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email to sharon 14/2/14

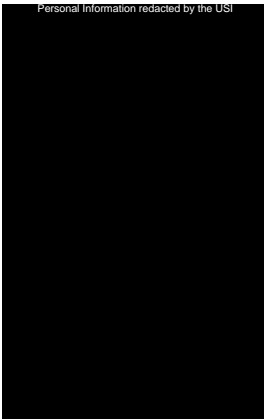
EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA & MR O'BRIEN 21.3.14*EMAIL TO SHARON 280314*

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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ROUTINE

14/01/2014

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email to monica 3.2.14

email to andrea 14/2/14

email to sharon 27.2.14

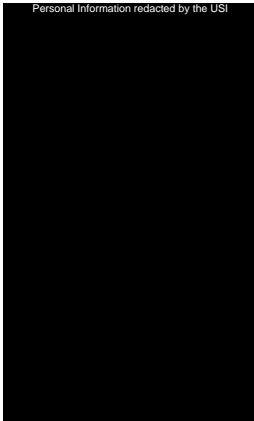
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email to martina 7/4/14

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15/01/2014

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email to monica 3.2.14

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email to sharon 27.2.14

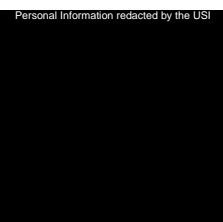
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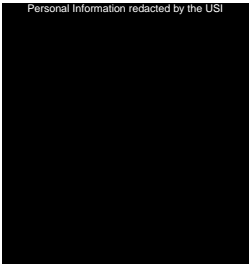
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GURO

ROUTINE

15/01/2014

85

email to monica 3.2.14

email to andrea 14/2/14

email to sharon 27.2.14

EMAIL TO MARTINA 7/3/14

EMAIL TO MARTINA 280314

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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AOB

ROUTINE

17/01/2014

83

email to monica 14.2.14

email to andrea 270214

email to sharon 7/3/14

EMAIL TO MARTINA 24.3.14

EMAIL TO MARTINA 280314

email to martina 7/4/14

EMAIL TO ANITA 7/4/14

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AOB

ROUTINE

21/01/2014

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email to andrea 7/3/14

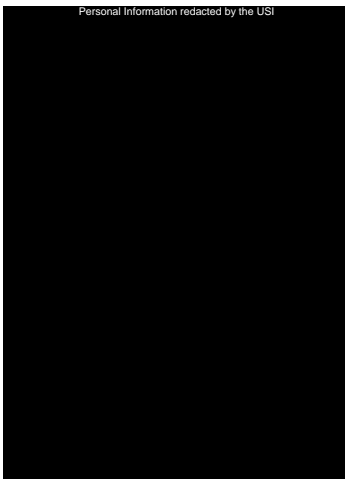
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EMAIL TO MARTINA 7/4/14

EMAIL TO ANITA 7/4/14

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AOB

ROUTINE

GPR

23/01/2014

77

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 280314

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EMAIL TO ANITA 7/4/14

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ROUTINE

30/01/2014

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email to andrea 7/3/14

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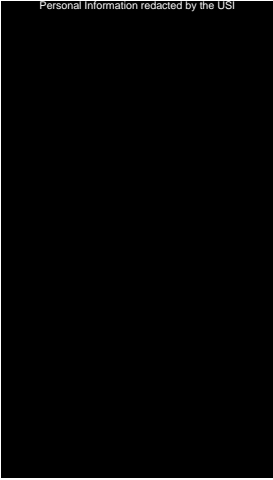
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ROUTINE

30/01/2014

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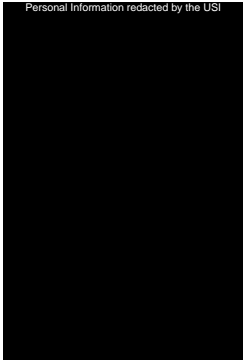
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ROUTINE

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07/02/2014

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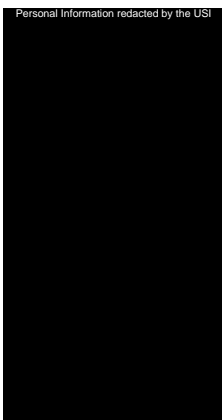
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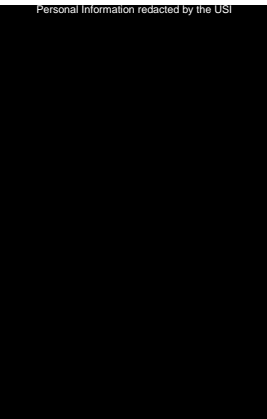
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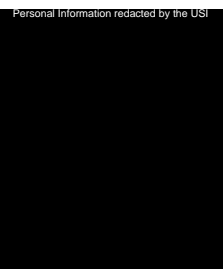
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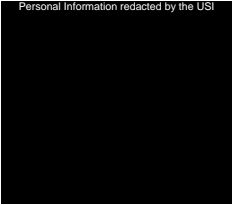
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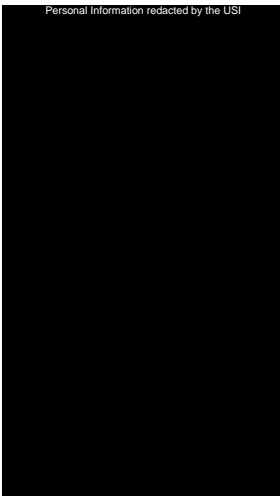
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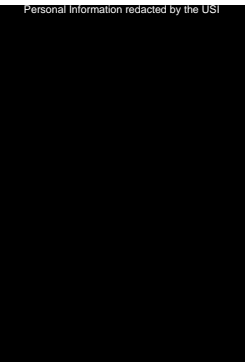
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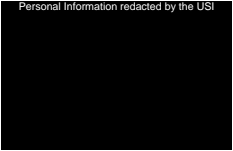
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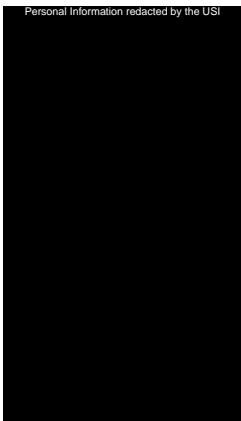
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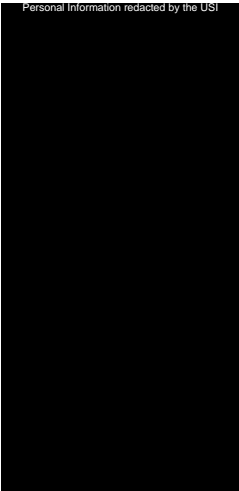
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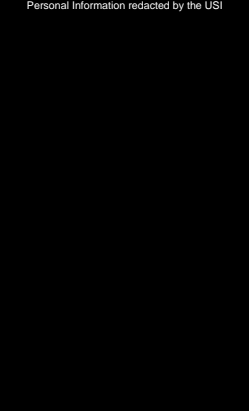
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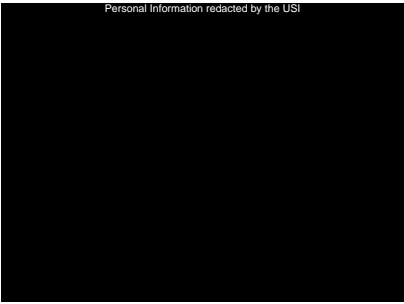
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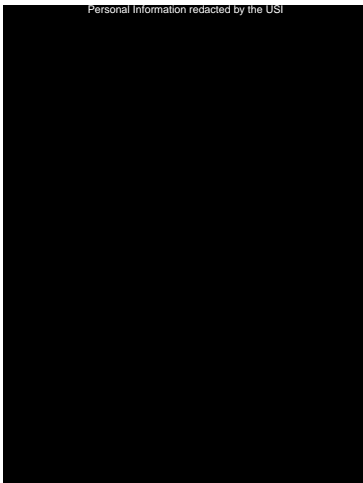
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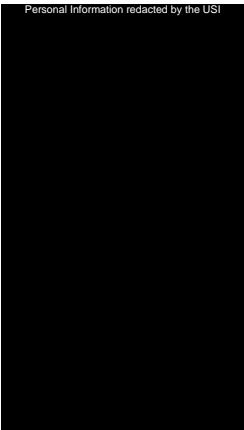
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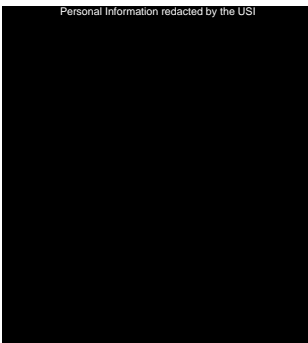
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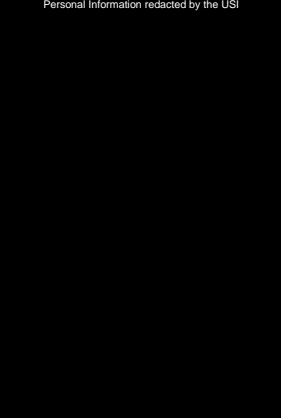
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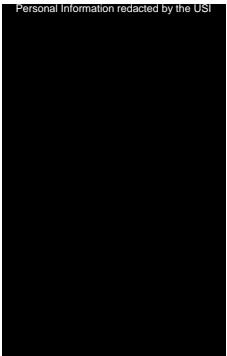
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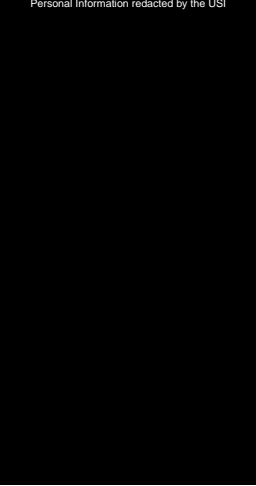
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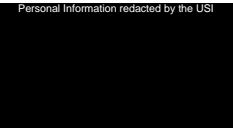
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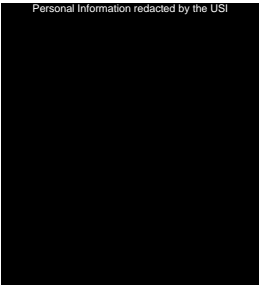
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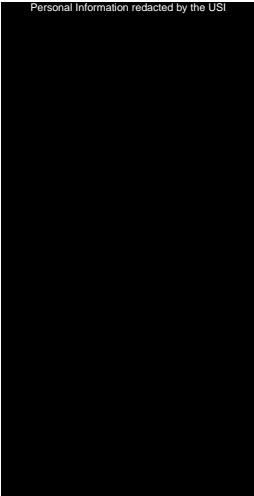
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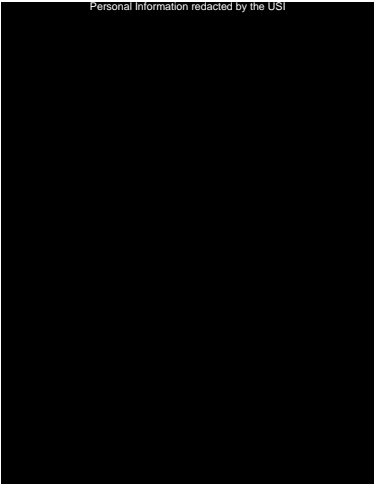
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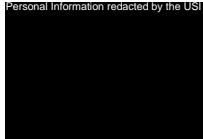
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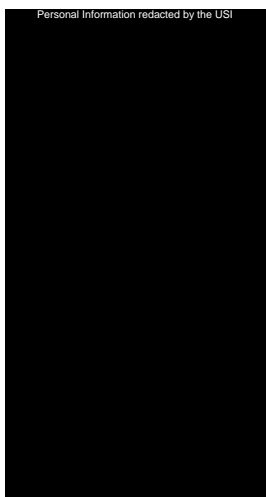
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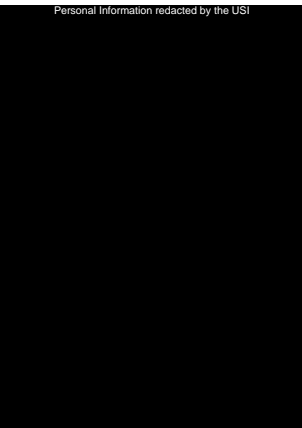
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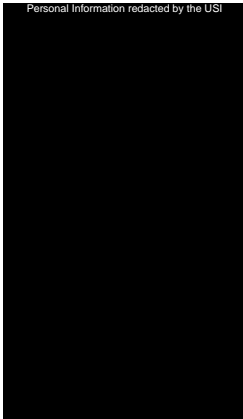
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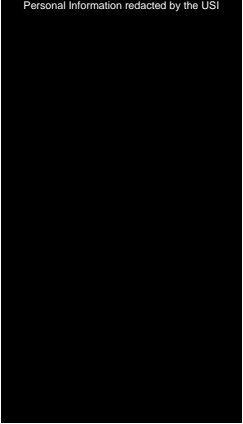
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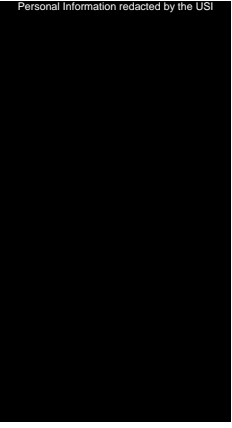
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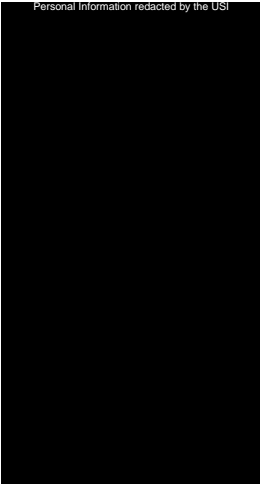
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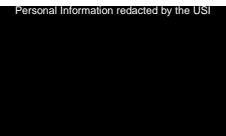
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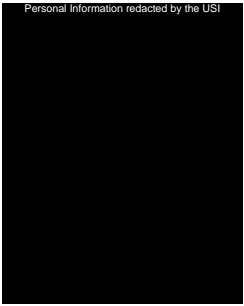
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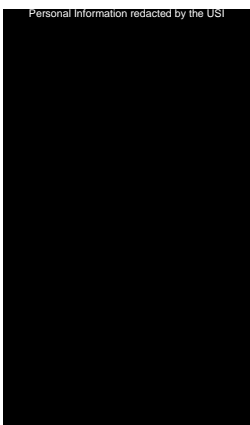
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EMAIL TO PAULETTE 070314 (sent to my per ajg traige)


email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

Thank you

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Corrigan, Martina <[redacted]>
Sent: 23 April 2014 12:09
To: McCorry, Monica <[redacted]>; Cunningham, Andrea
<[redacted]>
Cc: Coleman, Alana <[redacted]>; Trouton, Heather
<[redacted]>; Robinson, Katherine
<[redacted]>; Carroll, Anita
<[redacted]>
Subject: RE: Missing Triage

Thank you Monica

Martina

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

Telephone: [redacted]
Mobile: [redacted]
Email: [redacted]

From: McCorry, Monica
Sent: 23 April 2014 09:28
To: Cunningham, Andrea; Corrigan, Martina
Cc: Coleman, Alana
Subject: RE: Missing Triage

Martina/Andrea

Mr O'Brien has given me a considerable number of letters this morning for triaging. Leanne Browne is on annual leave at present but I will give the referral letters to Alana Coleman at the Booking Centre this morning.

Thanks Monica

From: Cunningham, Andrea
Sent: 18 April 2014 12:27
To: McCorry, Monica
Cc: Browne, Leanne
Subject: FW: Missing Triage

Monica

Have these been triaged yet? Can you forward to RBC asap please?

Thanks

Andrea

From: Browne, Leanne
Sent: 18 April 2014 11:55
To: Cunningham, Andrea
Subject: Missing Triage

Hi Andrea

Personal Information redacted by the USI – email to Monica 10/4/14
Personal Information redacted by the USI – email to Monica 10/4/14

Can you arrange for the above referrals to be returned from triage please

Leanne Browne
Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext Personal Information

From: Carroll, Anita <[REDACTED]>
Sent: 12 May 2014 17:33
To: Corrigan, Martina <[REDACTED]>; Trouton, Heather
<[REDACTED]>
Cc: Browne, Leanne <[REDACTED]>
Subject: Fw: Missing Triage

Martina can you assist A

From: Browne, Leanne
Sent: Monday, May 12, 2014 04:26 PM GMT Standard Time
To: Carroll, Anita
Cc: Robinson, Katherine; Rankin, Christine
Subject: Missing Triage

Hi Anita

Can you arrange for the following referrals to be returned from triage please.

CAH

[REDACTED]

URO

AOB

URGENT

OC

24/01/2014

104

EMAIL TO MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

EMAIL TO MARTINA 25.4.14

EMAIL TO ANITA 2/5/14

CAH

Personal information redacted
by the USI

Personal Information redacted by the USI



URO

AOB

URGENT

OC

06/02/2014

91

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

EMAIL TO SHARON 25/4/14

EMAIL TO MARTINA 25/4/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

17/02/2014

80

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

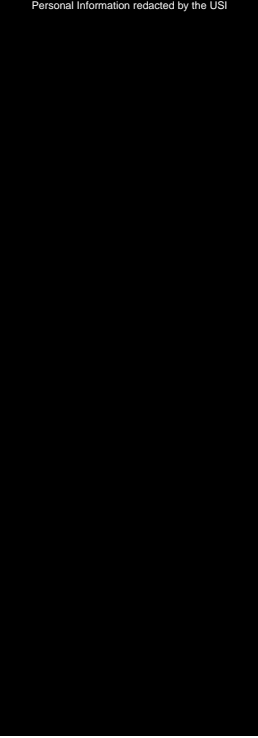
EMAIL TO ANITA 250414

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted
by the USI

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

17/02/2014

80

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

GURO

URGENT

GPU

17/02/2014

80

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal information redacted
by the USJ

Personal Information redacted by the USI



URO

GURO

ROUTINE

AE

17/02/2014

80

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

17/02/2014

80

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

17/02/2014

80

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

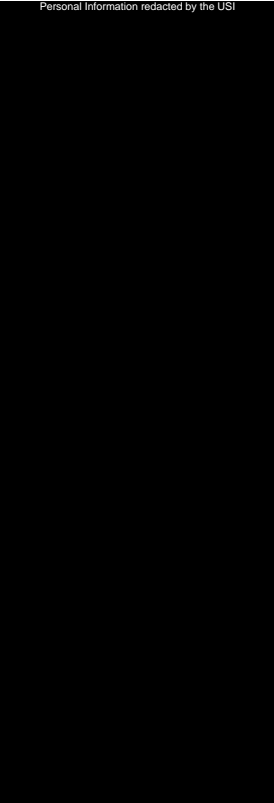
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

GURO

URGENT

GPU

17/02/2014

80

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

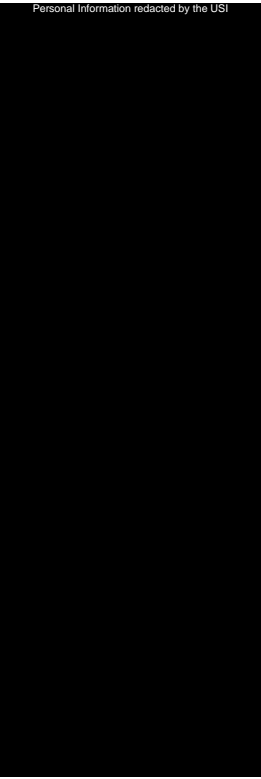
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

18/02/2014

79

EMAIL TO PAULETTE 070314 (sent to my per ajg traige)

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

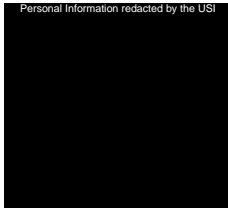
EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI





URO

AOB

ROUTINE

OC

20/02/2014

77

EMAIL TO MONICA 210314

EMAIL TO ANDREA 280314

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

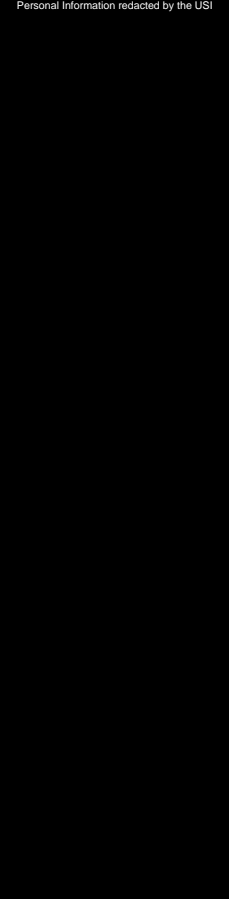
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

AOB

URGENT

GPU

21/02/2014

76

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

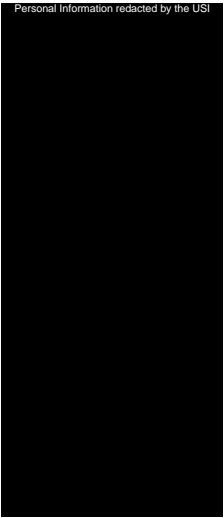
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

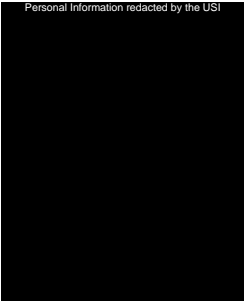
EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

24/02/2014

73

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal information redacted by the USI



URO

GURO

ROUTINE

GPR

24/02/2014

73

EMAIL TO PAULETTE 210314

EMAIL TO MONICA 24.3.14

EMAIL TO ANDREA 7/4/14

EMAIL TO MARTINA 11/4/14

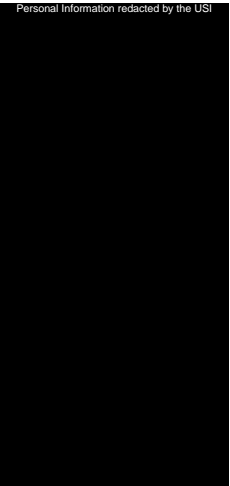
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

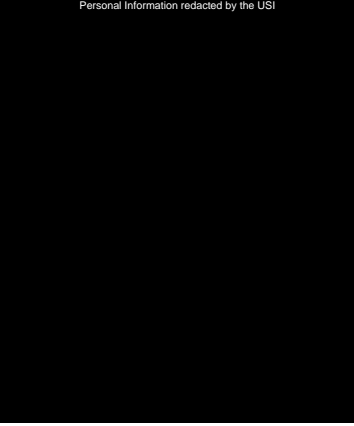
EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USJ



Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

28/02/2014

69

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

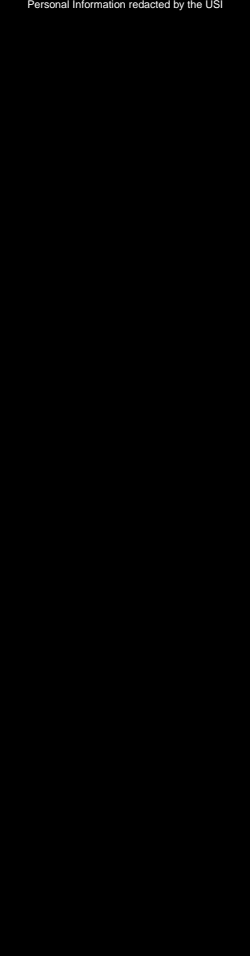
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

GURO

URGENT

GPU

28/02/2014

69

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

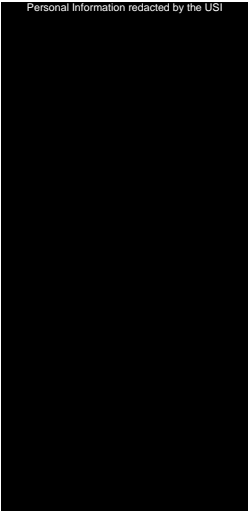
email to anita 18/4/14

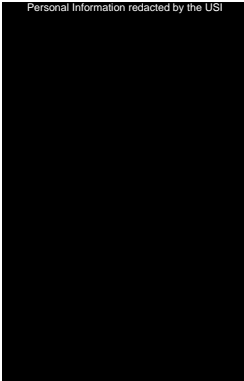
EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI





URO

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ROUTINE

GPR

28/02/2014

69

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

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ROUTINE

GPR

28/02/2014

69

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

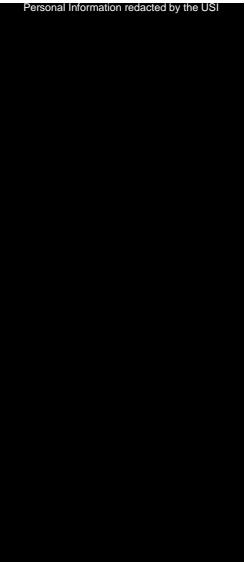
EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



Personal Information redacted by the USI



URO

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GPU

28/02/2014

69

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

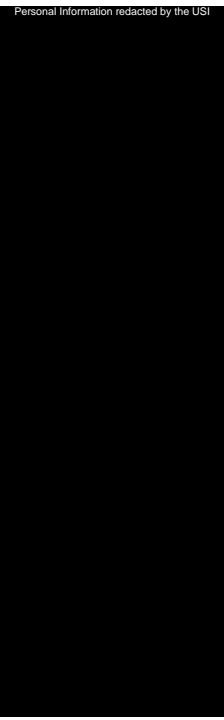
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

28/02/2014

69

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

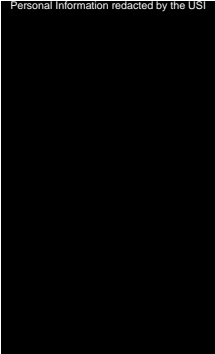
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

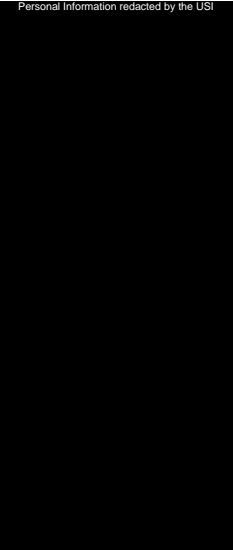
EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

28/02/2014

69

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

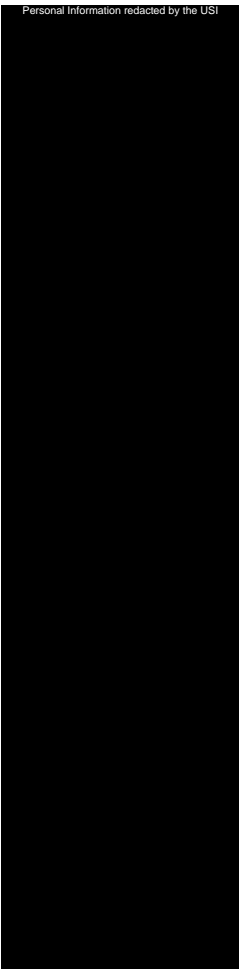
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

01/03/2014

68

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

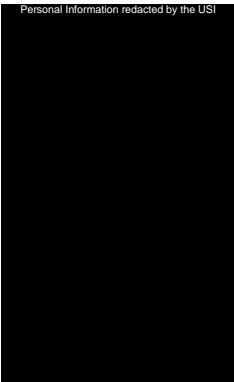
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

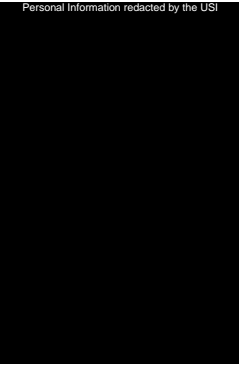
EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

01/03/2014

68

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

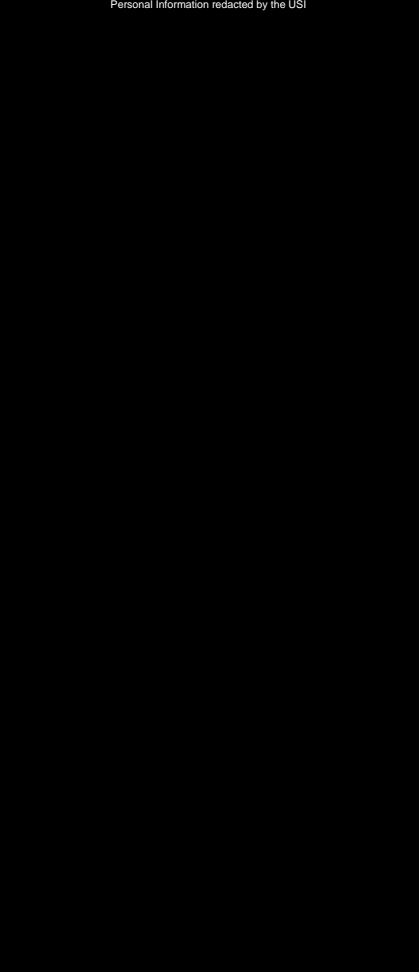
email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

AOB

URGENT

GPU

03/03/2014

66

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

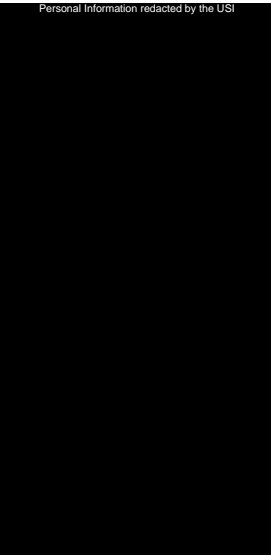
EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USJ



Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

04/03/2014

65

MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

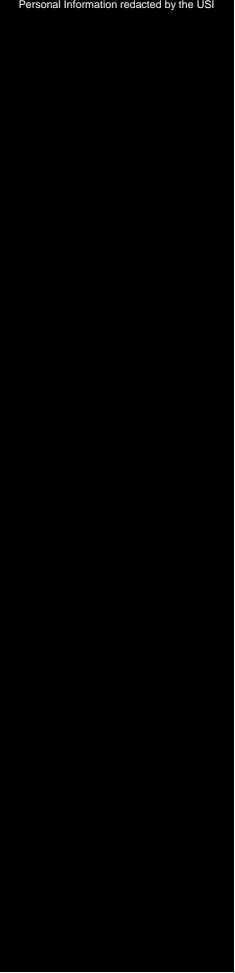
email to martina 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

GPR

13/03/2014

56

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

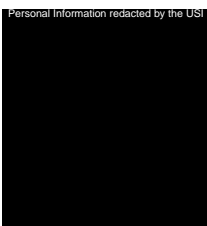
email to sharon 18/4/14

EMAIL TO MARTINA 28/4/14

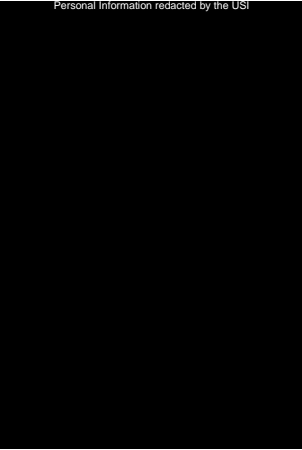
EMAIL TO ANITA 2/5/14

CAH

Personal Information redacted by the USI



Personal Information redacted by the USI



URO

GURO

URGENT

OC

14/03/2014

55

EMAIL TO PAULETTE 7/4/14

EMAIL TO ANDREA 11/4/14

email to sharon 18/4/14

EMAIL TO MARTINA 28/4/14

EMAIL TO MONICA 25/4/14

EMAIL TO ANDREA 2/5/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

GPR

14/03/2014

55

EMAIL TO MONICA 7/4/14

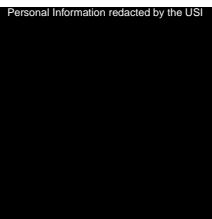
EMAIL TO ANDREA 11/4/14

email to sharon 18/4/14

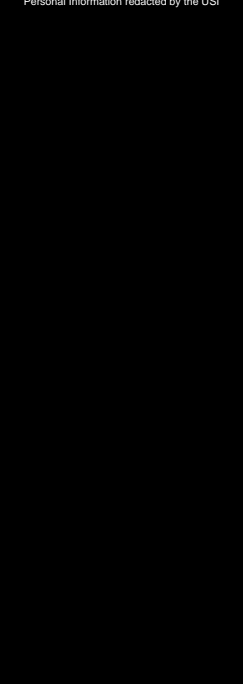
EMAIL TO MARTINA 28/4/14

EMAIL TO ANITA 2/5/14

CAH



Personal Information redacted by the USI



URO

AOB

URGENT

GPU

20/03/2014

49

EMAILED MONICA 100414

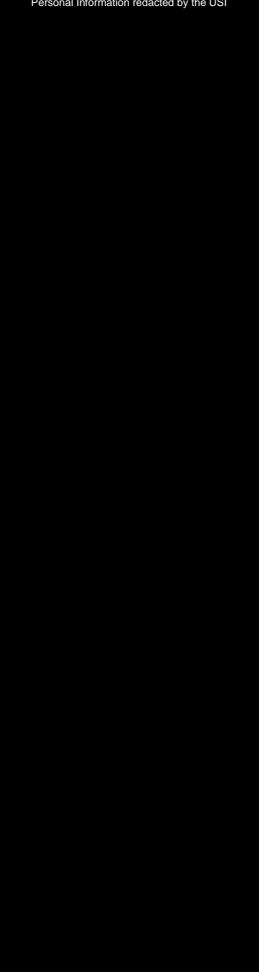
email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

GPR

26/03/2014

43

EMAILED MONICA 100414


email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

Many thanks

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 07 June 2014 17:13
To: Corrigan, Martina <[REDACTED]>
Cc: Trouton, Heather <[REDACTED]>
Subject: FW: Urology Missing Triage

Don't even think it has changed from last week

From: Browne, Leanne
Sent: 06 June 2014 12:00
To: Carroll, Anita
Cc: Robinson, Katherine; Rankin, Christine
Subject: Urology Missing Triage

Hi Anita

This is an updated list of Urology Missing Triage, can you arrange for these referrals to be returned as soon as possible.
We will book the patient regardless of triage when we reach the PTL target date.

Urology

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

Days From Ref Date

Non Clinical Comments

WL Code

WL Cnc Code

CAH

Personal Information redacted by the USI



URO

AOB

URGENT

OC

24/01/2014

132

EMAIL TO MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

EMAIL TO MARTINA 25.4.14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

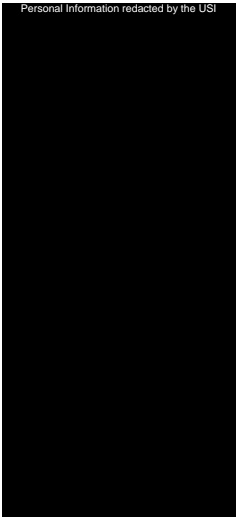
email to anita 23/5/14

EMAILTO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

CAH

Personal information redacted by the USI



URO

AOB

URGENT

OC

06/02/2014

119

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

EMAIL TO SHARON 25/4/14

EMAIL TO MARTINA 25/4/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

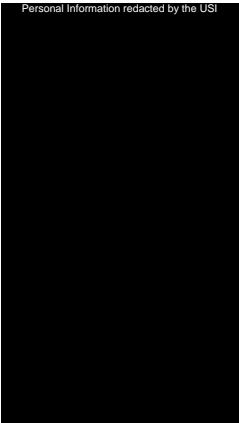
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

CAH

Personal Information redacted by the USI



Personal Information
redacted by the USI

URO

GURO

ROUTINE

GPR

17/02/2014

108

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 250414

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

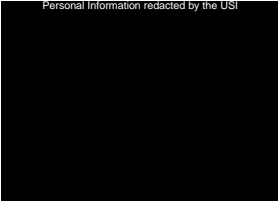
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

CAH

Personal Information
redacted by the USI

Personal Information redacted by the USI

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URO

GURO

ROUTINE

GPR

17/02/2014

108

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

CAH

Personal Information redacted by the USI

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Personal Information redacted by the USI

URO

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URGENT

GPU

17/02/2014

108

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

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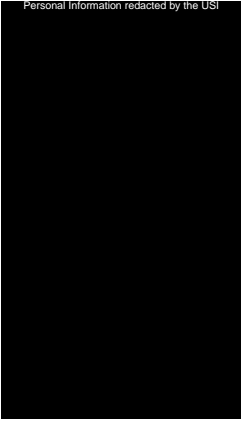
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17/02/2014

108

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

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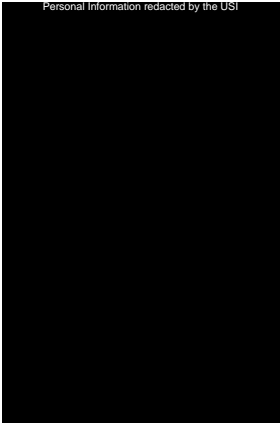
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17/02/2014

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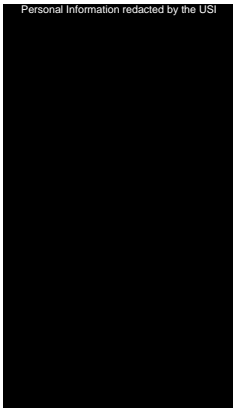
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17/02/2014

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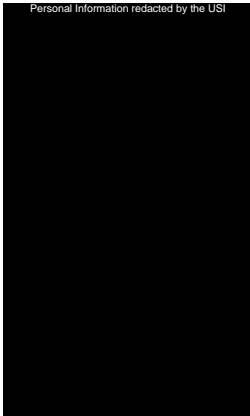
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17/02/2014

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20/02/2014

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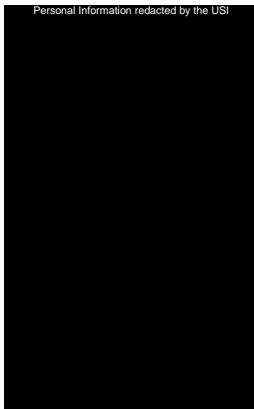
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21/02/2014

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EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

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24/02/2014

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EMAIL TO ANDREA 28031

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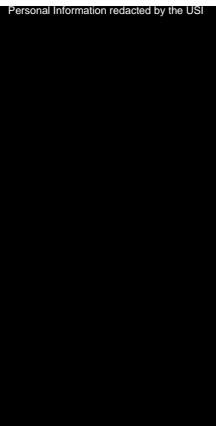
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24/02/2014

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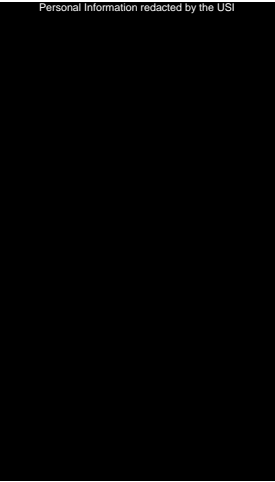
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25/02/2014

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28/02/2014

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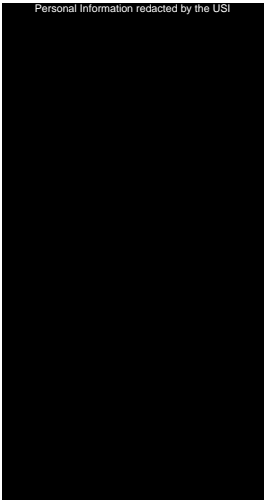
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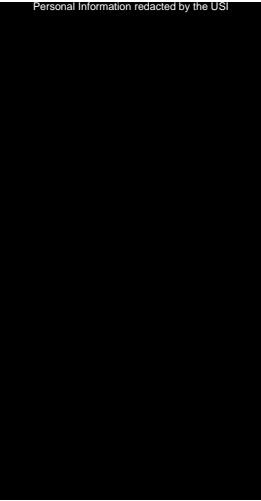
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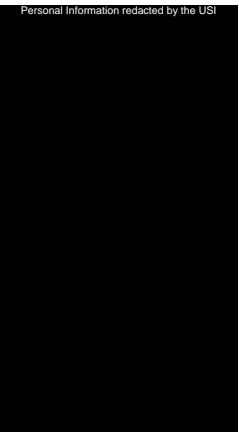
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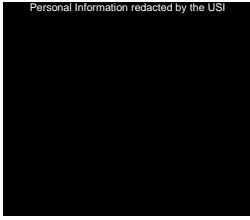
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01/03/2014

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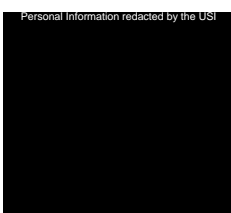
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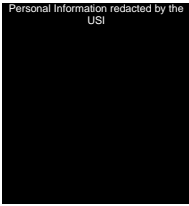
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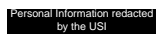
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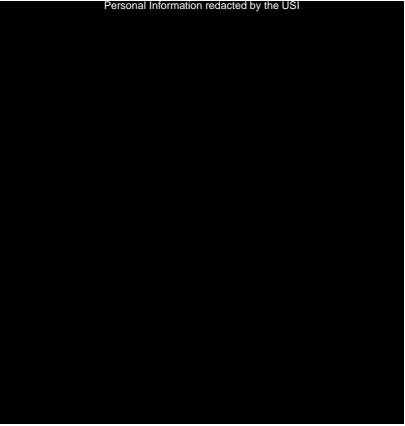
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03/03/2014

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EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

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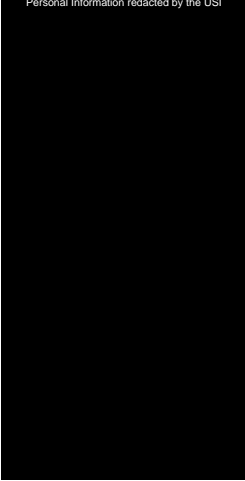
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ROUTINE

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04/03/2014

93

MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

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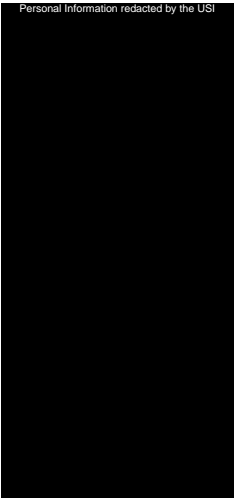
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ROUTINE

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13/03/2014

84

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EMAIL TO ANDREA 11/4/14

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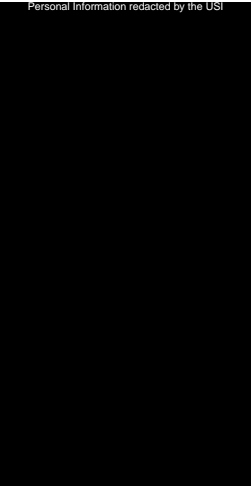
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20/03/2014

77

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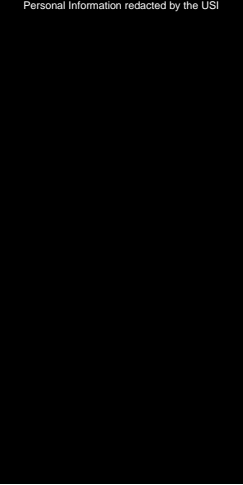
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26/03/2014

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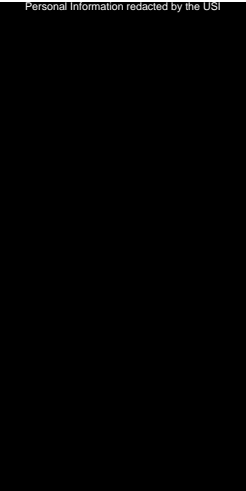
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ROUTINE

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28/03/2014

69

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email to andrea 13/5/14

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email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

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31/03/2014

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email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

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EMAIL TO ANITA 30/5/14

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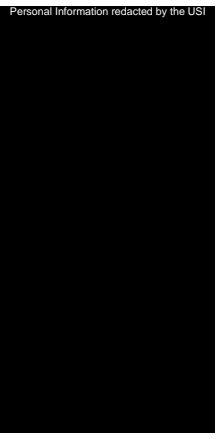
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31/03/2014

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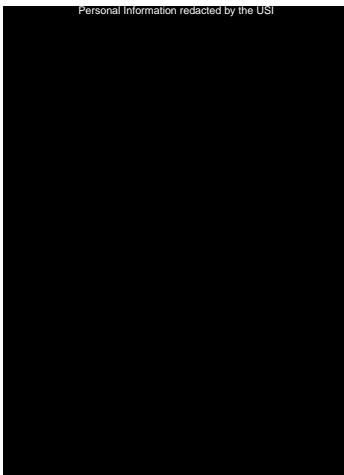
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ROUTINE

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01/04/2014

65

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

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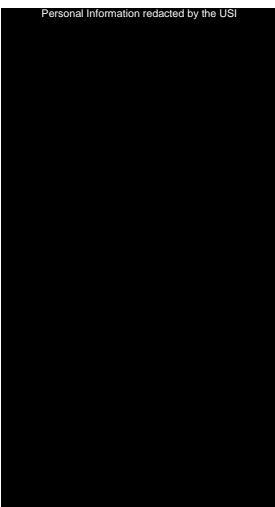
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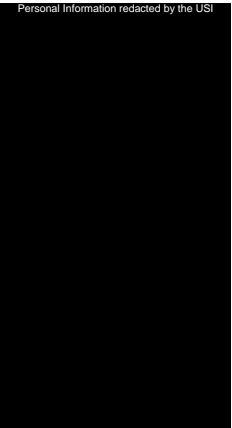
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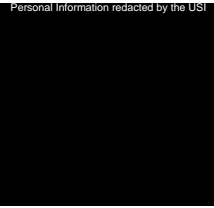
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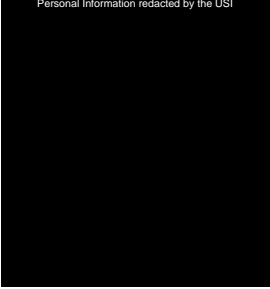
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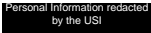
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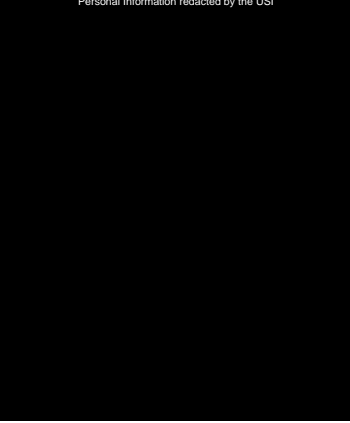
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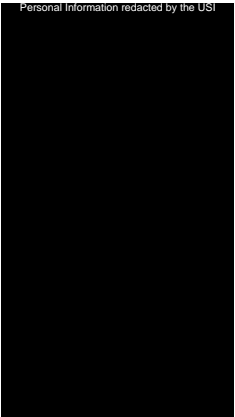
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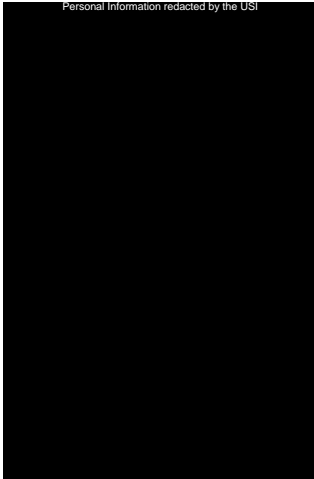
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ROUTINE

GPR

10/04/2014

56

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

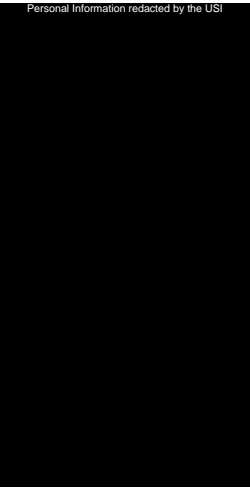
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ROUTINE

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16/04/2014

50

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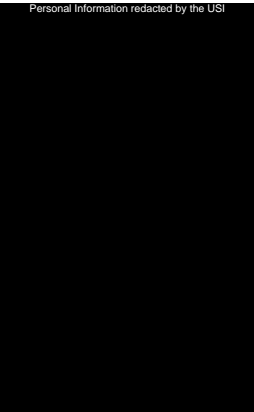
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18/04/2014

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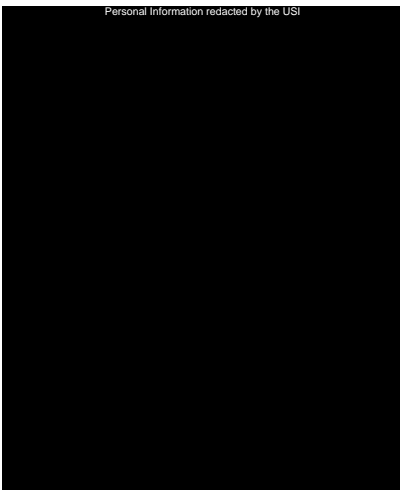
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ROUTINE

OC

18/04/2014

48

email to monica 13/5/14

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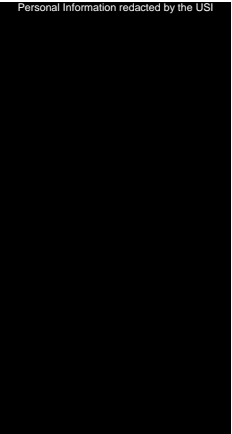
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18/04/2014

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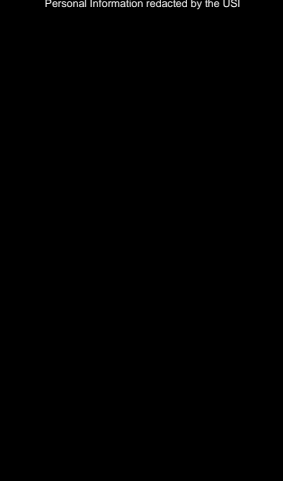
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21/04/2014

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email to paulette 13/5/14

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ROUTINE

GPR

23/04/2014

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
email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

Thanks

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Corrigan, Martina <[REDACTED]>
Sent: 08 June 2014 20:58
To: Trouton, Heather <[REDACTED]>
Cc: Carroll, Anita <[REDACTED]>
Subject: Fw: Urology Missing Triage

Heather

Can we have a chat about this. As I am getting no response from Aidan

Thanks

Martina

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile [REDACTED]

From: Browne, Leanne
Sent: Friday, June 06, 2014 01:22 PM
To: Corrigan, Martina
Cc: Robinson, Katherine; Rankin, Christine; Coleman, Alana
Subject: RE: Urology Missing Triage

Hi Martina

Mr O'Brien is only getting the referrals named to him, Mr Young is getting the unnamed when Mr O'Brien is on rota

Leanne

From: Corrigan, Martina
Sent: 06 June 2014 13:17
To: Browne, Leanne
Cc: Robinson, Katherine; Rankin, Christine
Subject: RE: Urology Missing Triage

Hi Leanne

Can I check is Mr O'Brien still receiving referrals as I thought they were all to go to Mr Young from beginning of February?

Thanks

Martina

Martina Corrigan

Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: [Personal Information redacted by the USI]

Mobile: [Personal Information redacted by the USI]

Email: [Personal Information redacted by the USI]

From: Browne, Leanne
Sent: 06 June 2014 12:04
To: Corrigan, Martina
Cc: Robinson, Katherine; Rankin, Christine
Subject: Urology Missing Triage

Hi Martina

This is a copy of this weeks updated Urology Missing Triage – can you have the referrals forwarded as soon as possible please

Urology

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

Days From Ref Date

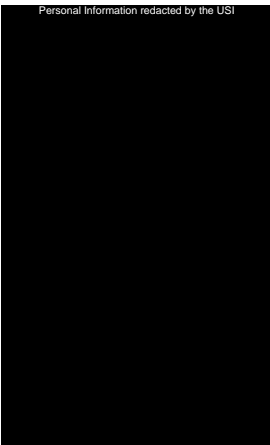
Non Clinical Comments

WL Code

WL Cnc Code

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24/01/2014

132

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EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

EMAIL TO MARTINA 25.4.14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

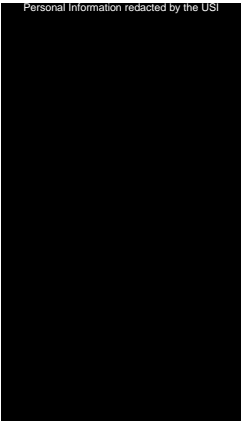
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06/02/2014

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EMAIL TO ANDREA 11/4/14

EMAIL TO SHARON 25/4/14

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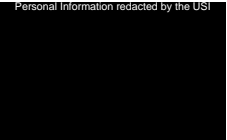
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ROUTINE

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17/02/2014

108

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 250414

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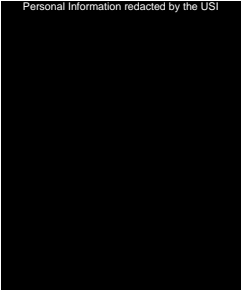
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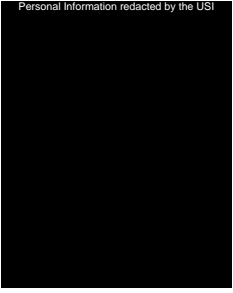
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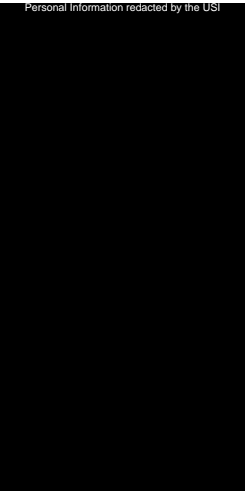
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17/02/2014

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email to andrea 210314

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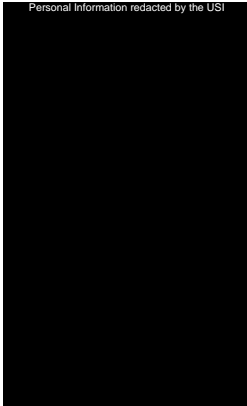
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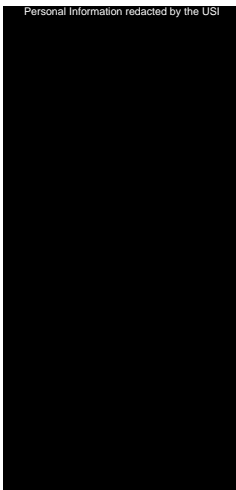
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20/02/2014

105

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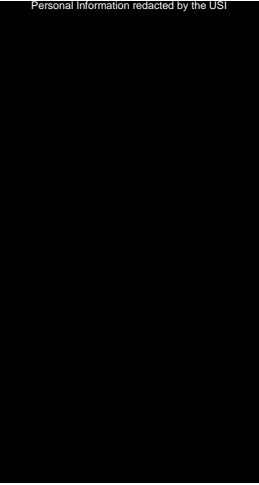
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21/02/2014

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EMAIL TO MONICA 210314

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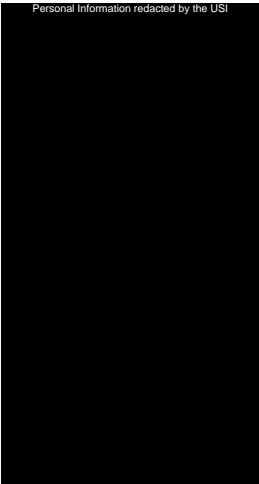
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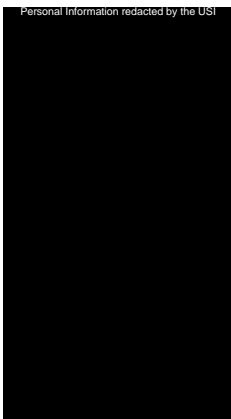
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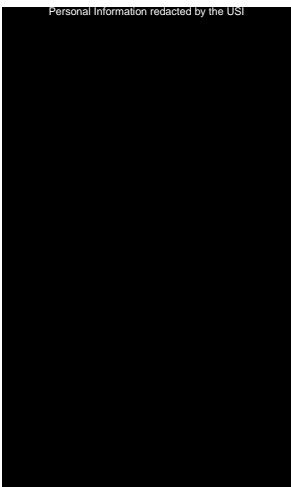
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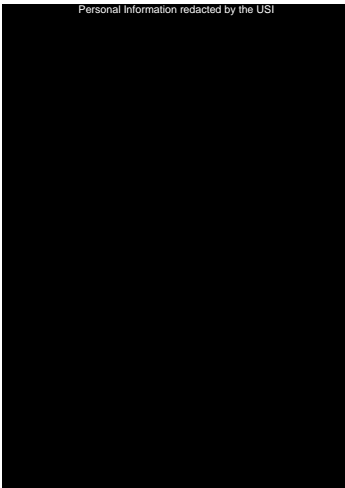
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28/02/2014

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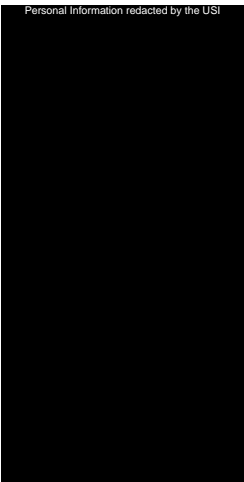
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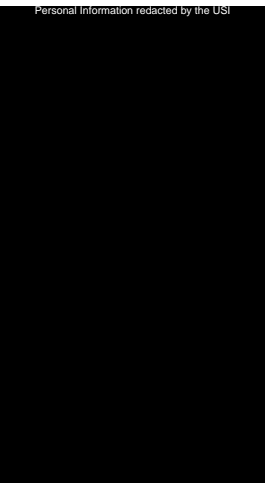
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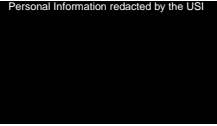
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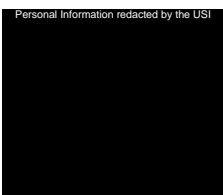
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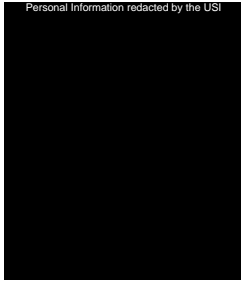
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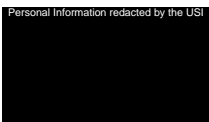
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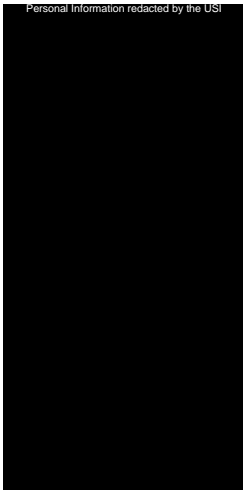
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URO

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ROUTINE

GPR

04/03/2014

93

MY TO AOB EMILED MONICA 280314

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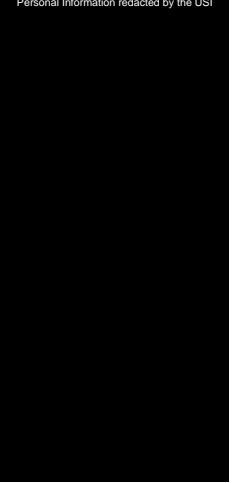
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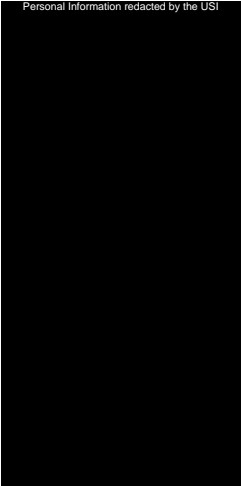
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20/03/2014

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EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

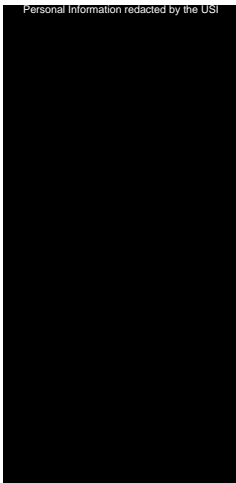
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email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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AOB

ROUTINE

GPR

26/03/2014

71

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email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

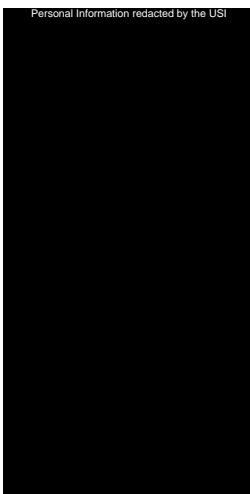
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email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

GPR

28/03/2014

69

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

CAH

Personal Information redacted by the USI



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ROUTINE

GPR

31/03/2014

66

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

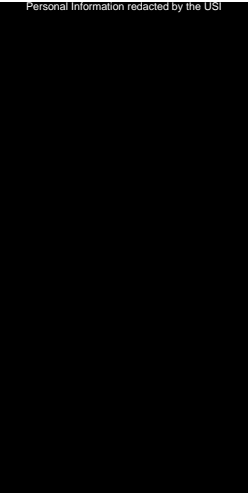
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EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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31/03/2014

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email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

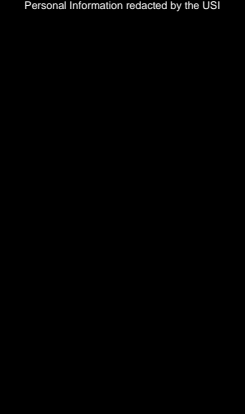
email to martina 23/5/14

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EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

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email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

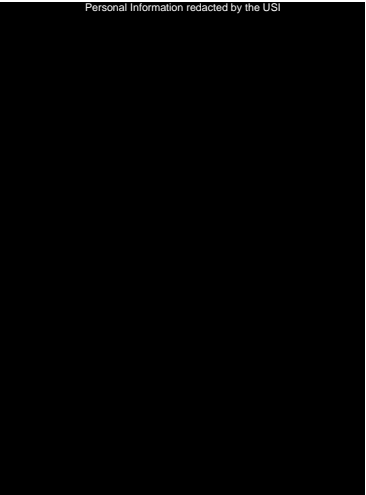
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EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

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01/04/2014

65

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EMAIL TO ANDREA 16/5/14

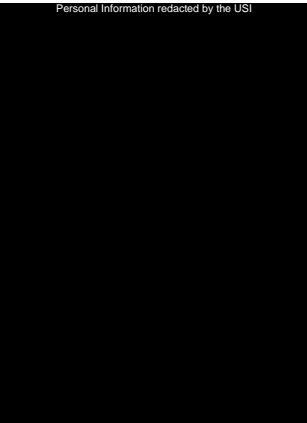
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65

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

OC

02/04/2014

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EMAIL TO ANDREA 16/5/14

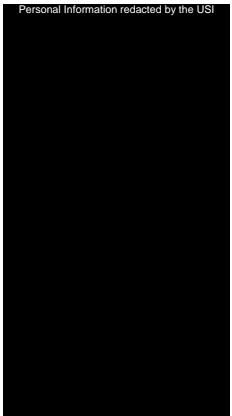
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EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

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02/04/2014

64

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email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

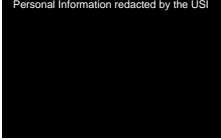
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ROUTINE

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03/04/2014

63

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email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

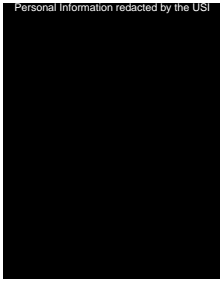
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EMAIL TO ANITA 6/6/14

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ROUTINE

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04/04/2014

62

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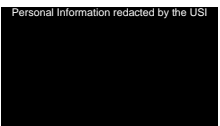
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email to martina 23/5/14


EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

OC

07/04/2014

59

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EMAIL TO ANDREA 16/5/14

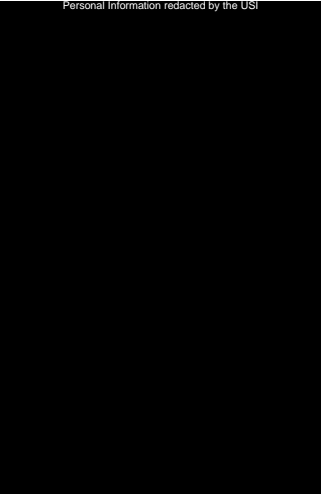
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EMAIL TO ANITA 6/6/14

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ROUTINE

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09/04/2014

57

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

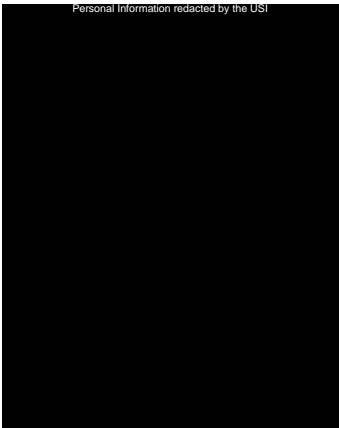
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EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

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09/04/2014

57

EMAILED MONICA 230514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

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Personal Information redacted by the USI



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ROUTINE

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10/04/2014

56

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

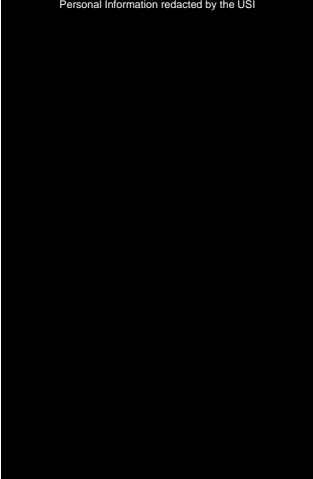
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EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

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10/04/2014

56

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email to andrea 13/5/14

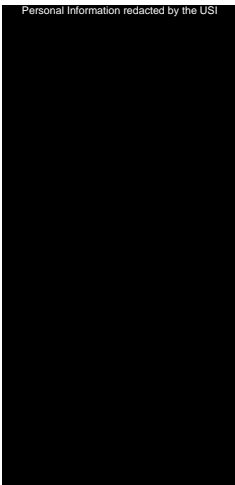
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email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

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16/04/2014

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email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

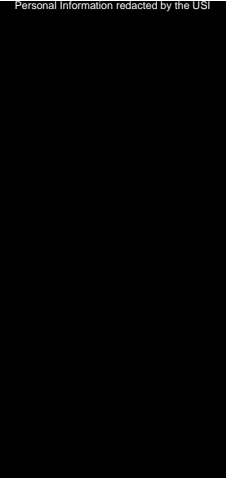
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EMAIL TO ANITA 6/6/14

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18/04/2014

48

email to monica 13/5/14

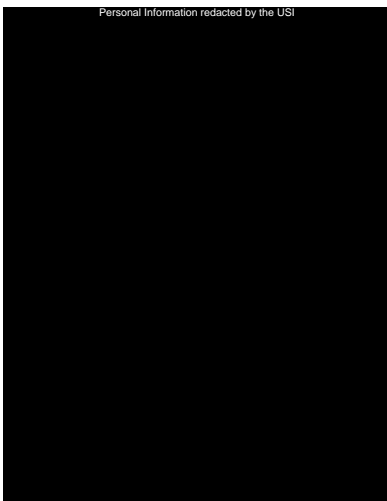
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email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

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18/04/2014

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email to monica 13/5/14

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email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

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18/04/2014

48

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

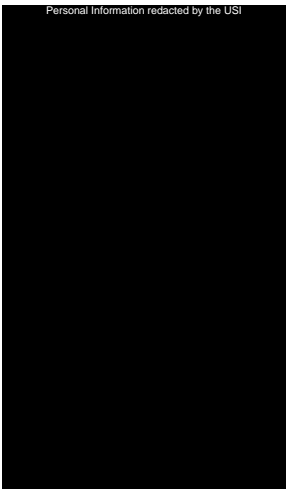
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EMAIL TO ANITA 6/6/14

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ROUTINE

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21/04/2014

45

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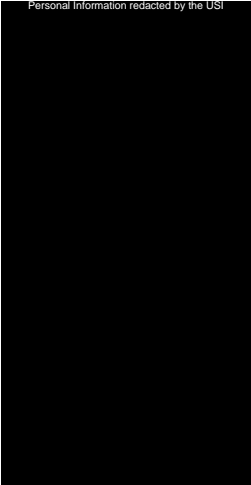
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EMAIL TO ANITA 6/6/14

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ROUTINE

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23/04/2014

43

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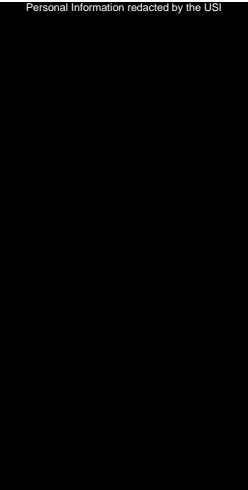
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ROUTINE

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25/04/2014

41

EMAIL TO PAULETTE 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

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ROUTINE

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25/04/2014

41

EMAIL TO MONICA 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

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ROUTINE

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28/04/2014

38

EMAIL TO MONICA 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

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ROUTINE

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29/04/2014

37

EMAIL TO MONICA 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

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ROUTINE

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30/04/2014

36

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email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

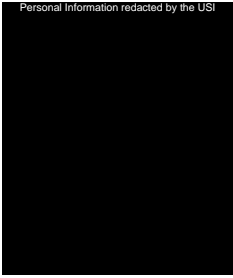
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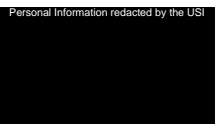
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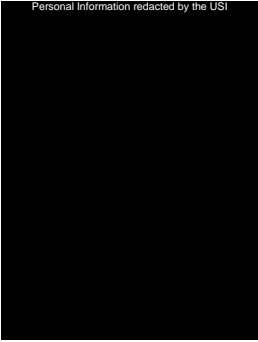
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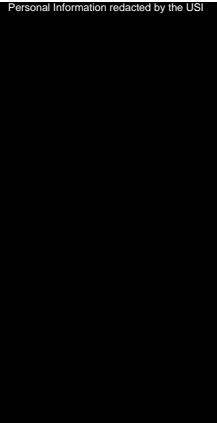
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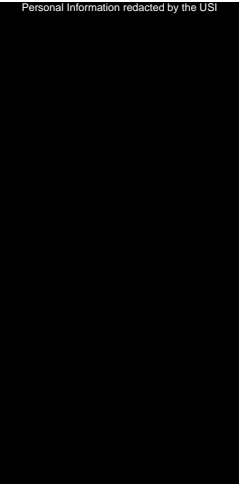
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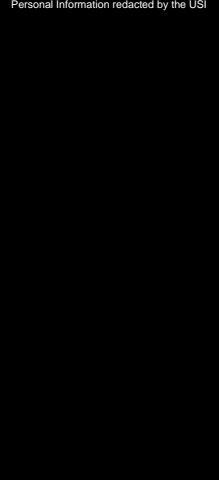
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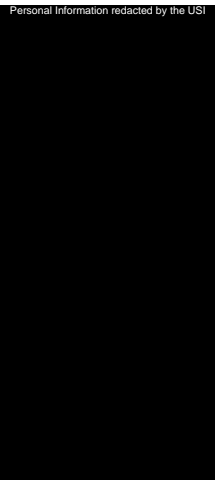
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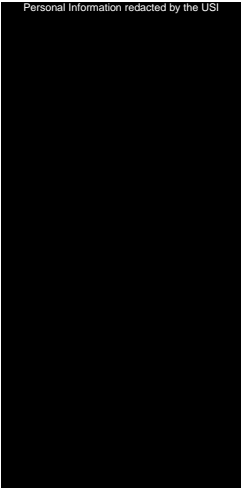
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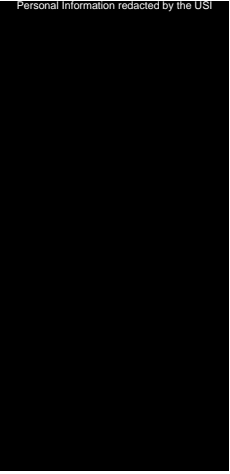
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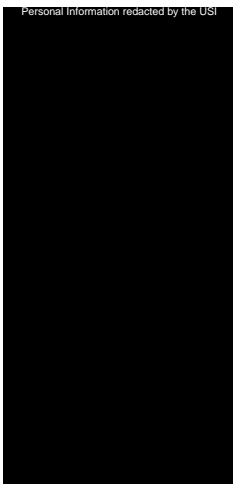
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EMAIL TO ANDREA 6/6/14

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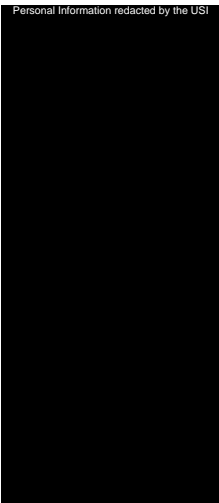
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14/05/2014

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EMAIL TO ANDREA 6/6/14

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EMAIL TO PAULETTE 290514

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07/05/2014

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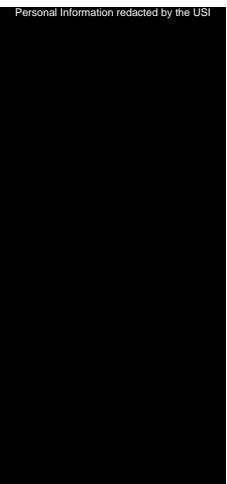
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15/05/2014

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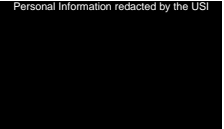
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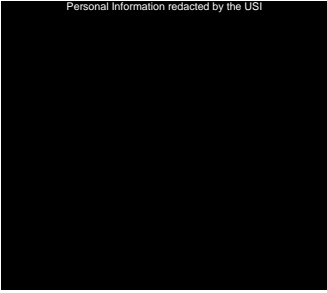
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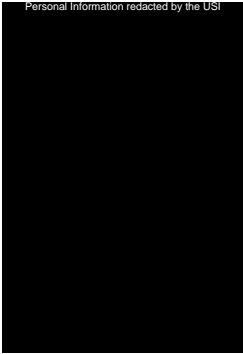
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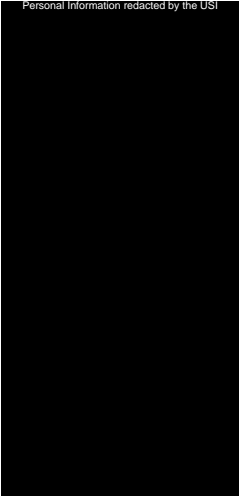
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EMAIL TO MONICA 050614

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EMAIL TO NOLEEN 050614

Thanks

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone

Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 06 May 2022 19:54
To: Adams, Valerie <[REDACTED]>
Subject: FW: Urology Missing Triage

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 09 June 2014 07:43
To: Corrigan, Martina <[REDACTED]>; Trouton, Heather
<[REDACTED]>
Subject: Re: Urology Missing Triage

We are appointing per gp but you still need to chase A

From: Corrigan, Martina
Sent: Sunday, June 08, 2014 08:58 PM GMT Standard Time
To: Trouton, Heather
Cc: Carroll, Anita
Subject: Fw: Urology Missing Triage

Heather

Can we have a chat about this. As I am getting no response from Aidan

Thanks

Martina

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile [REDACTED]

From: Browne, Leanne
Sent: Friday, June 06, 2014 01:22 PM
To: Corrigan, Martina
Cc: Robinson, Katherine; Rankin, Christine; Coleman, Alana
Subject: RE: Urology Missing Triage

Hi Martina

Mr O'Brien is only getting the referrals named to him, Mr Young is getting the unnamed when Mr O'Brien is on rota

Leanne

From: Corrigan, Martina

Sent: 06 June 2014 13:17
To: Browne, Leanne
Cc: Robinson, Katherine; Rankin, Christine
Subject: RE: Urology Missing Triage

Hi Leanne

Can I check is Mr O'Brien still receiving referrals as I thought they were all to go to Mr Young from beginning of February?

Thanks

Martina

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

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

From: Browne, Leanne
Sent: 06 June 2014 12:04
To: Corrigan, Martina
Cc: Robinson, Katherine; Rankin, Christine
Subject: Urology Missing Triage

Hi Martina

This is a copy of this weeks updated Urology Missing Triage – can you have the referrals forwarded as soon as possible please

Urology

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

Days From Ref Date

Non Clinical Comments

WL Code

WL Cnc Code

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24/01/2014

132

EMAIL TO MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

EMAIL TO MARTINA 25.4.14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

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06/02/2014

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EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

EMAIL TO SHARON 25/4/14

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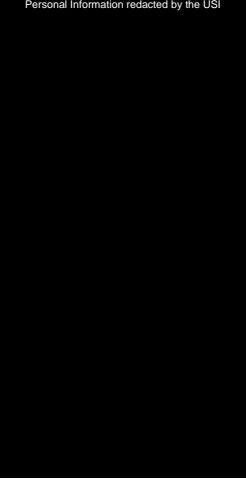
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17/02/2014

108

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

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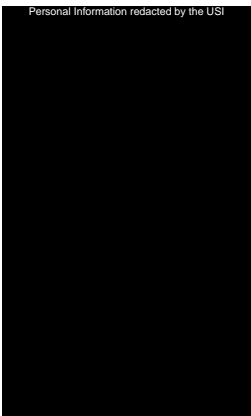
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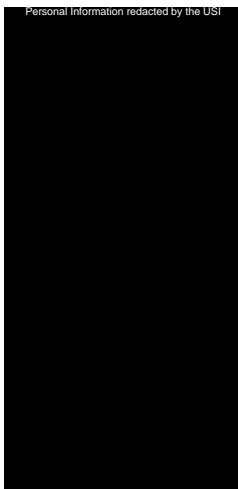
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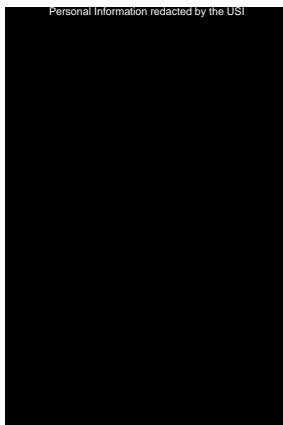
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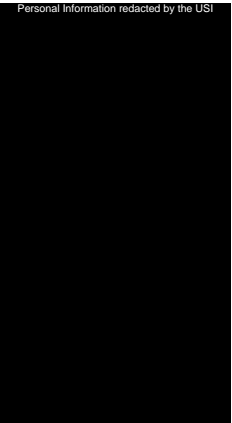
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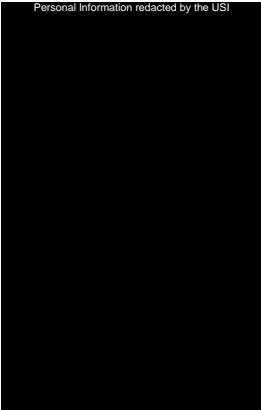
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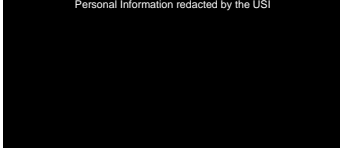
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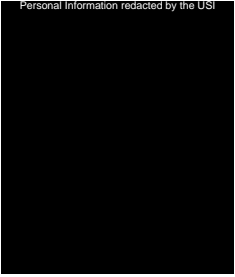
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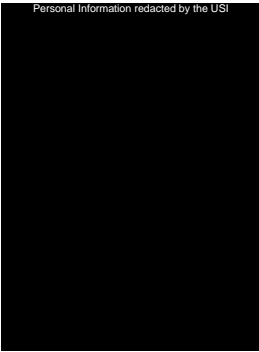
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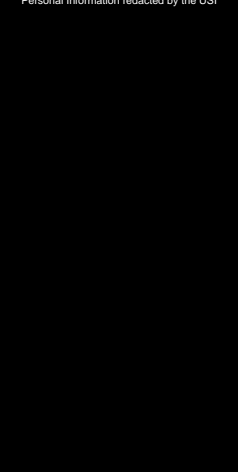
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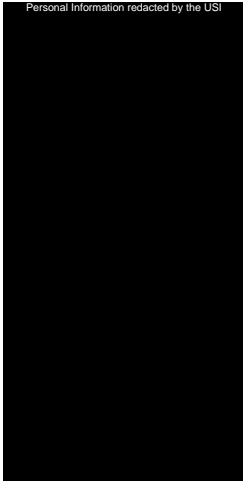
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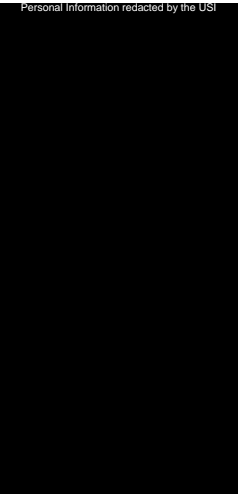
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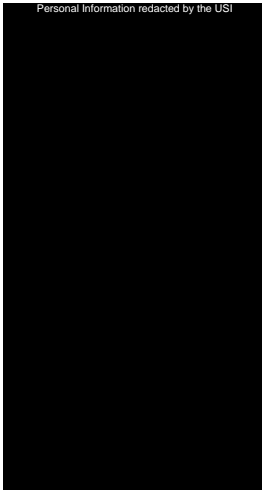
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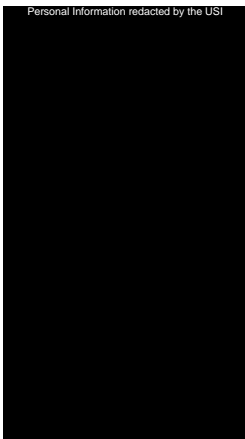
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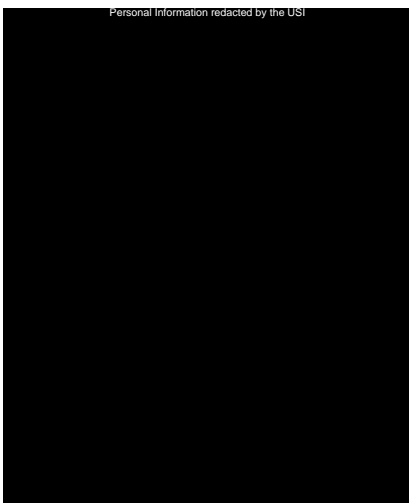
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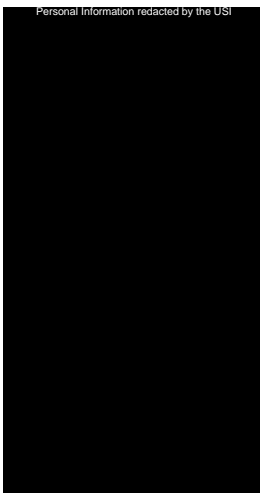
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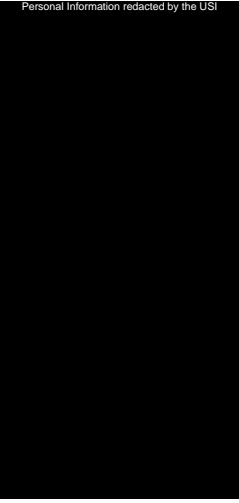
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20/03/2014

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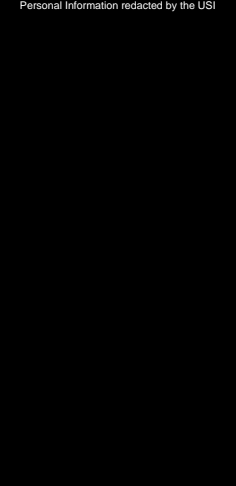
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26/03/2014

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28/03/2014

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email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

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31/03/2014

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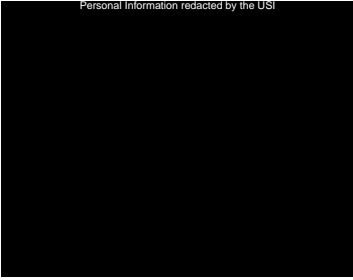
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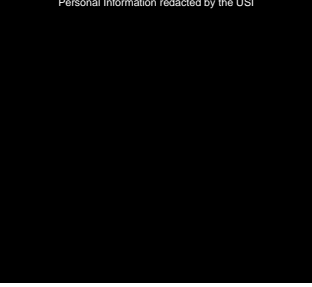
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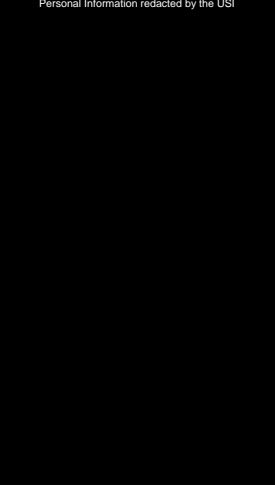
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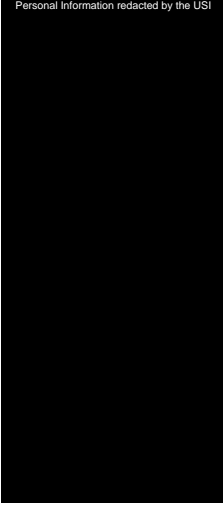
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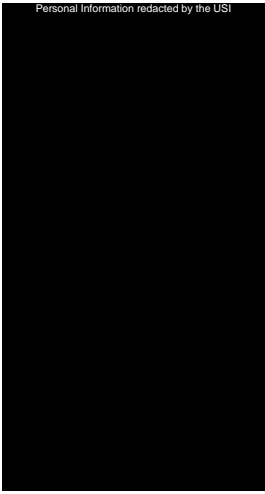
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ROUTINE

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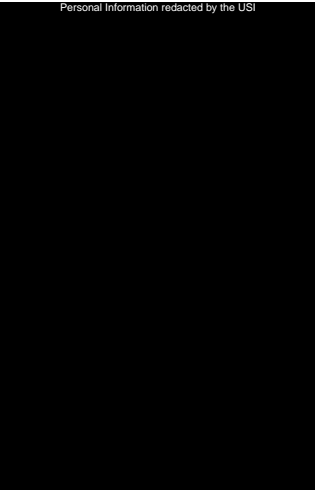
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09/04/2014

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EMAILED MONICA 230514

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EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

10/04/2014

56

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

CAH

Personal Information redacted by the USI



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GURO

ROUTINE

GPR

10/04/2014

56

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

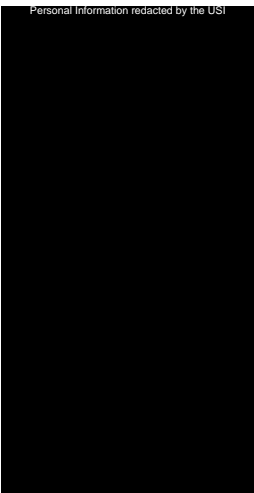
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EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

CAH

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URO

AOB

ROUTINE

OC

16/04/2014

50

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EMAIL TO SHARON 16/5/14

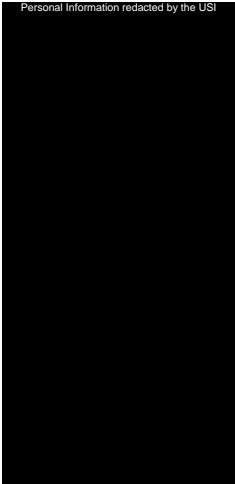
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EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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URO

AOB

URGENT

GPU

18/04/2014

48

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

18/04/2014

48

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

OC

18/04/2014

48

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

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URO

MY

ROUTINE

OC

21/04/2014

45

email to paulette 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

GPR

23/04/2014

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email to sharon 23/5/14

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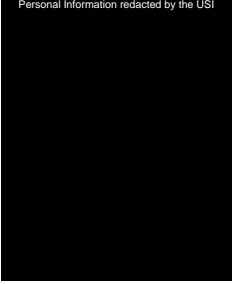
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ROUTINE

OC

25/04/2014

41

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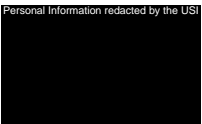
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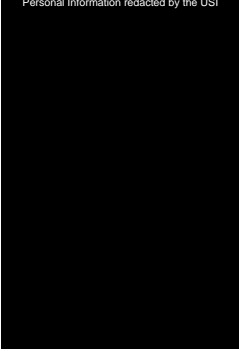
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25/04/2014

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ROUTINE

GPR

28/04/2014

38

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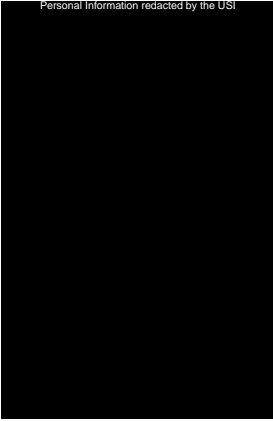
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EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

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ROUTINE

GPR

29/04/2014

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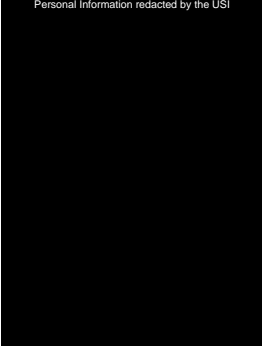
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EMAIL TO MARTINA 6/6/14

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ROUTINE

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30/04/2014

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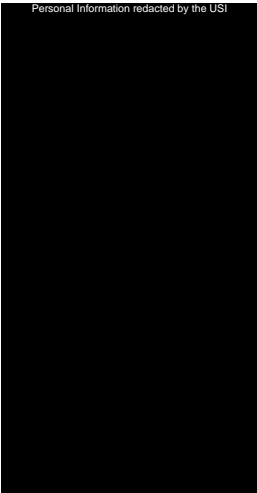
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EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

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ROUTINE

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08/05/2014

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EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

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ROUTINE

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08/05/2014

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EMAIL TO PAULETTE 290514

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ROUTINE

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08/05/2014

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EMAIL TO PAULETTE 290514

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ROUTINE

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09/05/2014

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EMAIL TO MONICA 290514

W/L ACTIVE EMAIL TO MONICA 6/6/14

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ROUTINE

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09/05/2014

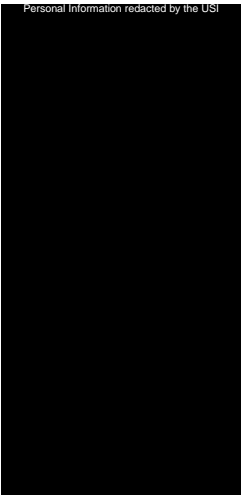
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ROUTINE

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12/05/2014

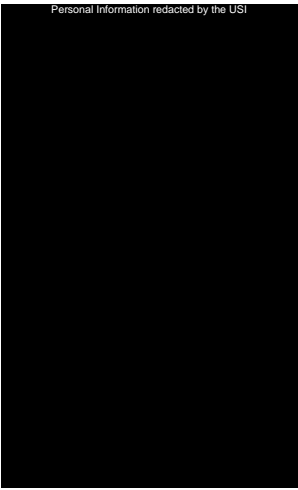
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ROUTINE

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12/05/2014

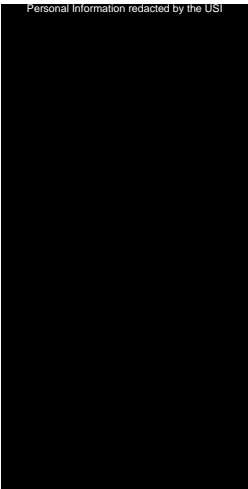
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ROUTINE

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12/05/2014

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EMAIL TO MONICA 290514

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12/05/2014

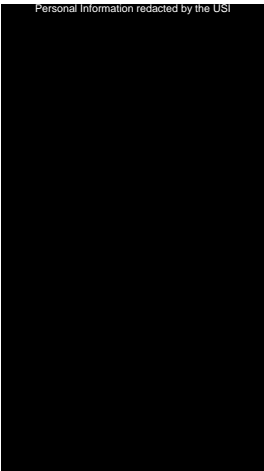
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12/05/2014

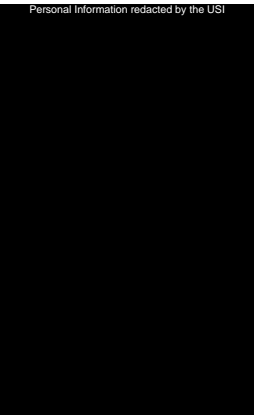
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EMAIL TO LIZ 290514

EMAIL TO ANDREA 6/6/14

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14/05/2014

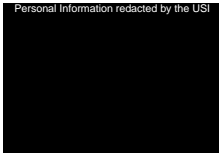
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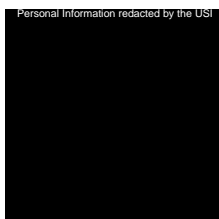
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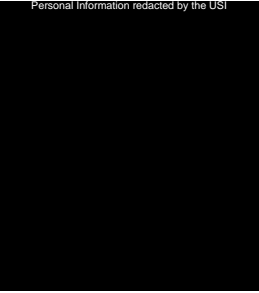
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ROUTINE

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07/05/2014

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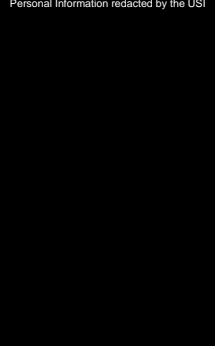
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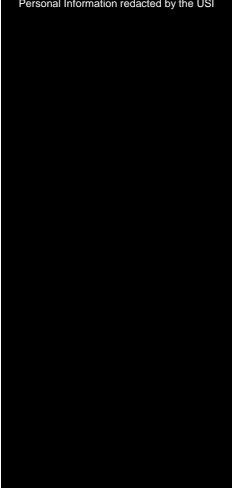
08/05/2014

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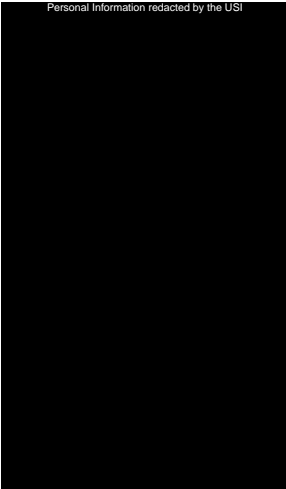
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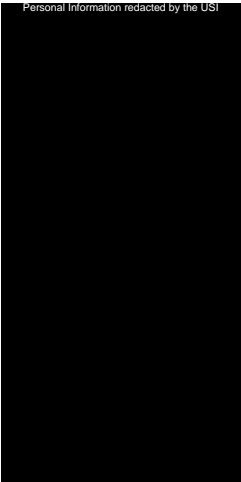
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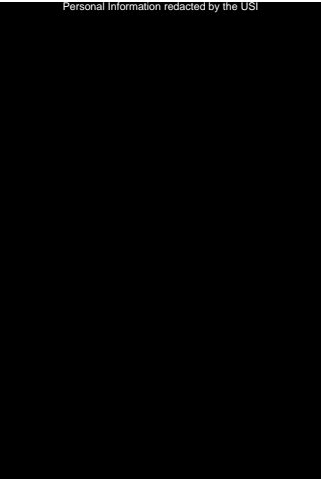
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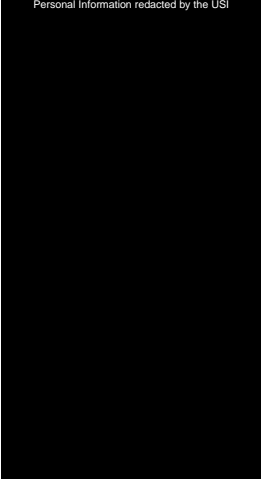
20/05/2014

16

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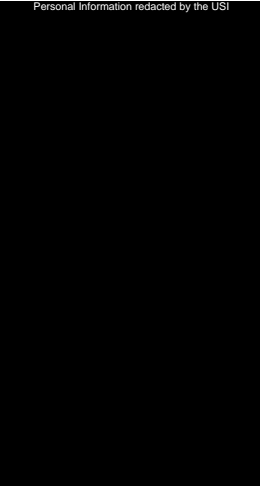
21/05/2014

15

EMAIL TO MONICA 050614

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ROUTINE

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
21/05/2014

15

EMAIL TO NOLEEN 050614

Thanks

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Carroll, Anita <[REDACTED]>

Sent: 16 June 2014 14:42

To: Trouton, Heather <[REDACTED]>; Corrigan, Martina

<[REDACTED]>

Cc: Robinson, Katherine <[REDACTED]>; Browne, Leanne

<[REDACTED]>

Subject: FW: Missing Triage

NOT SURE WHAT YOU CAN DO
But can you speak to mr young ?

From: Browne, Leanne
Sent: 16 June 2014 12:37
To: Carroll, Anita
Cc: Rankin, Christine; Robinson, Katherine
Subject: Missing Triage

Hi Anita

Can you please arrange for the following Urology referrals to be triaged and returned as soon as possible.
When the patient is due an appointment we will book with the referral untriaged.

Thanks

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

Days From Ref Date

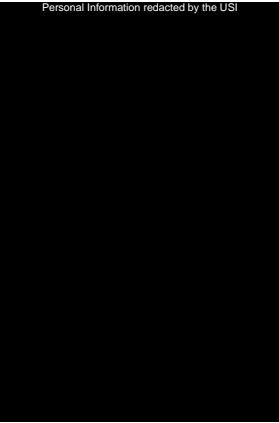
Non Clinical Comments

WL Code

WL Cnc Code

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OC

24/01/2014

139

EMAIL TO MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

EMAIL TO MARTINA 25.4.14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

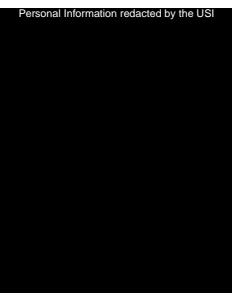
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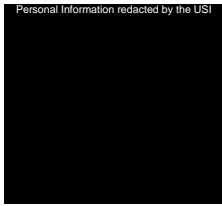
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06/02/2014

126

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

EMAIL TO SHARON 25/4/14

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email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

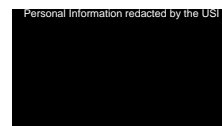
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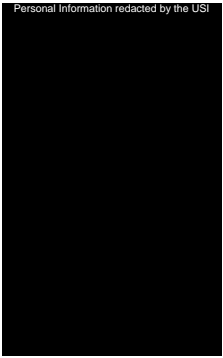
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ROUTINE

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17/02/2014

115

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email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

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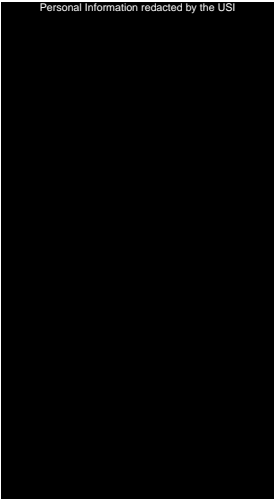
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ROUTINE

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17/02/2014

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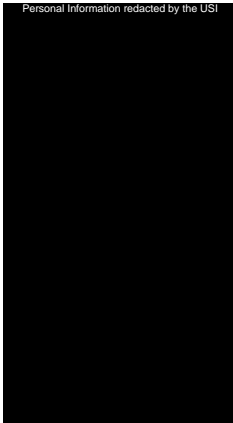
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17/02/2014

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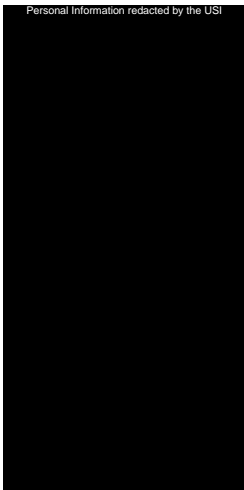
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17/02/2014

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EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

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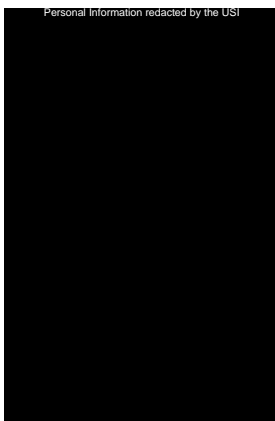
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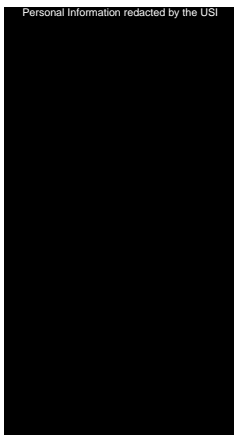
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ROUTINE

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20/02/2014

112

EMAIL TO MONICA 210314

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email to anita 18/4/14

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EMAIL TO ANITA 6/6/14

email to anita 16/6/14

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21/02/2014

111

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

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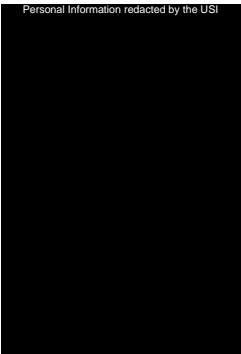
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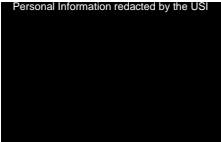
email to anita 16/6/14

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24/02/2014

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EMAIL TO MARTINA 11/4/14

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ROUTINE

GPR

24/02/2014

108

EMAIL TO PAULETTE 210314

EMAIL TO MONICA 24.3.14

EMAIL TO ANDREA 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

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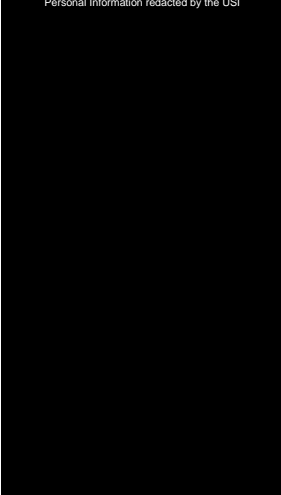
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25/02/2014

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email to monica 13/5/14

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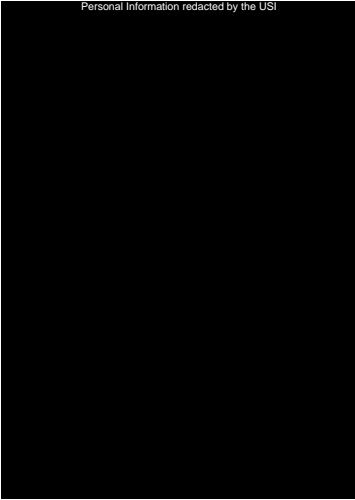
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ROUTINE

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28/02/2014

104

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

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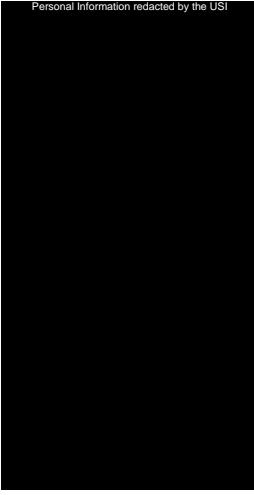
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01/03/2014

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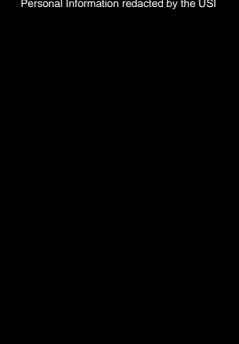
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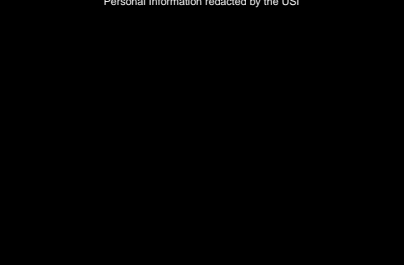
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03/03/2014

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EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

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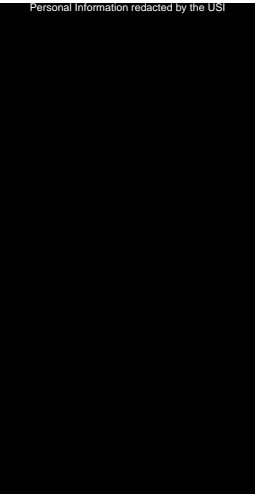
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04/03/2014

100

MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

email to martina 18/4/14

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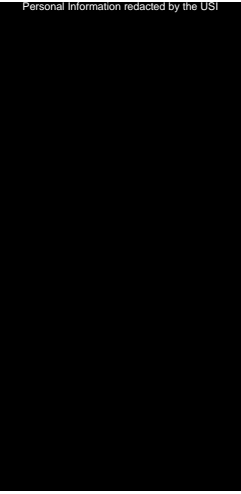
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Personal Information redacted by the USI



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ROUTINE

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13/03/2014

91

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

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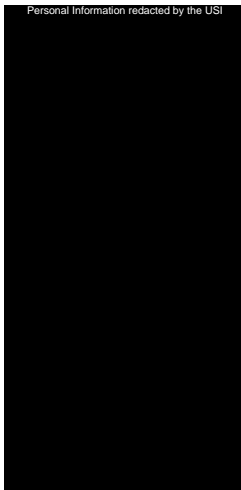
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EMAIL TO ANITA 30/5/14

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20/03/2014

84

EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

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ROUTINE

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26/03/2014

78

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email to Andrea 18/4/14

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EMAIL TO MARTINA 2/5/14

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ROUTINE

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28/03/2014

76

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANTIA 16/6/14

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Personal Information redacted by the USI



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ROUTINE

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31/03/2014

73

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

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31/03/2014

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EMAIL TO MONICA & PAULETTE 2/5/14

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EMAIL TO SHARON 16/5/14

email to martina 23/5/14

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31/03/2014

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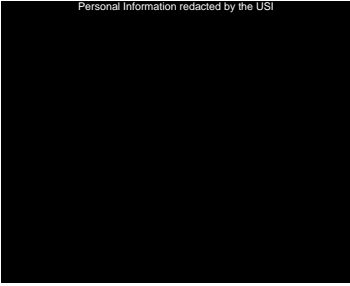
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01/04/2014

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email to sharon 23/5/14

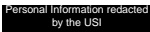
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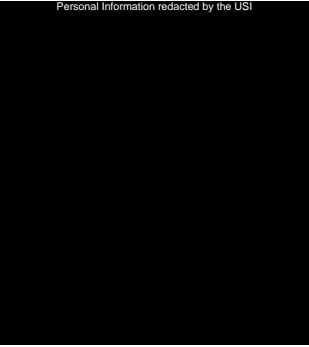
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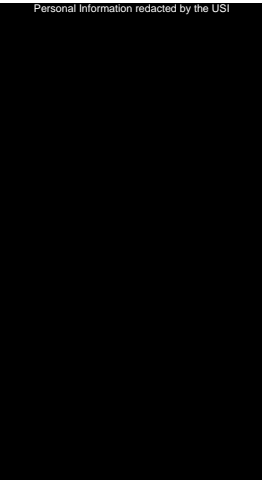
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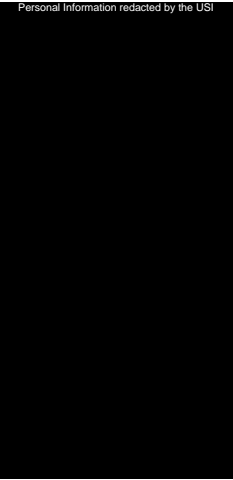
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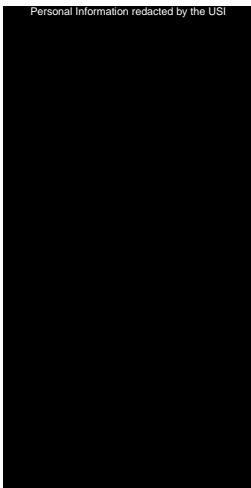
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04/04/2014

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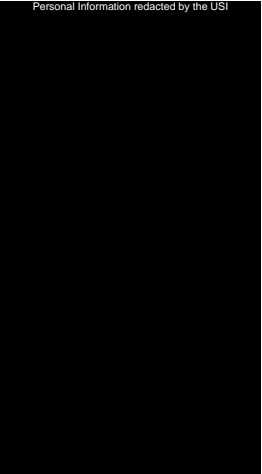
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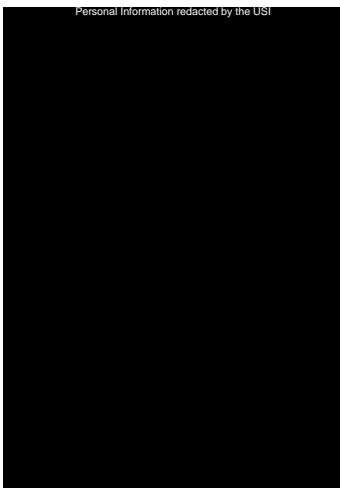
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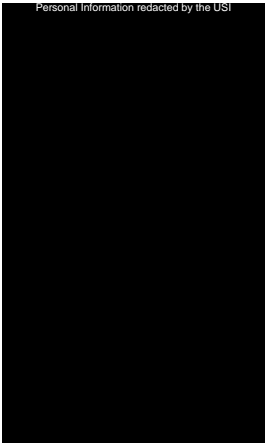
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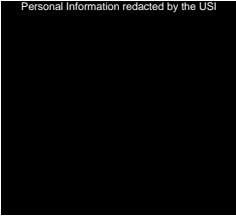
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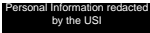
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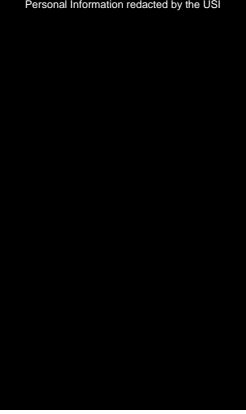
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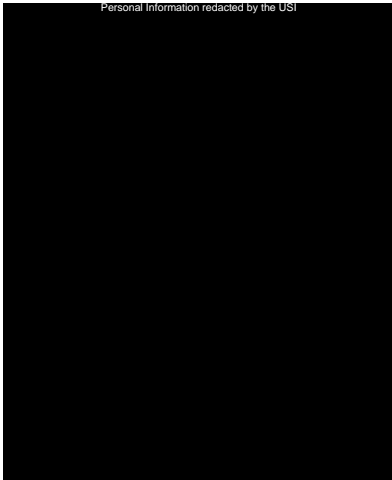
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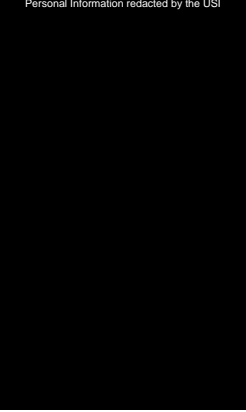
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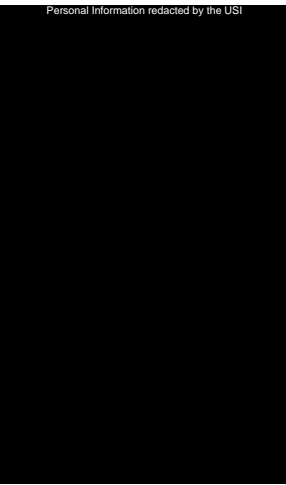
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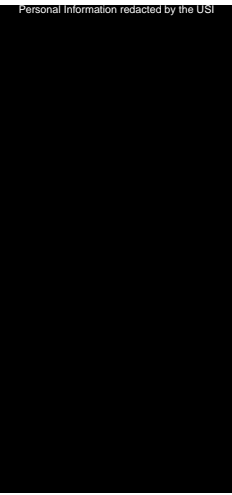
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25/04/2014

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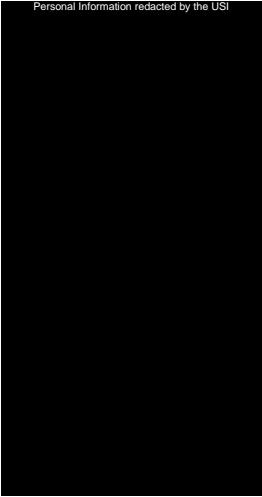
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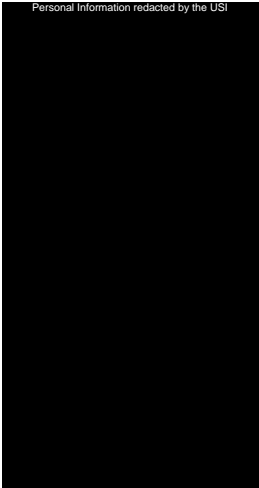
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ROUTINE

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28/04/2014

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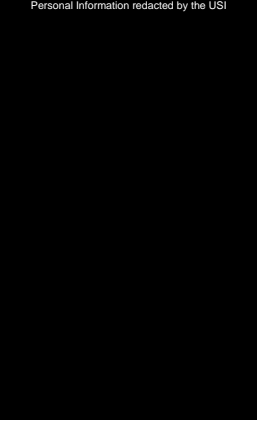
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29/04/2014

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EMAIL TO MONICA 160514

email to andrea 23/5/14


EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

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ROUTINE

OC

30/04/2014

43

EMAIL TO PAULETTE 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext

Personal
Information

-----Original Message-----

From: Corrigan, Martina <[redacted]>
Sent: 18 June 2014 10:41
To: Trouton, Heather <[redacted]>; Carroll, Anita
<[redacted]>
Cc: Robinson, Katherine <[redacted]>; Browne, Leanne
<[redacted]>
Subject: FW: Missing Triage

FYI

Martina

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

Telephone: [redacted]
Mobile: [redacted]
Email: [redacted]

From: O'Brien, Aidan
Sent: 17 June 2014 22:05
To: Corrigan, Martina
Subject: RE: Missing Triage

Martina,
When I have got through this week, I will prioritise dealing with this triaging, so that it is complete by 30 June 2014.
In doing so, can you clarify whether patients are to be triaged to the LUTS clinic as new patients?
Is it functioning?
Aidan.

From: Corrigan, Martina
Sent: 16 June 2014 14:03
To: O'Brien, Aidan
Cc: McCorry, Monica; Trouton, Heather
Subject: FW: Missing Triage

Dear Aidan,

Please see below – can you advise when this triage will be completed please?

Thanks

Martina

Martina Corrigan

Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

From: Browne, Leanne
Sent: 16 June 2014 12:33
To: Corrigan, Martina
Cc: Robinson, Katherine; Rankin, Christine
Subject: Missing Triage

Hi Martina

This is an updated list of Urology Missing Triage, can you please arrange for these to be triaged and returned as soon as possible.

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

Days From Ref Date

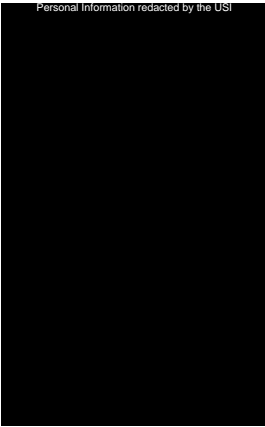
Non Clinical Comments

WL Code

WL Cnc Code

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OC

24/01/2014

139

EMAIL TO MONICA 28/03/14

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

EMAIL TO MARTINA 25.4.14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

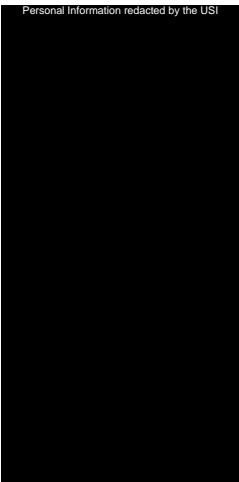
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06/02/2014

126

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

EMAIL TO SHARON 25/4/14

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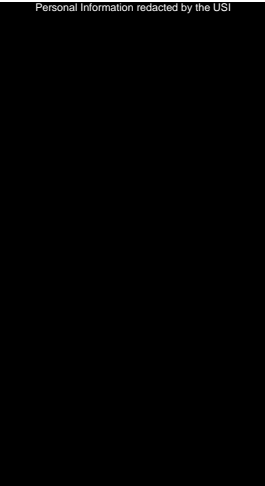
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Personal Information redacted by the USI



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ROUTINE

GPR

17/02/2014

115

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 250414

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

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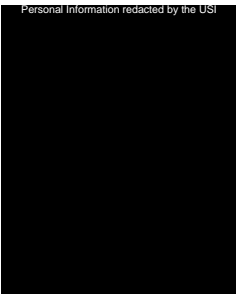
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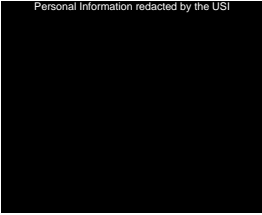
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17/02/2014

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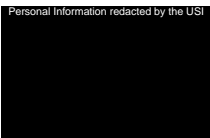
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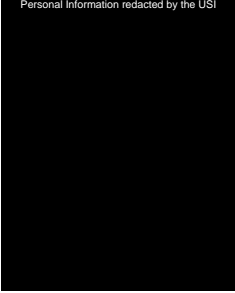
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17/02/2014

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17/02/2014

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17/02/2014

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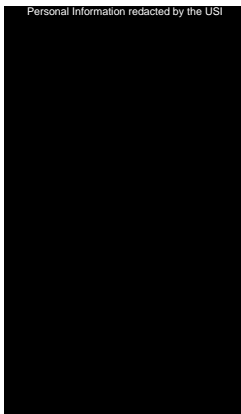
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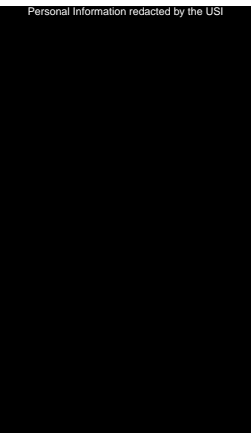
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20/02/2014

112

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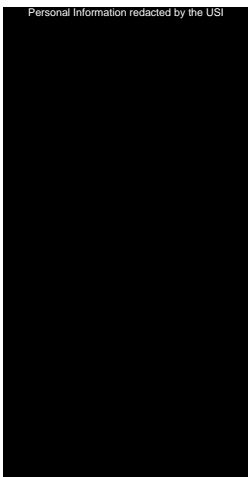
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21/02/2014

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24/02/2014

108

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EMAIL TO SHARON 7/4/14

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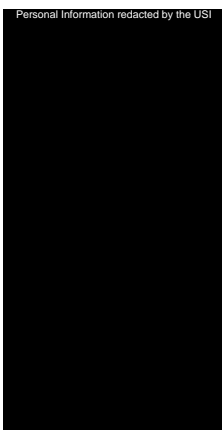
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24/02/2014

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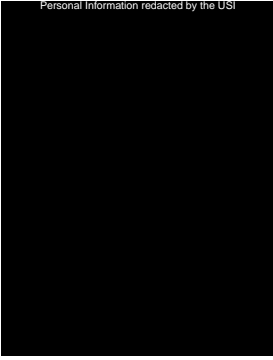
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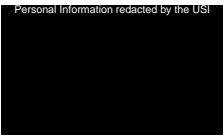
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25/02/2014

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email to monica 13/5/14

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email to martina 23/5/14

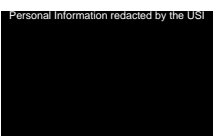
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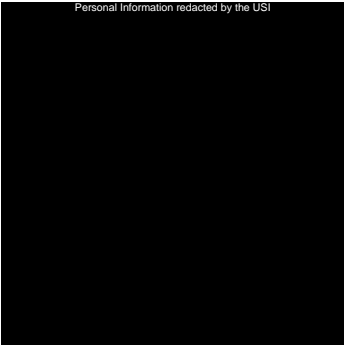
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28/02/2014

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EMAIL TO MONICA 210314

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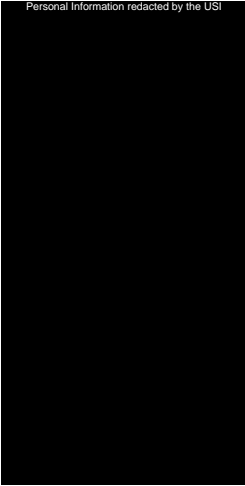
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28/02/2014

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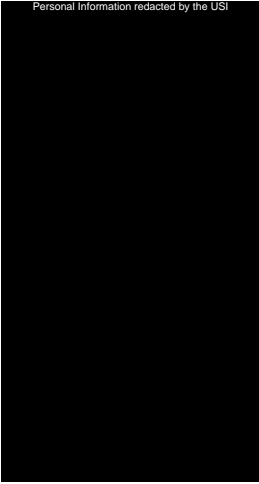
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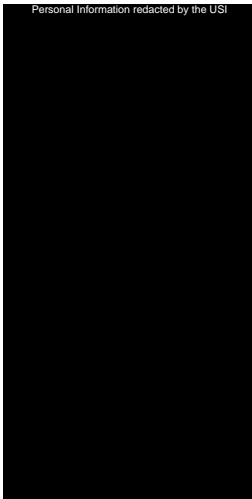
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28/02/2014

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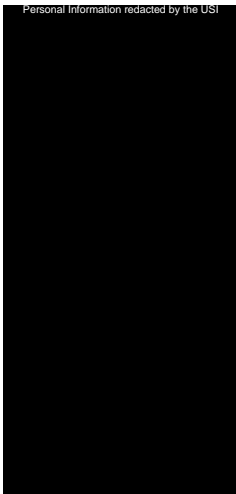
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28/02/2014

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28/02/2014

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ROUTINE

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01/03/2014

103

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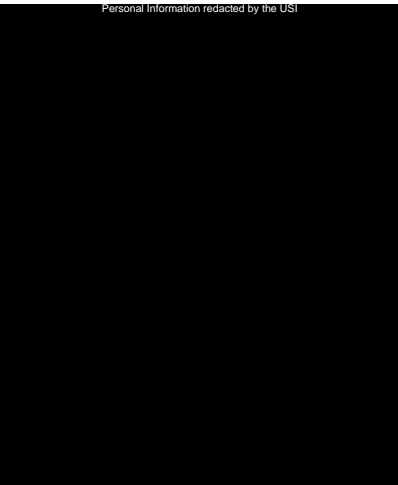
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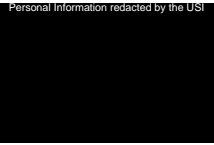
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04/03/2014

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MY TO AOB EMILED MONICA 280314

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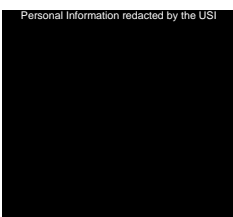
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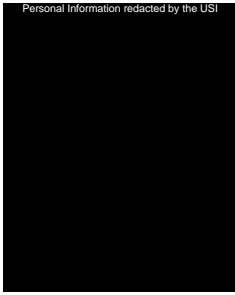
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13/03/2014

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EMAIL TO MONICA 7/4/14

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email to sharon 18/4/14

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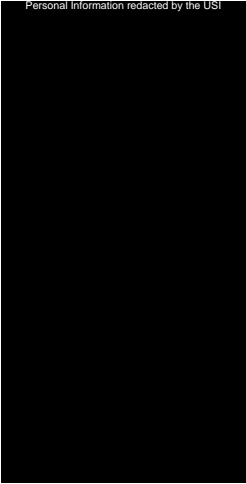
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20/03/2014

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EMAILED MONICA 100414

email to Andrea 18/4/14

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EMAIL TO ANITA 16/5/14

email to anita 23/5/14

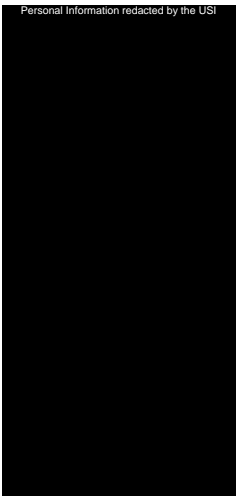
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26/03/2014

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email to Andrea 18/4/14

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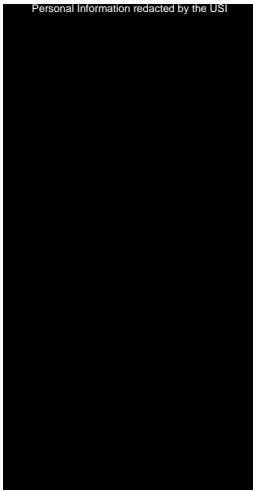
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ROUTINE

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28/03/2014

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EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

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31/03/2014

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EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

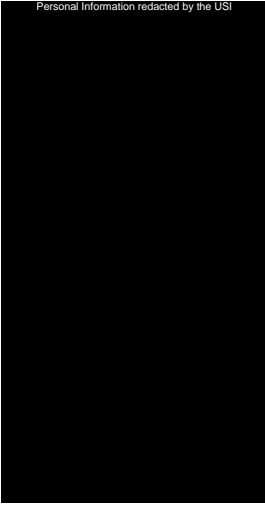
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ROUTINE

AE

31/03/2014

73

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email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

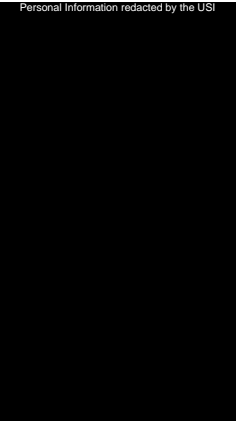
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ROUTINE

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31/03/2014

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EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

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31/03/2014

73

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

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ROUTINE

OC

01/04/2014

72

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

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ROUTINE

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01/04/2014

72

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

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02/04/2014

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EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

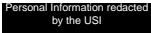
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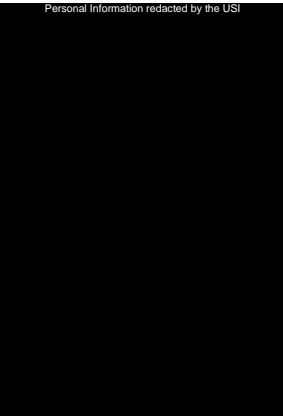
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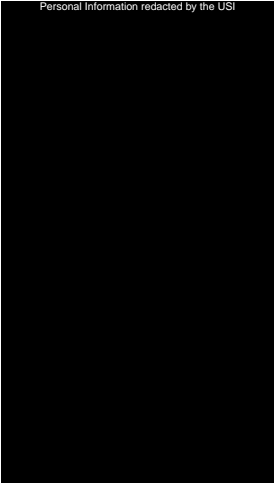
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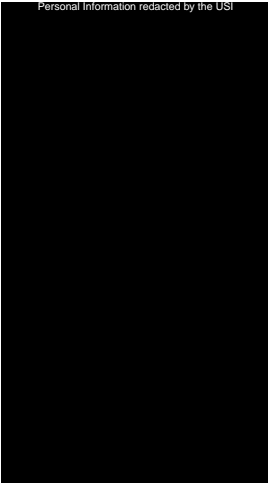
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ROUTINE

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EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

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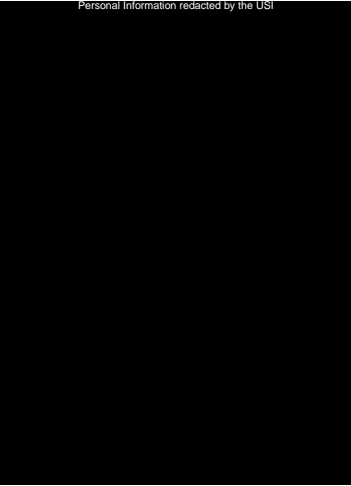
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EMAIL TO ANDREA 16/5/14

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EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

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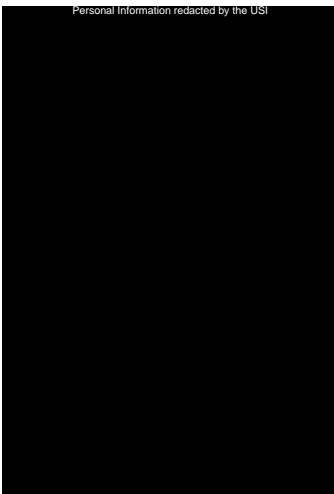
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EMAIL TO SHARON 16/5/14

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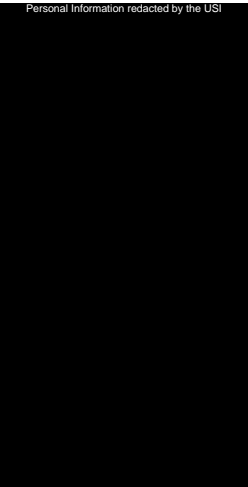
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email to martina 23/5/14

EMAIL TO ANITA 30/5/14

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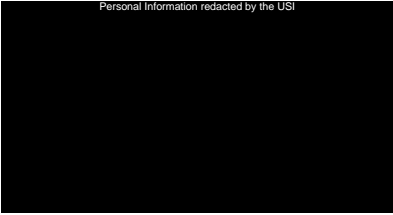
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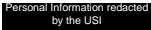
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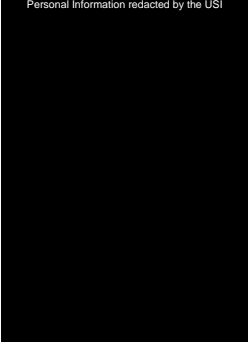
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ROUTINE

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21/04/2014

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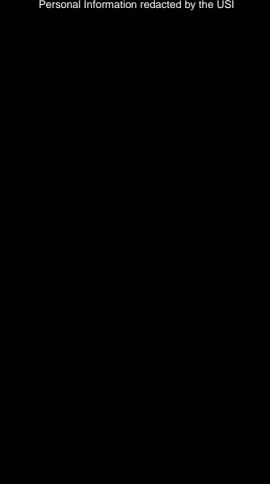
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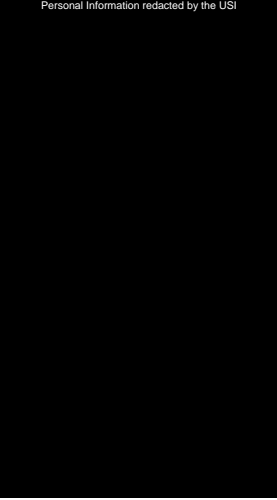
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25/04/2014

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EMAIL TO PAULETTE 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

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ROUTINE

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28/04/2014

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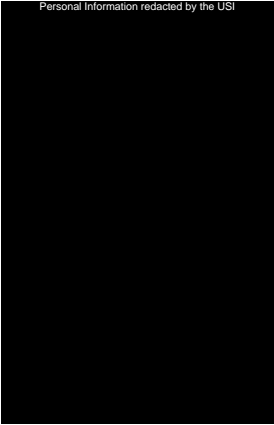
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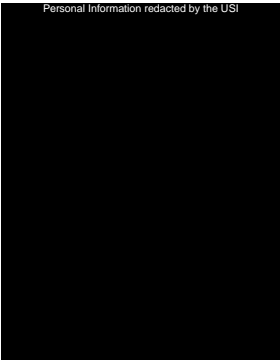
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EMAIL TO PAULETTE 160514

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EMAIL TO SHARON 30/5/14

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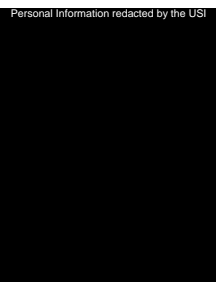
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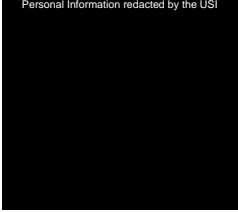
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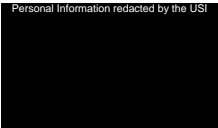
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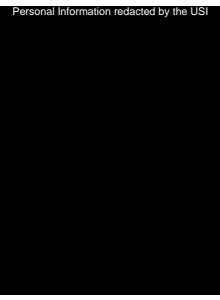
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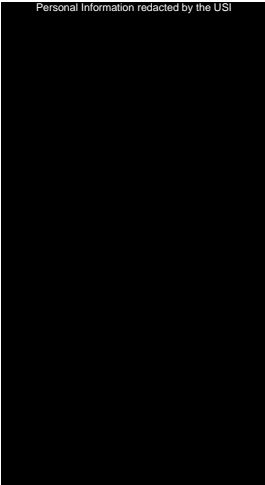
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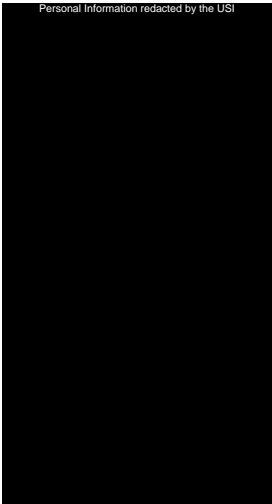
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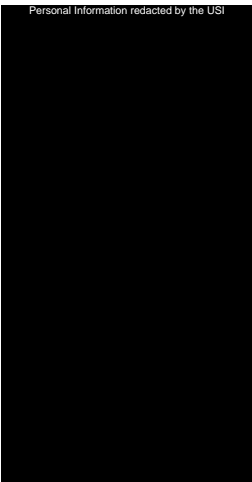
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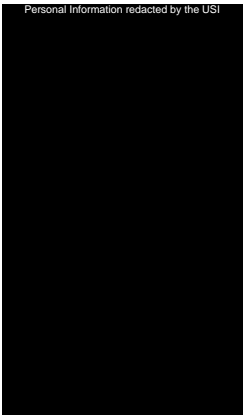
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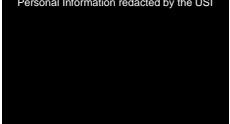
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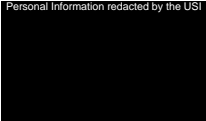
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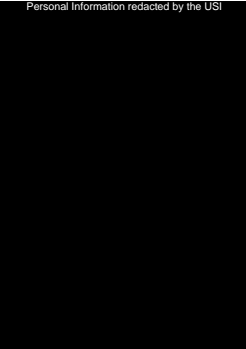
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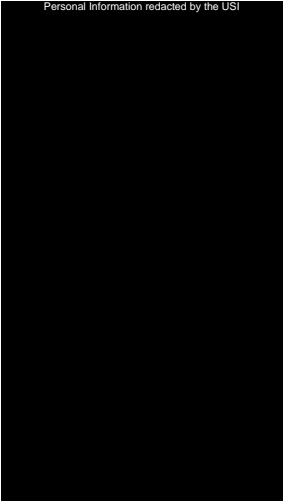
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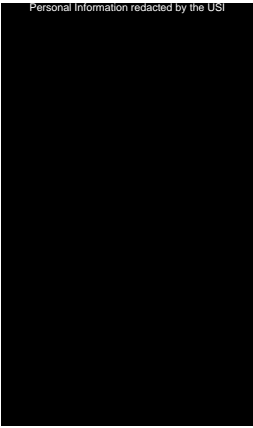
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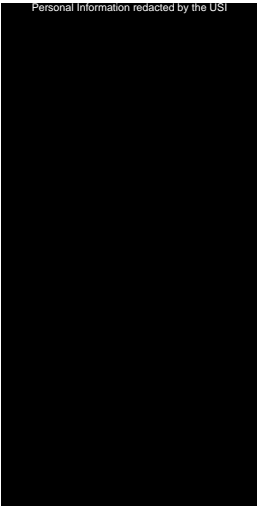
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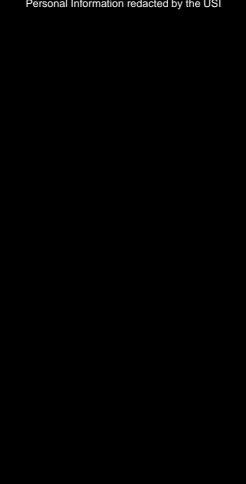
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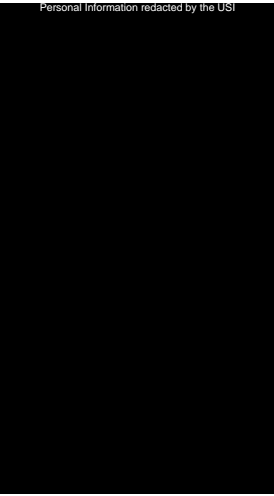
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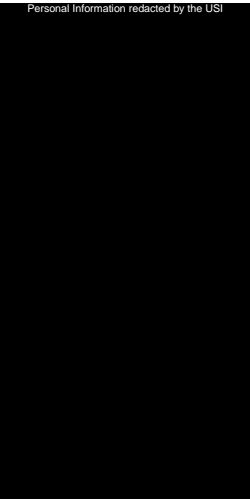
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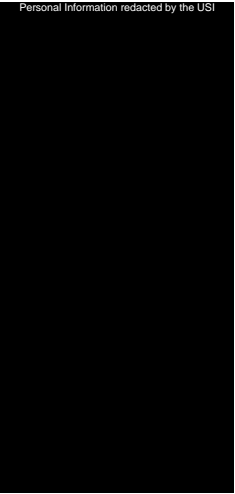
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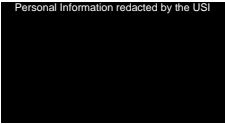
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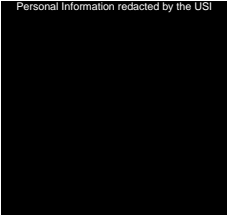
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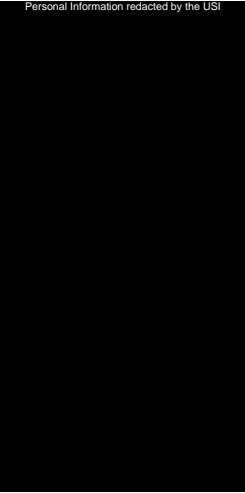
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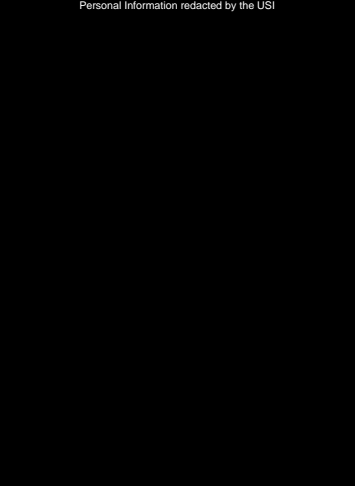
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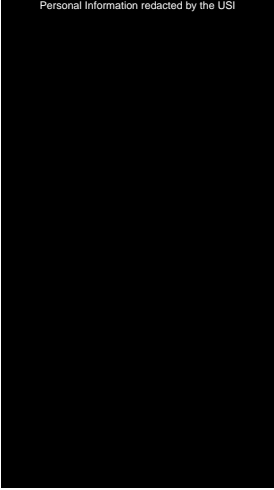
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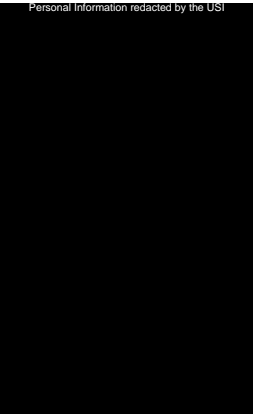
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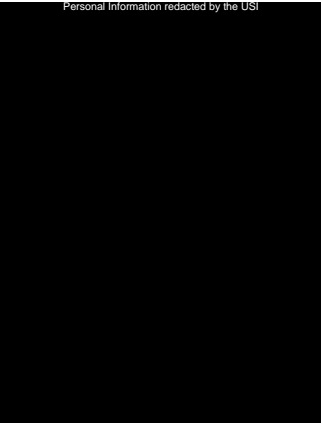
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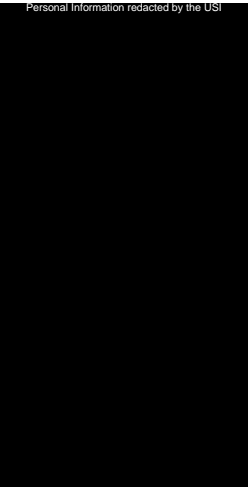
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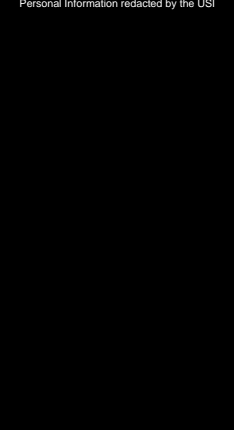
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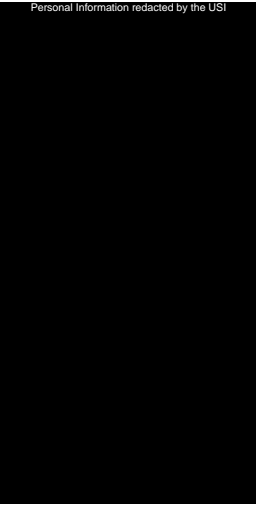
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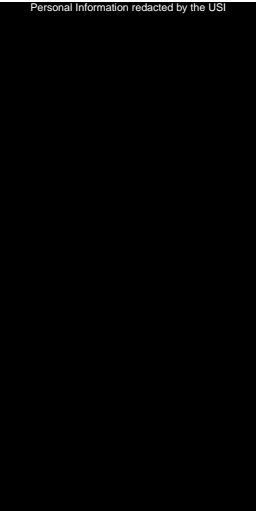
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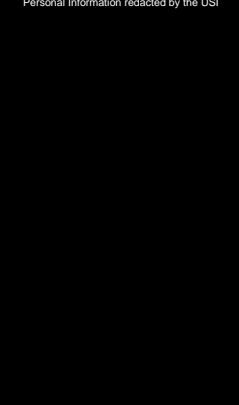
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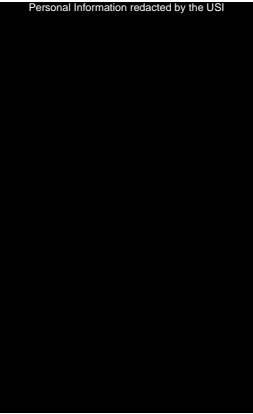
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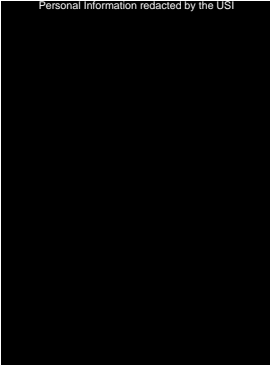
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ON CLUTSN W/L

Thank you

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone

Building Craigavon Area Hospital Ext 

From: Carroll, Anita <[REDACTED]>

Sent: 18 July 2014 11:27

To: Corrigan, Martina2 <[REDACTED]>; Trouton, Heather <[REDACTED]>

Subject: FW: Urology Missing Triage

From: Rankin, Christine

Sent: 18 July 2014 10:59

To: Carroll, Anita

Cc: Robinson, Katherine

Subject: Urology Missing Triage

Anita

Please see below this week's urology missing triage update.

C

Christine Rankin

ACTING BOOKING MANAGER

SOUTHERN TRUST BOOKING CENTRE

Southern Health & Social Care Trust

Ramone Building

Craigavon Area Hospital

68 Lurgan Road

Portadown

BT63 5QQ

t:

[REDACTED]

e:

[REDACTED]

From: Coleman, Alana

Sent: 18 July 2014 10:36

To: Rankin, Christine

Cc: Browne, Leanne

Subject: MISSING TRIAGE

Mr O'Brien missing triage:

[illegible]

Personal Information redacted by the USI

URO	GUR O	URGENT	GPU	28/02/20 14	139	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	email to anita 16/6/14	
URO	GUR O	ROUTIN E	GPR	28/02/20 14	139	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	email to anita 16/6/14	
URO	GUR O	ROUTIN E	GPR	28/02/20 14	139	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	email to anita 16/6/14	
URO	GUR O	URGENT	GPU	28/02/20 14	139	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	email to anita 16/6/14	
URO	GUR O	ROUTIN E	GPR	28/02/20 14	139	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	email to anita 16/6/14	
URO	GUR O	ROUTIN E	GPR	01/03/20 14	138	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	email to anita 16/6/14	
URO	GUR O	ROUTIN E	GPR	01/03/20 14	138	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	email to anita 16/6/14	
URO	AOB	URGENT	GPU	03/03/20 14	136	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	email to anita 16/6/14	
URO	GUR O	ROUTIN E	GPR	04/03/20 14	135	MY TO AOB EMILED MONICA 280314	EMAIL TO ANDREA 7/4/14	EMAIL TO SHARON 11/4/14	email to martina 18/4/14	EMAIL TO ANITA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14		
URO	AOB	ROUTIN E	GPR	13/03/20 14	126	EMAIL TO MONICA 7/4/14	EMAIL TO ANDREA 11/4/14	email to sharon 18/4/14	EMAIL TO MARTINA 28/4/14	EMAIL TO ANITA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14			
URO	AOB	URGENT	GPU	20/03/20 14	119	EMAILED MONICA 100414	email to Andrea 18/4/14	EMAIL TO SHARON 28/4/14	EMAIL TO MARTINA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14				
URO	AOB	ROUTIN E	GPR	26/03/20 14	113	EMAILED MONICA 100414	email to Andrea 18/4/14	EMAIL TO SHARON 28/4/14	EMAIL TO MARTINA 2/5/14	email to anita 12/5/14	EMAIL TO ANITA 16/5/14	email to anita 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14				
URO	GUR O	ROUTIN E	GPR	28/03/20 14	111	EMAIL TO MONICA 020514	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	GUR O	URGENT	GPU	31/03/20 14	108	EMAIL TO MONICA & PAULETTE 2/5/14	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	GUR O	ROUTIN E	GPR	31/03/20 14	108	EMAIL TO MONICA & PAULETTE 2/5/14	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	GUR O	ROUTIN E	AE	31/03/20 14	108	EMAIL TO MONICA & PAULETTE 2/5/14	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							

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URO	GUR O	ROUTIN E	GPR	31/03/20 14	108	EMAIL TO MONICA & PAULETTE 2/5/14	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	GUR O	ROUTIN E	GPR	01/04/20 14	107	EMAIL TO MONICA 020514	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	AOB	ROUTIN E	OC	02/04/20 14	106	EMAIL TO MONICA 020514	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	AOB	ROUTIN E	OC	02/04/20 14	106	email to monica 13/5/14	EMAIL TO ANDREA 16/5/14	email to sharon 23/5/14	EMAIL TO MARTINA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14								
URO	AOB	ROUTIN E	OC	03/04/20 14	105	EMAIL TO MONICA 020514	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	AOB	ROUTIN E	GPR	04/04/20 14	104	EMAIL TO MONICA & PAULETTE 2/5/14	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	AOB	ROUTIN E	OC	07/04/20 14	101	email to monica 13/5/14	EMAIL TO ANDREA 16/5/14	email to sharon 23/5/14	EMAIL TO MARTINA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14								
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URO	AOB	ROUTIN E	OC	10/04/20 14	98	email to monica 13/5/14	EMAIL TO ANDREA 16/5/14	email to sharon 23/5/14	EMAIL TO MARTINA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14								
URO	AOB	ROUTIN E	OC	16/04/20 14	92	EMAIL TO MONICA 020514	email to andrea 13/5/14	EMAIL TO SHARON 16/5/14	email to martina 23/5/14	EMAIL TO ANITA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14							
URO	AOB	ROUTIN E	OC	18/04/20 14	90	email to monica 13/5/14	EMAIL TO ANDREA 16/5/14	email to sharon 23/5/14	EMAIL TO MARTINA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14								
URO	AOB	ROUTIN E	OC	18/04/20 14	90	email to monica 13/5/14	EMAIL TO ANDREA 16/5/14	email to sharon 23/5/14	EMAIL TO MARTINA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14								
URO	AOB	URGENT	GPU	18/04/20 14	90	email to monica 13/5/14	EMAIL TO ANDREA 16/5/14	email to sharon 23/5/14	EMAIL TO MARTINA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14								
URO	AOB	ROUTIN E	GPR	23/04/20 14	85	email to monica 13/5/14	EMAIL TO ANDREA 16/5/14	email to sharon 23/5/14	EMAIL TO MARTINA 30/5/14	EMAIL TO ANITA 6/6/14	EMAIL TO ANITA 16/6/14								
URO	AOB	ROUTIN E	AE	25/04/20 14	83	EMAIL TO MONICA 160514	email to andrea 23/5/14	EMAIL TO SHARON 30/5/14	EMAIL TO MARTINA 6/6/14	EMAIL TO ANITA 16/6/14									

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URO	AOB	ROUTINE	GPR	29/04/2014	79	EMAIL TO MONICA 160514	email to andrea 23/5/14	EMAIL TO SHARON 30/5/14	EMAIL TO MARTINA 6/6/14	EMAIL TO ANITA 16/6/14								
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Mr Young missing triage:

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URO	MY	ROUTINE	OC	25/04/2014	83	EMAIL TO PAULETTE 160514	email to andrea 23/5/14	EMAIL TO SHARON 30/5/14	EMAIL TO MARTINA 6/6/14	EMAIL TO ANITA 16/6/14
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Kind Regards
Alana Coleman
Registration and Booking Clerk
Central Booking Centre
Ramone Building
CAH

Tel :

Personal Information redacted by the USI

Email:

Personal Information redacted by the USI

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 06 May 2022 19:31
To: Adams, Valerie <[REDACTED]>
Subject: FW: Urology Missing Triage

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 18 July 2014 11:27
To: Corrigan, Martina <[REDACTED]>; Trouton, Heather
<[REDACTED]>
Subject: FW: Urology Missing Triage

From: Rankin, Christine
Sent: 18 July 2014 10:59
To: Carroll, Anita
Cc: Robinson, Katherine
Subject: Urology Missing Triage

Anita

Please see below this week's urology missing triage update.

C

Christine Rankin
ACTING BOOKING MANAGER
SOUTHERN TRUST BOOKING CENTRE
Southern Health & Social Care Trust
Ramone Building
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

t: [REDACTED]

e: [REDACTED]

From: Coleman, Alana
Sent: 18 July 2014 10:36
To: Rankin, Christine
Cc: Browne, Leanne
Subject: MISSING TRIAGE

Mr O'Brien missing triage:

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

Days From Ref Date

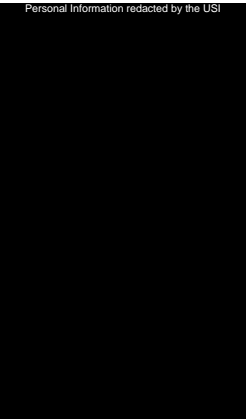
Non Clinical Comments

WL Code

WL Cnc Code

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24/01/2014

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EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

EMAIL TO MARTINA 25.4.14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

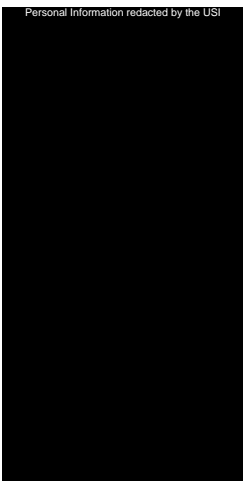
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

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06/02/2014

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EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

EMAIL TO SHARON 25/4/14

EMAIL TO MARTINA 25/4/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

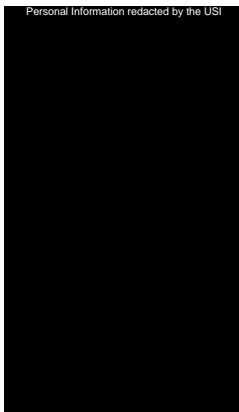
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EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

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17/02/2014

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EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

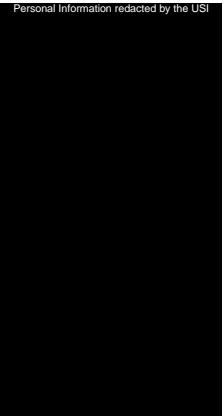
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

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17/02/2014

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EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

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email to anita 18/4/14

EMAIL TO ANITA 28/4/14

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EMAIL TO ANITA 6/6/14

email to anita 16/6/14

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17/02/2014

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EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

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EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

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ROUTINE

AE

17/02/2014

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EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

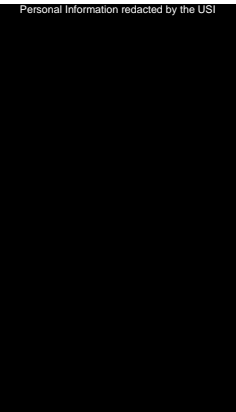
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

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Personal Information redacted by the USI



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GPU

17/02/2014

150

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

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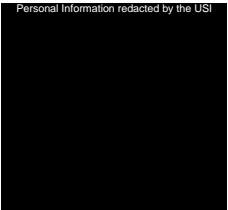
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17/02/2014

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email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

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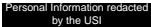
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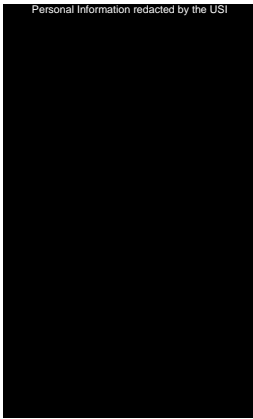
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17/02/2014

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21/02/2014

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EMAIL TO ANDREA 28031

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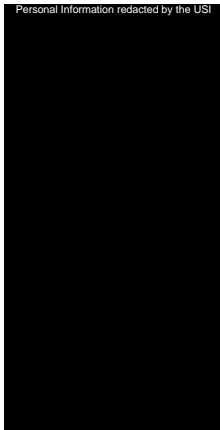
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24/02/2014

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EMAIL TO MONICA 24.3.14

EMAIL TO ANDREA 7/4/14

EMAIL TO MARTINA 11/4/14

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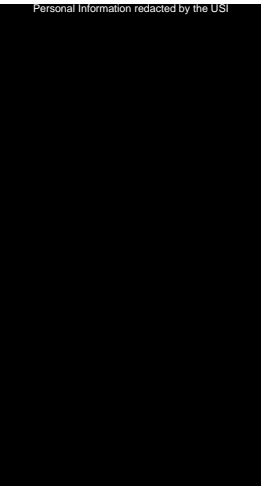
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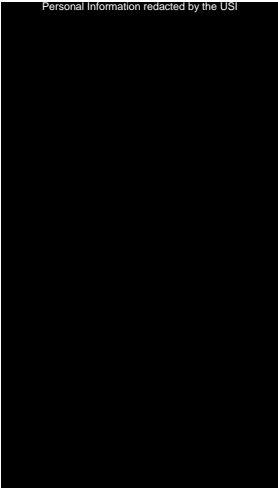
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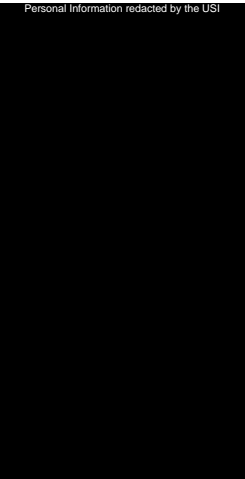
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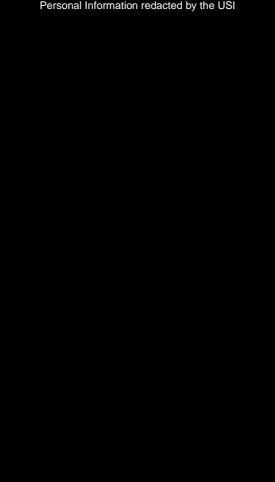
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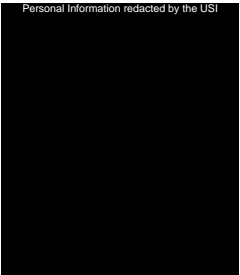
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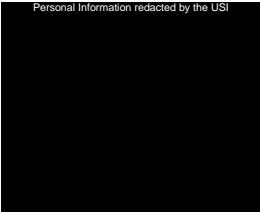
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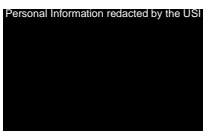
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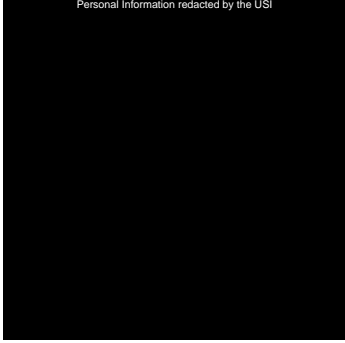
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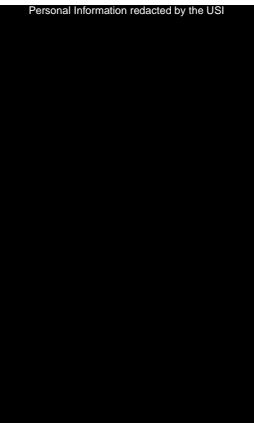
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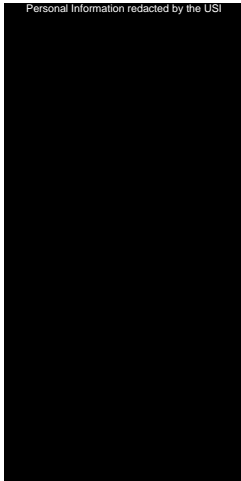
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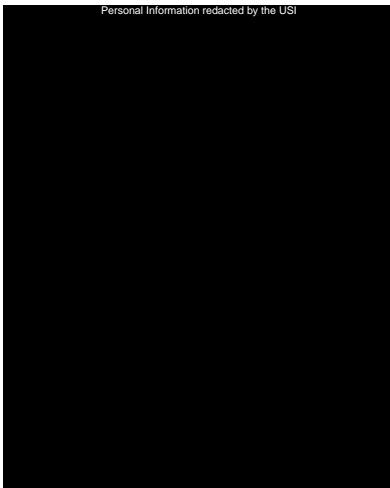
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EMAIL TO MONICA 210314

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04/03/2014

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MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

email to martina 18/4/14

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13/03/2014

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EMAIL TO ANDREA 11/4/14

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EMAIL TO MARTINA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

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20/03/2014

119

EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

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26/03/2014

113

EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

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EMAIL TO SHARON 16/5/14

email to martina 23/5/14

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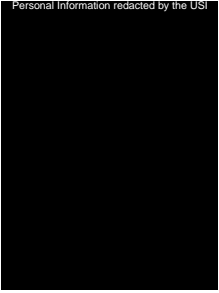
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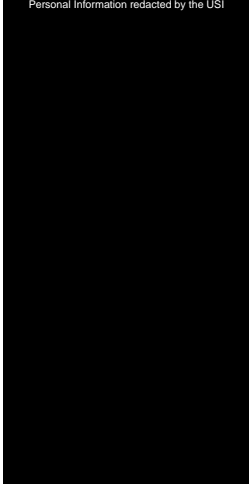
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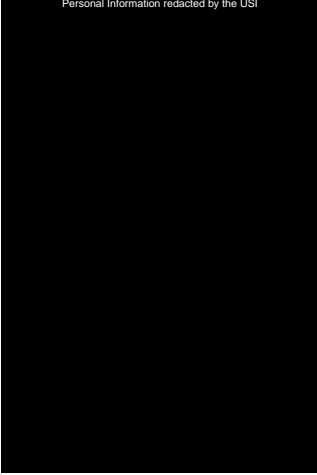
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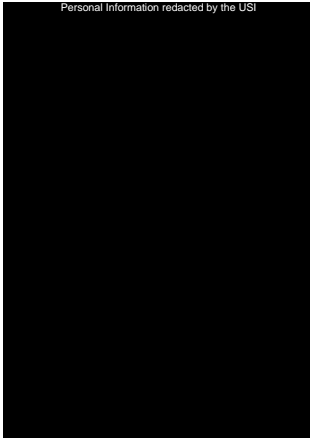
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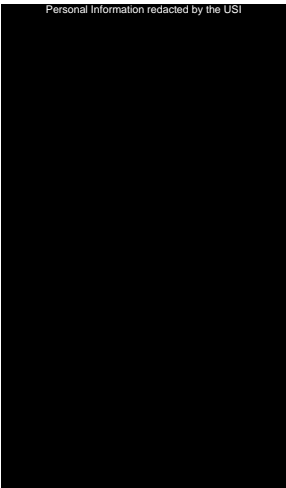
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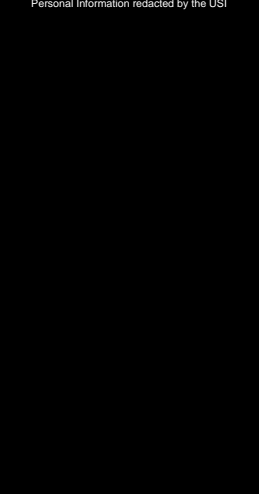
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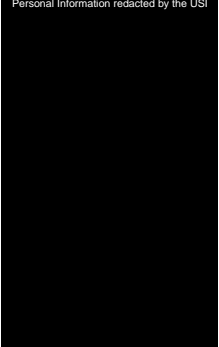
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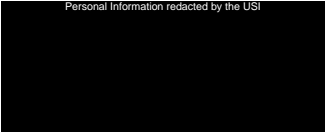
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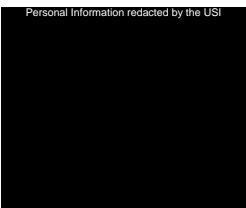
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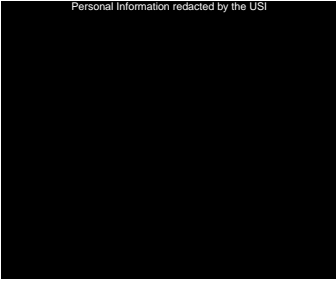
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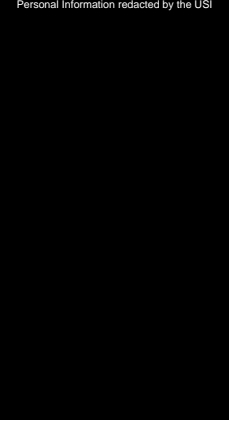
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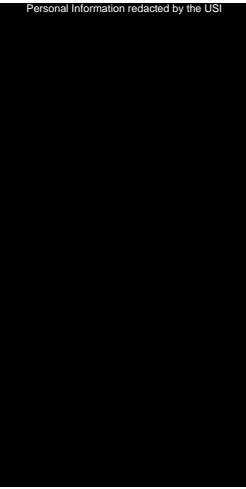
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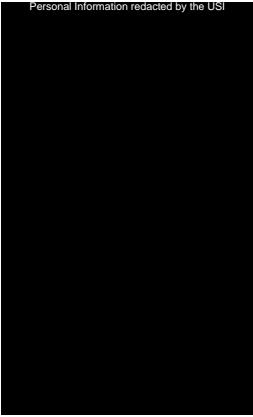
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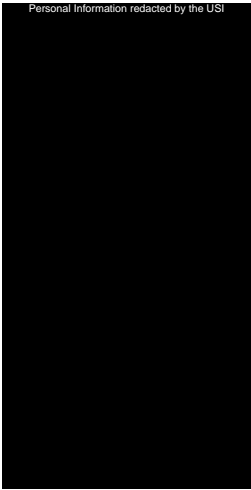
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URGENT

GPU

18/04/2014

90

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

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ROUTINE

GPR

23/04/2014

85

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EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

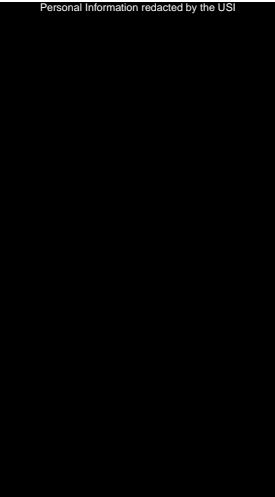
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ROUTINE

AE

25/04/2014

83

EMAIL TO MONICA 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

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Personal Information redacted by the USI



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ROUTINE

GPR

29/04/2014

79

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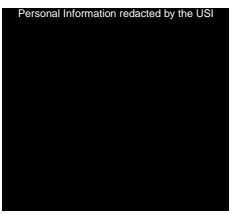
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Mr Young missing triage:

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ROUTINE

OC

25/04/2014

83

EMAIL TO PAULETTE 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

Kind Regards
Alana Coleman
Registration and Booking Clerk
Central Booking Centre
Ramone Building
CAH

Tel : Personal Information redacted by the USI

Email: Personal Information redacted by the USI

-----Original Message-----

From: Carroll, Anita <[REDACTED]>
Sent: 15 September 2014 10:17
To: Corrigan, Martina <[REDACTED]>
Cc: Robinson, Katherine <[REDACTED]>
Subject: RE: Urology Missing Triage

Thanks fine martina does Leanne send to you ?

From: Corrigan, Martina
Sent: 15 September 2014 10:16
To: Carroll, Anita
Cc: Robinson, Katherine
Subject: RE: Urology Missing Triage

Anita

I have shared this with the consultants included in this email – some have already come back with comments.

In the main it is Mr O'Brien and I have raised this with him again and asked him for a timeframe on when this will be completed.

Martina

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

Telephone: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED]

From: Carroll, Anita
Sent: 15 September 2014 10:13
To: Corrigan, Martina
Cc: Robinson, Katherine
Subject: FW: Urology Missing Triage

Martina ?

From: Browne, Leanne
Sent: 10 September 2014 14:36
To: Carroll, Anita
Subject: Urology Missing Triage

Hi Anita

Attached is a list of Urology Missing Triage, can you arrange for all to be returned as soon as possible. We will continue to book untriaged referrals to clinics.

Thanks

Leanne

Urology

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

Days From Ref Date

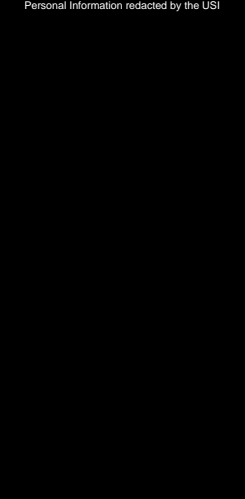
Non Clinical Comments

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17/02/2014

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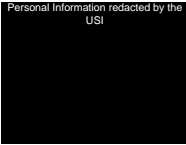
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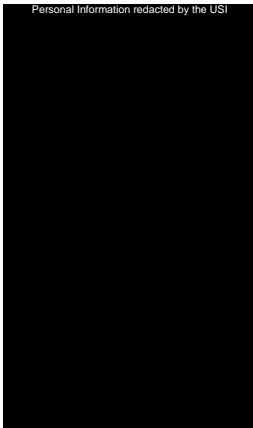
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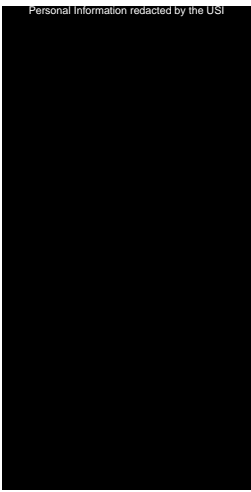
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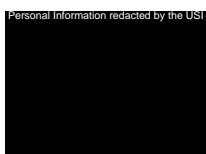
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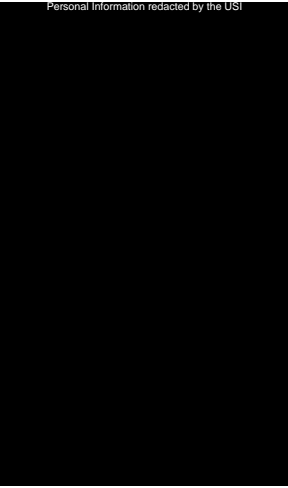
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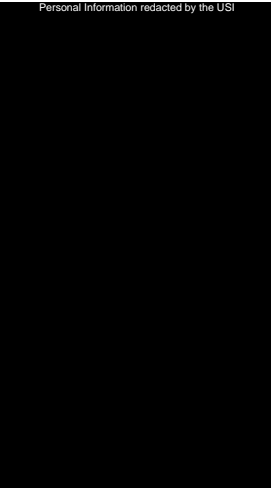
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ROUTINE

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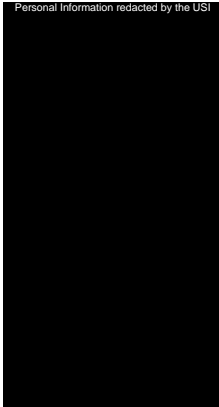
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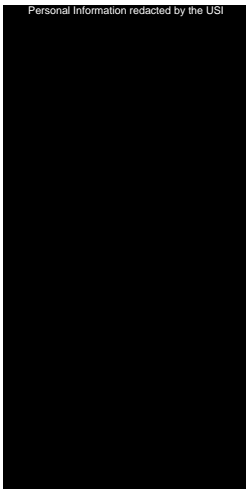
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ROUTINE

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04/03/2014

184

MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

email to martina 18/4/14

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ROUTINE

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13/03/2014

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EMAIL TO MARTINA 28/4/14

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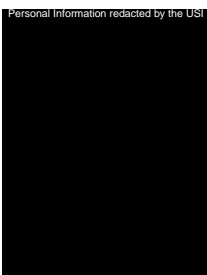
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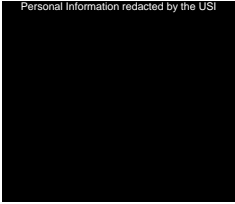
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ROUTINE

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26/03/2014

162

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email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

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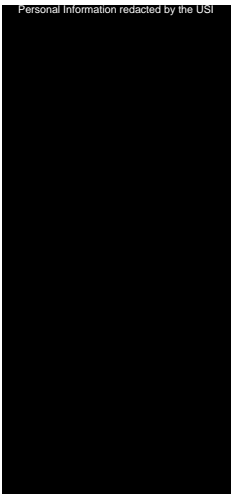
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ROUTINE

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28/03/2014

160

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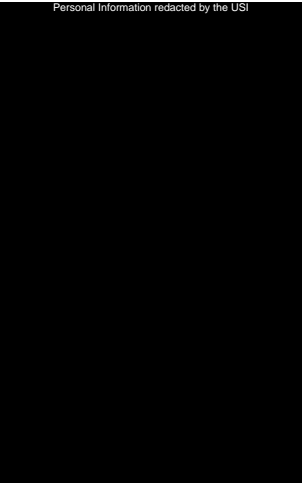
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31/03/2014

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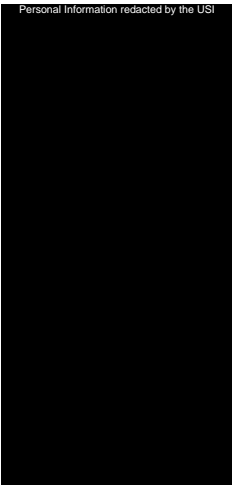
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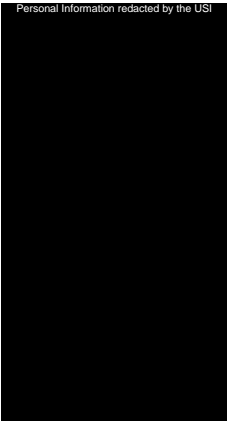
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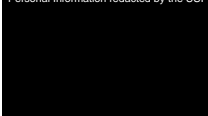
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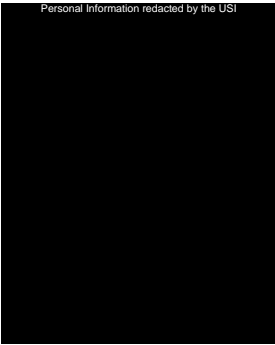
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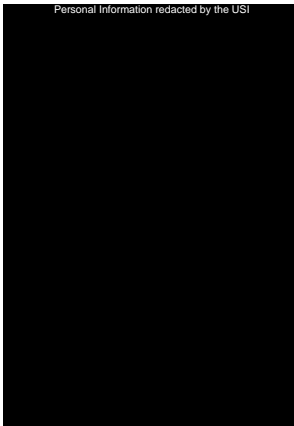
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01/04/2014

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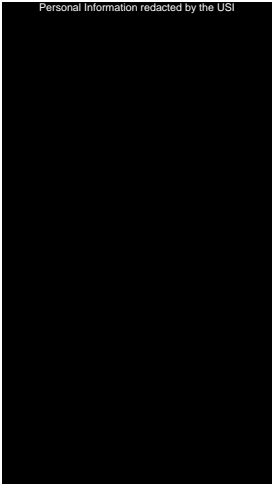
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EMAIL TO ANITA 16/6/14

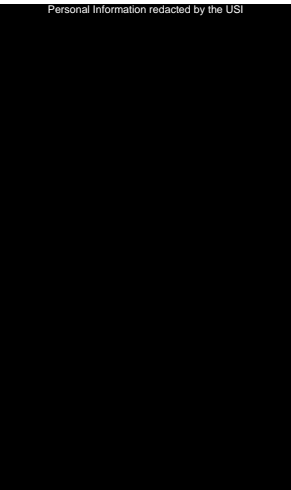
email to anita 4/8/14

EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

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Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

02/04/2014

155

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

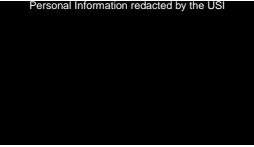
email to anita 10/9/14

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AOB

ROUTINE

GPR

04/04/2014

153

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

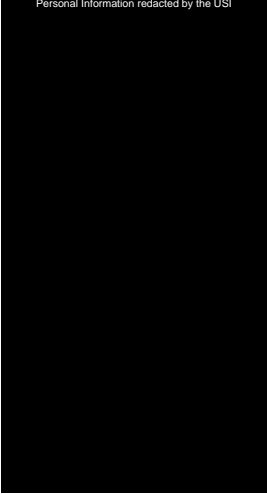
email to anita 4/8/14

EMAIL TO ANITA 11/8/14

email to anita 10/9/14

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Personal Information redacted by the USJ



URO

AOB

ROUTINE

OC

07/04/2014

150

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

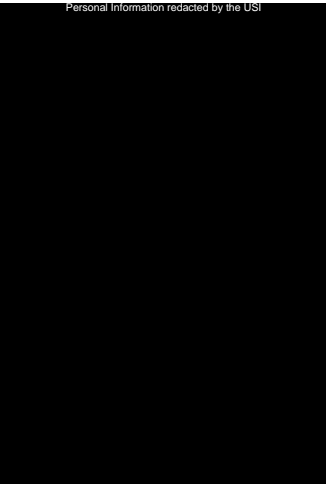
email to anita 4/8/14

EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

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Personal Information redacted by the USJ



URO

AOB

ROUTINE

OC

09/04/2014

148

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

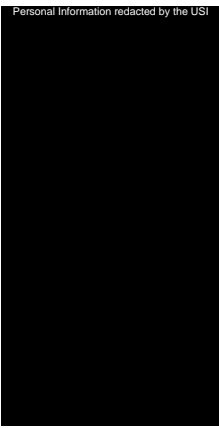
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AOB

ROUTINE

OC

10/04/2014

147

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

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ROUTINE

GPR

10/04/2014

147

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

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EMAIL TO ANITA 6/6/14

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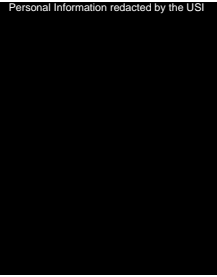
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EMAIL TO ANITA 11/8/14

email to anita 10/9/14

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ROUTINE

OC

16/04/2014

141

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

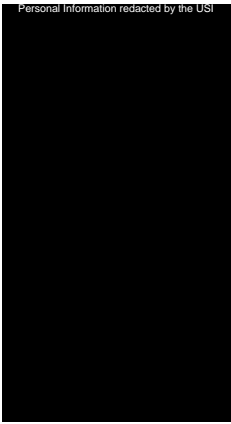
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EMAIL TO ANITA 11/8/14

email to anita 10/9/14

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ROUTINE

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18/04/2014

139

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

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EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

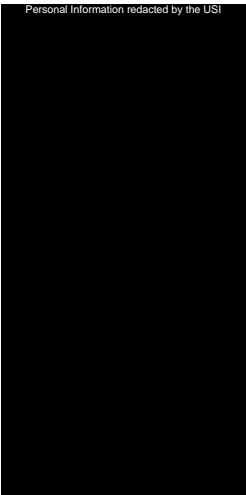
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Personal Information redacted by the USI



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ROUTINE

GPR

23/04/2014

134

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

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ROUTINE

OC

25/04/2014

132

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EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

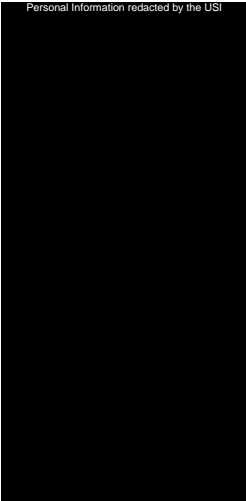
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ROUTINE

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25/04/2014

132

EMAIL TO MONICA 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

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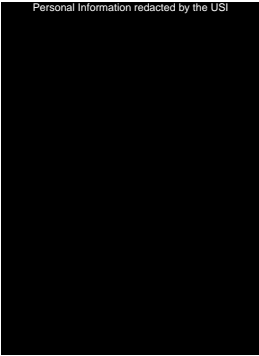
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ROUTINE

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29/04/2014

128

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email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

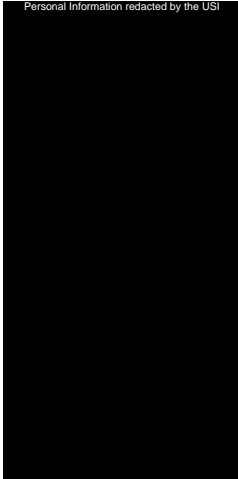
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email to anita 4/8/14

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EMAIL TO ANITA 10/9/14

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ROUTINE

GPR

08/05/2014

119

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

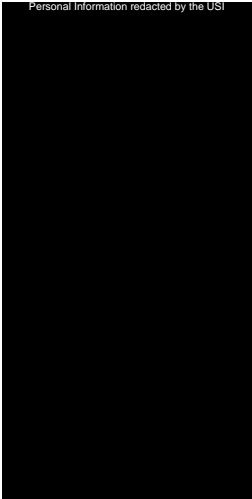
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08/05/2014

119

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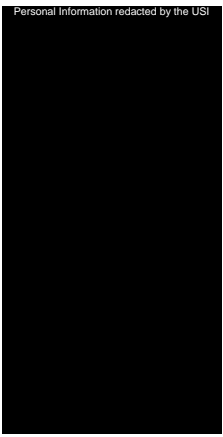
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08/05/2014

119

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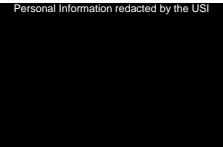
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ROUTINE

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12/05/2014

115

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EMAIL TO ANDREA 6/6/14

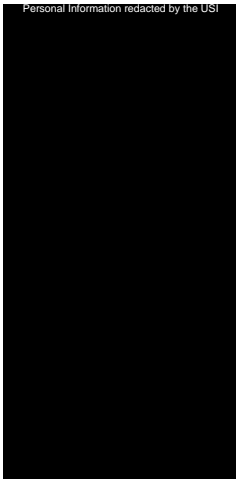
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12/05/2014

115

EMAIL TO MONICA 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

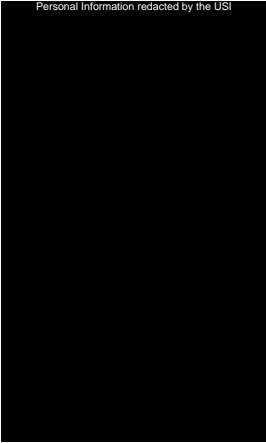
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12/05/2014

115

EMAIL TO LIZ 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

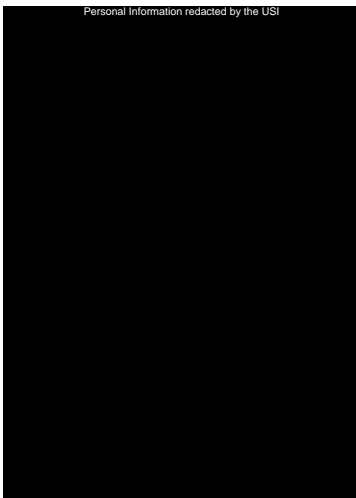
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email to martina 4/8/14

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EMAIL TO ANITA 10/9/14

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14/05/2014

113

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

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ROUTINE

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15/05/2014

112

EMAIL TO MONICA 050614

EMAIL TO ANDREA 16/6/14

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

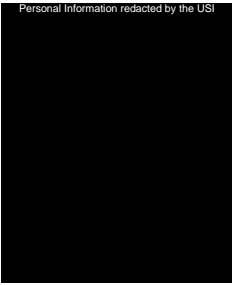
email to anita 10/9/14

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ROUTINE

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21/05/2014

106

EMAIL TO MONICA 050614

EMAIL TO ANDREA 16/6/14

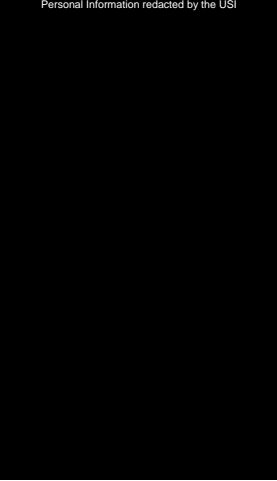
email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

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ROUTINE

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23/05/2014

104

email to paulette 16/6/14

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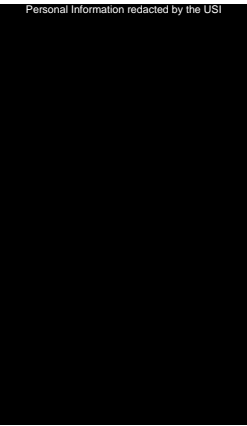
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EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

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23/05/2014

104

email to monica 16/6/14

EMAIL TO ANDREA 030714

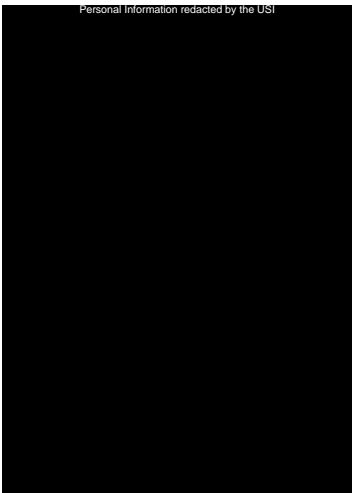
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102

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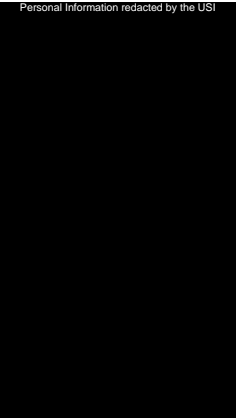
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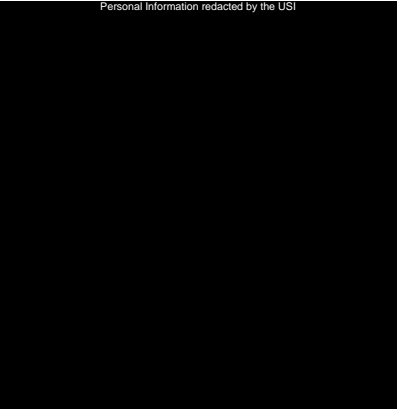
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28/05/2014

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EMAIL TO ANDREA 030714

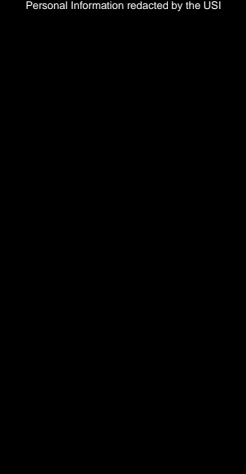
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email to anita 10/9/14

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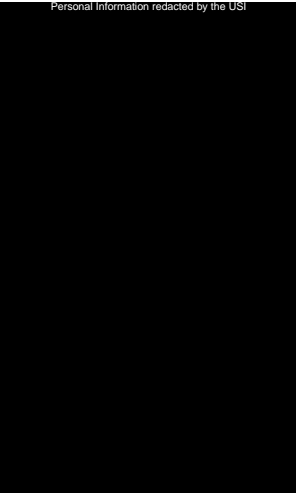
email to sharon 4/8/14

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email to anita 10/9/14

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28/05/2014

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email to paulette 16/6/14


EMAIL TO ANDREA 030714

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Carroll, Anita <[REDACTED]>

Sent: 24 September 2014 14:16

To: Corrigan, Martina <[REDACTED]>

Subject: FW: Urology Missing Triage

From: Browne, Leanne

Sent: 24 September 2014 14:12

To: Carroll, Anita

Cc: Robinson, Katherine; Rankin, Christine

Subject: Urology Missing Triage

Hi Anita

Can you please arrange for all the following Urology Missing Triage referrals to be returned as soon as possible please. We will continue to book patients with untriaged referrals when booking in date order.

Urology

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

Days From Ref Date

Non Clinical Comments

WL Code

WL Cnc Code

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ROUTINE

GPR

17/02/2014

213

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

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email to anita 10/9/14

email to anita 24/9/14

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ROUTINE

GPR

17/02/2014

213

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

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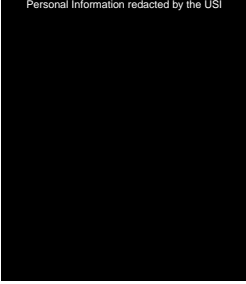
email to anita 24/9/14

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ROUTINE

AE

17/02/2014

213

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

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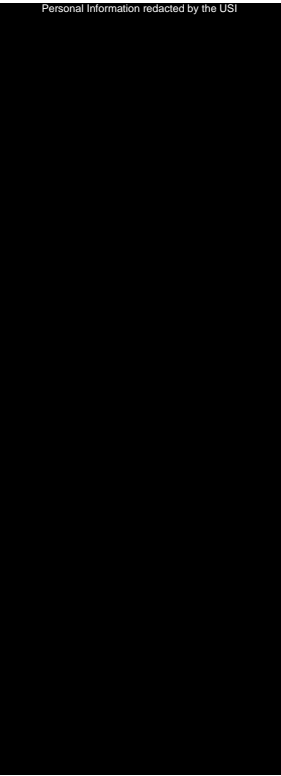
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email to anita 10/9/14

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ROUTINE

GPR

17/02/2014

213

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

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EMAIL TO ANITA 28/4/14

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EMAIL TO ANITA 6/6/14

email to anita 16/6/14

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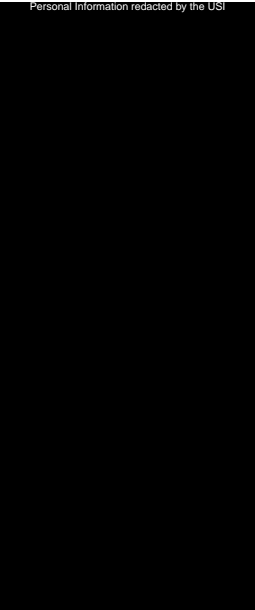
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email to anita 10/9/14

email to anita 24/9/14

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ROUTINE

GPR

24/02/2014

206

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EMAIL TO MONICA 24.3.14

EMAIL TO ANDREA 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

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EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

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ROUTINE

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24/02/2014

206

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

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EMAIL TO ANITA 16/5/14

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EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

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ROUTINE

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25/02/2014

205

EMAIL TO PAULETTE 2/5/14

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

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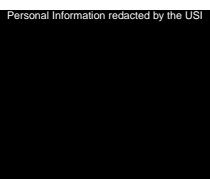
email to anita 4/8/14

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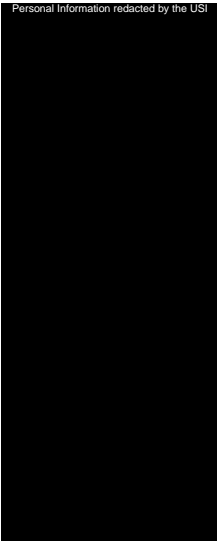
email to anita 10/9/14

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28/02/2014

202

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

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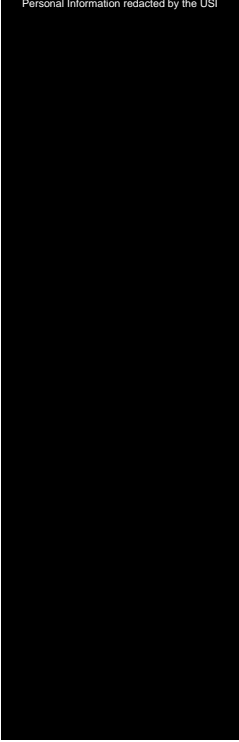
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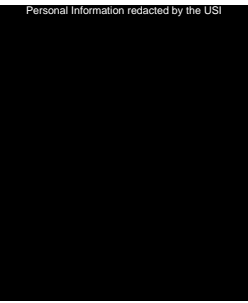
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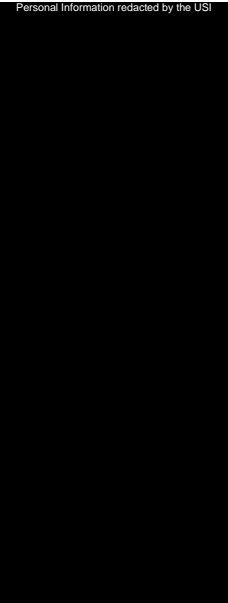
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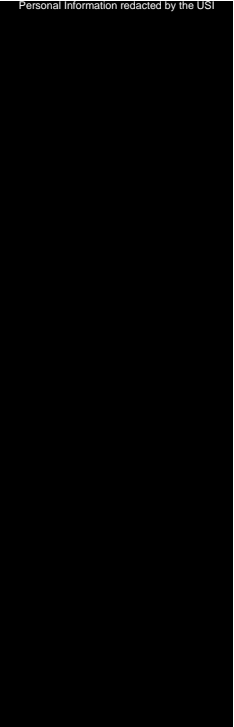
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04/03/2014

198

MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

email to martina 18/4/14

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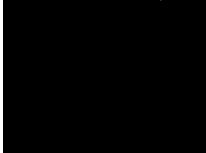
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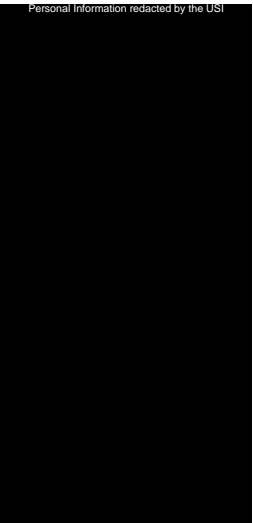
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ROUTINE

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13/03/2014

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EMAIL TO ANDREA 11/4/14

email to sharon 18/4/14

EMAIL TO MARTINA 28/4/14

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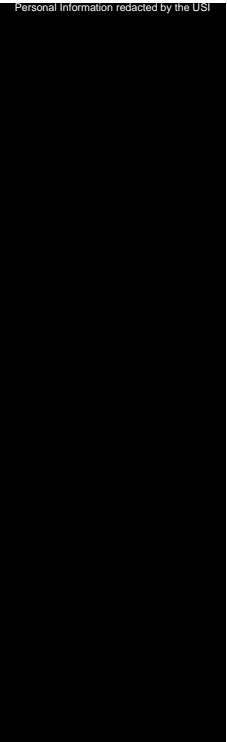
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ROUTINE

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26/03/2014

176

EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

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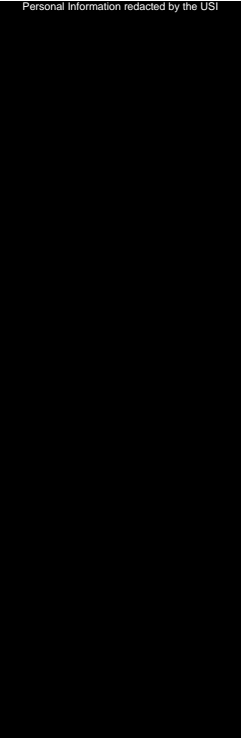
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28/03/2014

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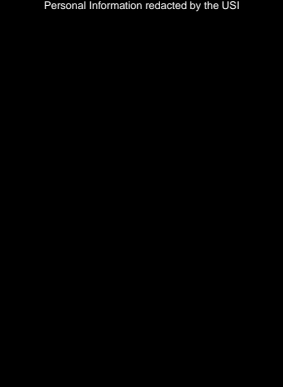
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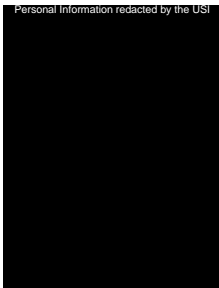
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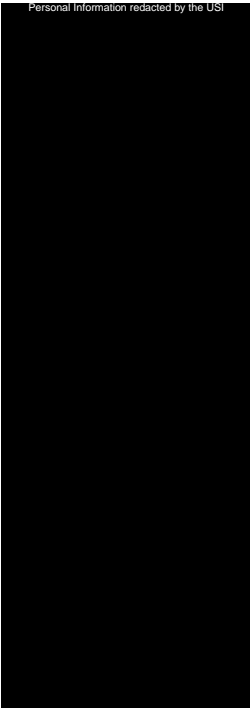
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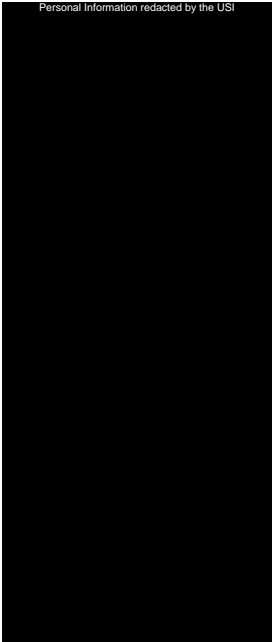
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02/04/2014

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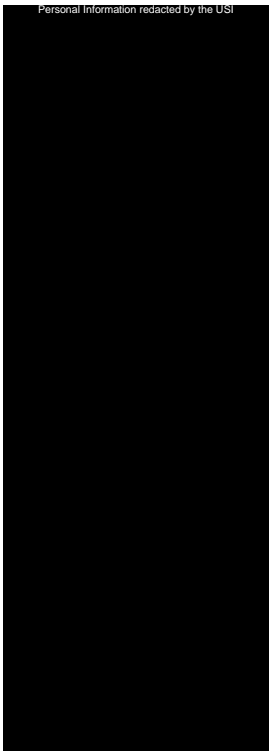
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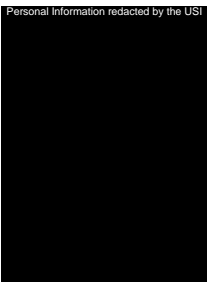
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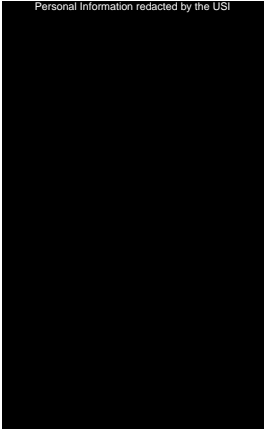
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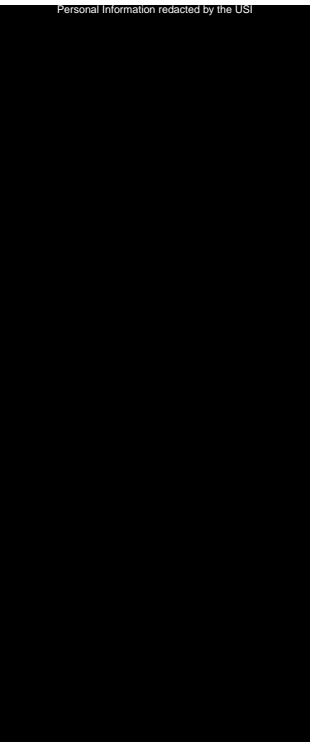
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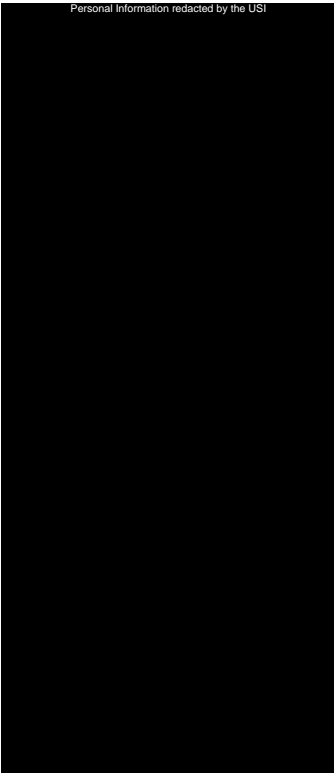
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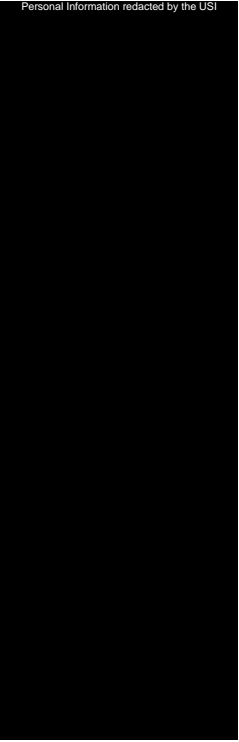
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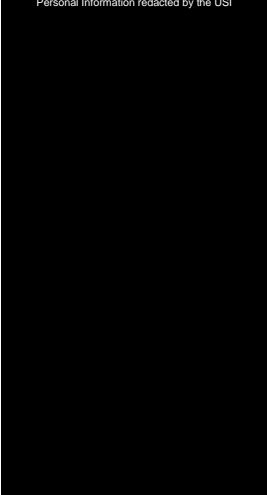
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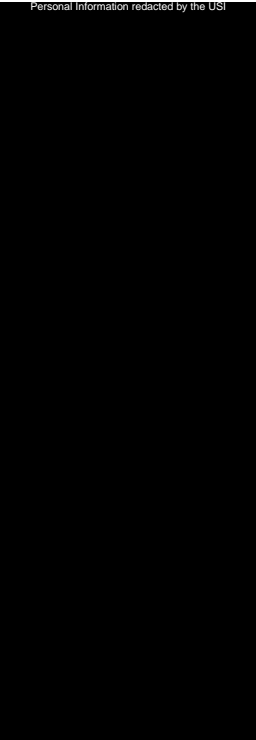
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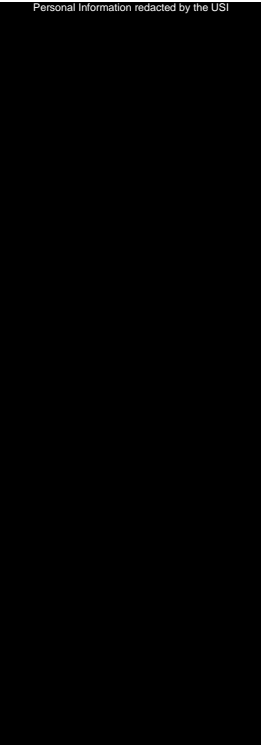
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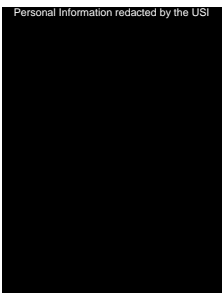
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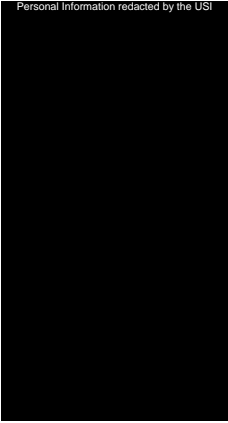
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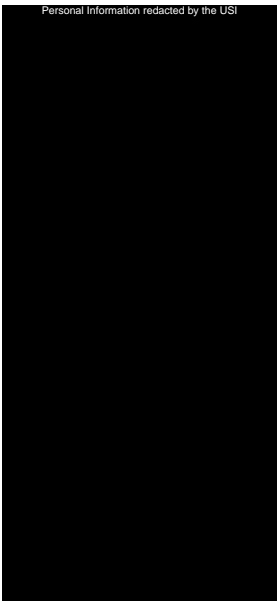
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ROUTINE

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29/04/2014

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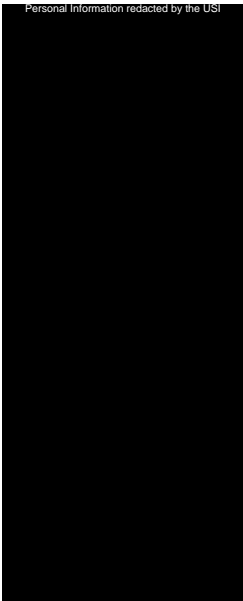
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08/05/2014

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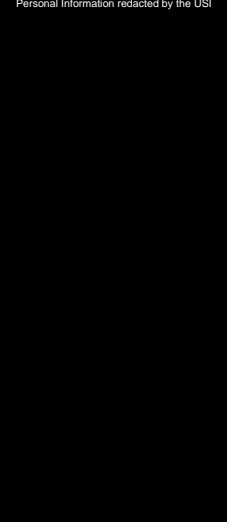
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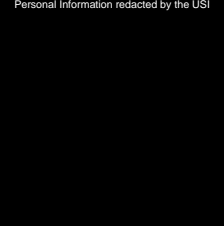
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133

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EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

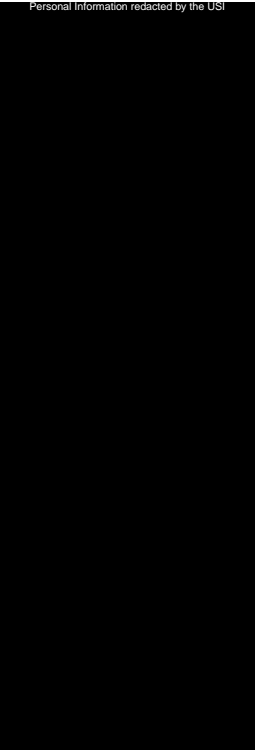
EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

email to anita 24/9/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

GPR

08/05/2014

133

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

email to anita 24/9/14

CAH

Personal information redacted
by the USJ

Personal Information redacted by the USI



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GPU

12/05/2014

129

EMAIL TO LIZ 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

FORWARDED TO AOB

email to martina 4/8/14

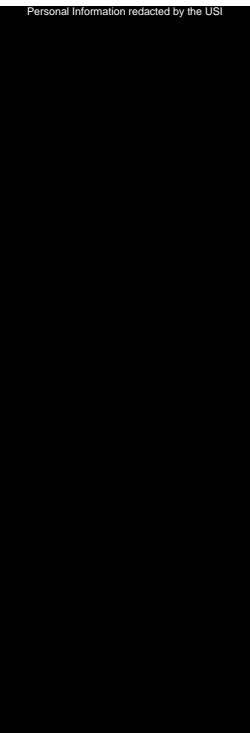
EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

email to anita 24/9/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

12/05/2014

129

EMAIL TO MONICA 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

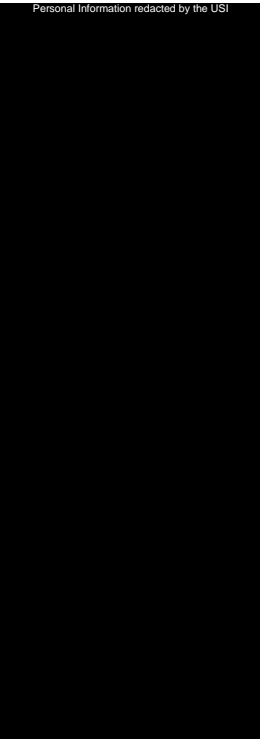
EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

email to anita 24/9/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

GPR

12/05/2014

129

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

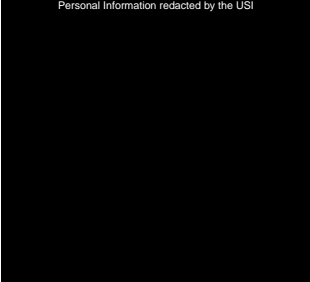
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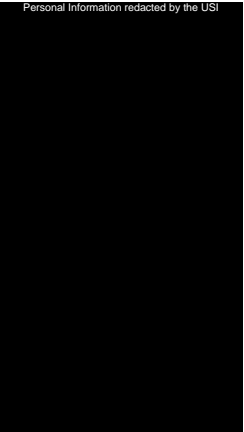
email to anita 24/9/14

CAH

Personal Information redacted by the USI



Personal Information redacted by the USI



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GPU

14/05/2014

127

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

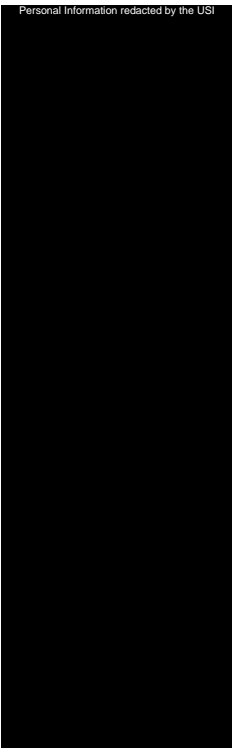
EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

email to anita 24/9/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

15/05/2014

126

EMAIL TO MONICA 05/06/14

EMAIL TO ANDREA 16/6/14

email to sharon 4/8/14

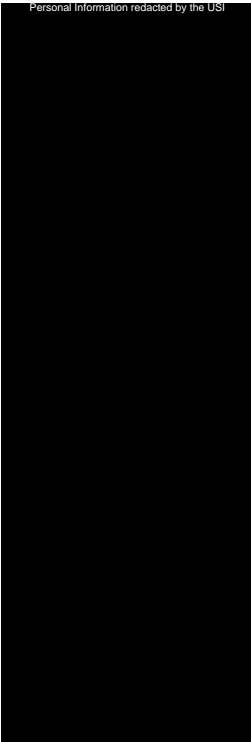
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email to anita 10/9/14

email to anita 24/9/14

CAH

Personal Information redacted by the USI



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ROUTINE

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21/05/2014

120

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EMAIL TO ANDREA 16/6/14

email to sharon 4/8/14

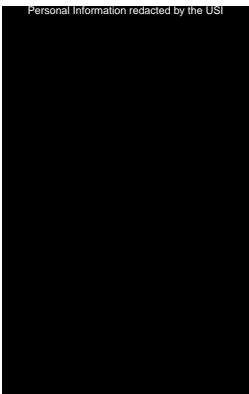
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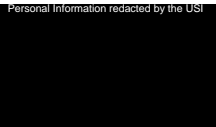
email to anita 10/9/14

email to anita 24/9/14

CAH

Personal Information redacted by the USI





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ROUTINE

OC

23/05/2014

118

email to monica 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

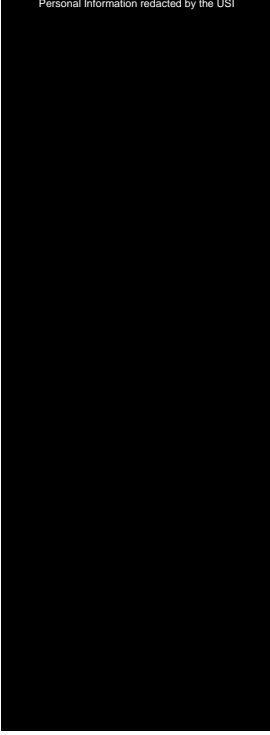
EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

CAH

Personal Information redacted by the USI



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ROUTINE

OC

23/05/2014

118

email to paulette 16/6/14

EMAILT O ANDREA 030714

email to sharon 4/8/14

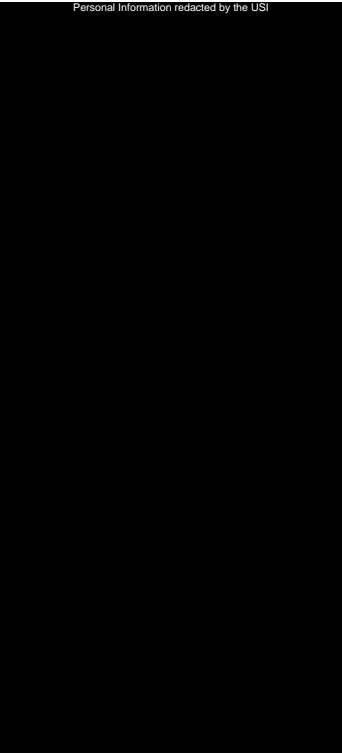
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email to anita 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USI



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ROUTINE

OC

25/05/2014

116

email to monica 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

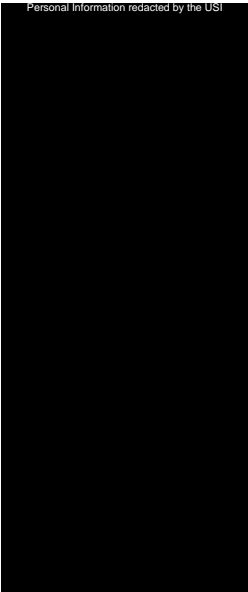
EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

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ROUTINE

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27/05/2014

114

email to monica 16/6/14

EMAILT O ANDREA 030714

email to sharon 4/8/14

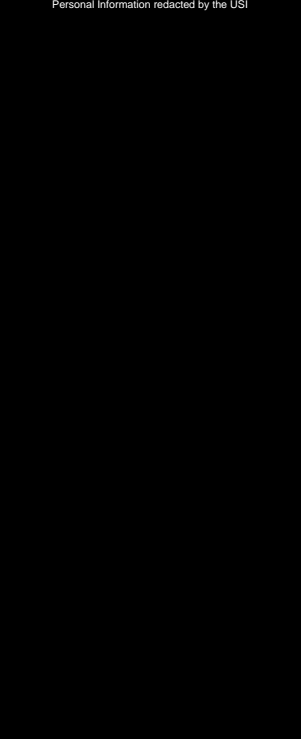
EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

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ROUTINE

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28/05/2014

113

email to paulette 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

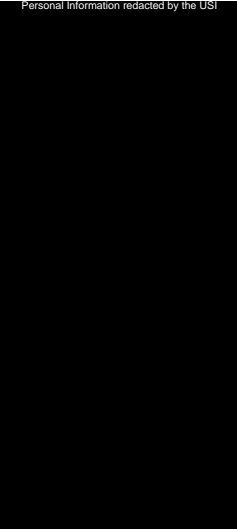
email to anita 24/9/14

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28/05/2014

113

email to paulette 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

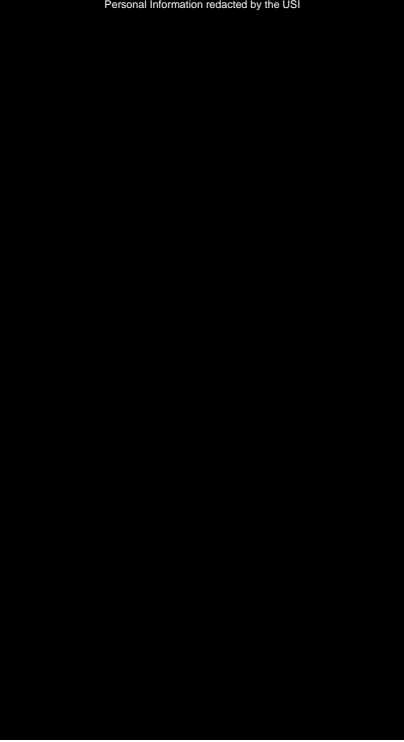
EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

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28/05/2014

113

email to paulette 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

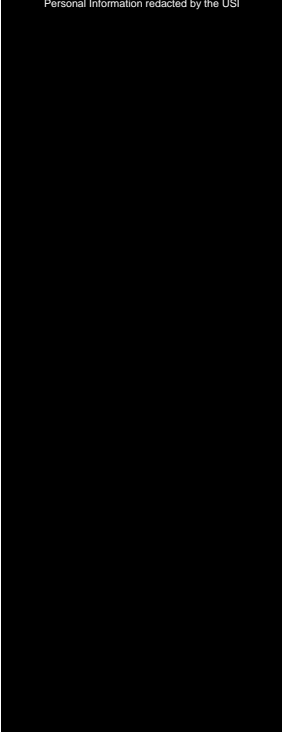
EMAIL TO MARTINA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

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29/05/2014

112

EMAIL TO TERESA LOUGHRAN 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

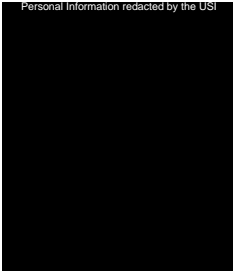
email to martina 10/9/14

email to anita 24/9/14

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30/05/2014

111

EMAIL TO TERESA LOUGHRAN 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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ROUTINE

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30/05/2014

111

EMAIL TO PAULETTE 030714

email to andrea 4/8/14

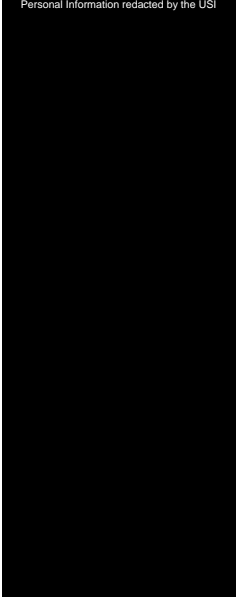
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USI



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ROUTINE

OC

03/06/2014

107

EMAIL TO PAULETTE 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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ROUTINE

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03/06/2014

107

EMAIL TO PAULETTE 030714

email to andrea 4/8/14

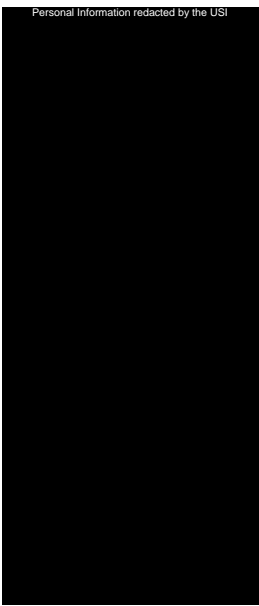
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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03/06/2014

107

EMAIL TO TERESA LOUGHRAN 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

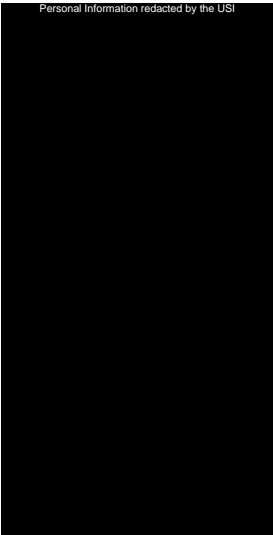
email to anita 24/9/14

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ROUTINE

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03/06/2014

107

EMAIL TO PAULETTE 030714

email to andrea 4/8/14

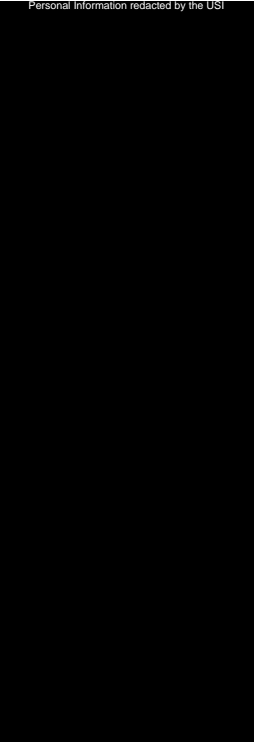
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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ROUTINE

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08/06/2014

102

EMAIL TO PAULETTE 180714

email to andrea 4/8/14

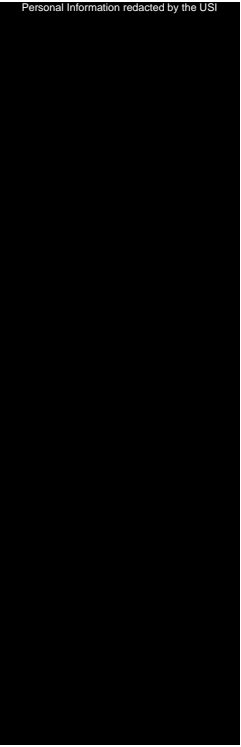
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USI



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13/06/2014

97

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

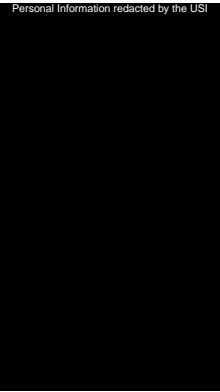
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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ROUTINE

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13/06/2014

97

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email to andrea 4/8/14

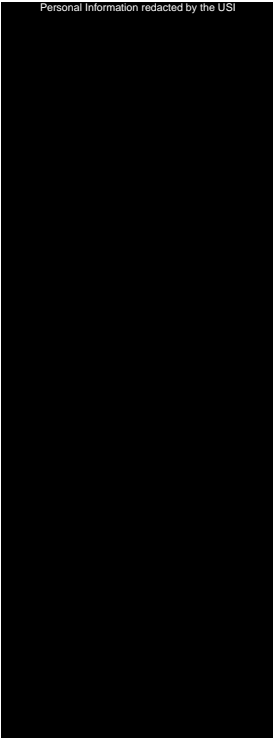
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USI



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ROUTINE

GPR

16/06/2014

94

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email to andrea 4/8/14

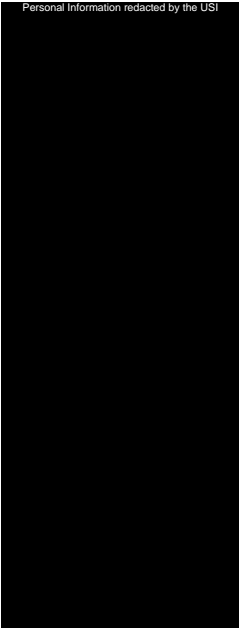
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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ROUTINE

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17/06/2014

93

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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ROUTINE

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17/06/2014

93

EMAIL TO PAULETTE 180714

email to andrea 4/8/14

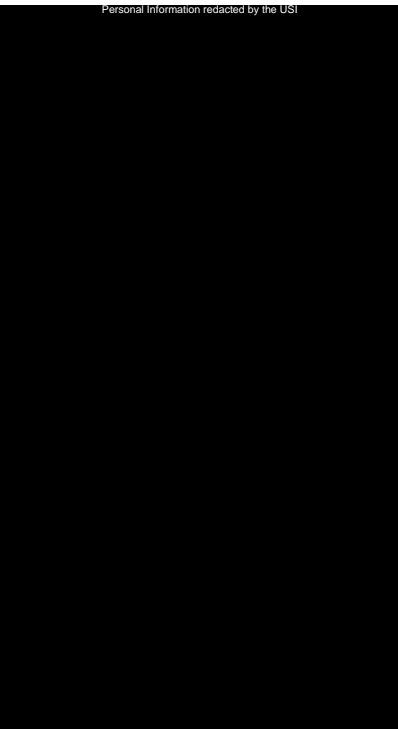
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email to martina 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USJ



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19/06/2014

91

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email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

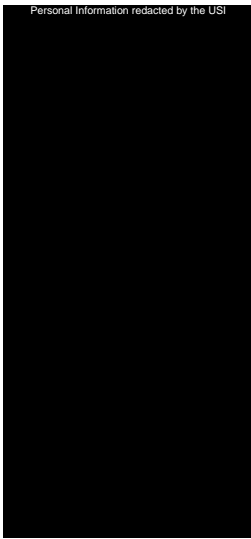
email to anita 24/9/14

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ROUTINE

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20/06/2014

90

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email to andrea 4/8/14

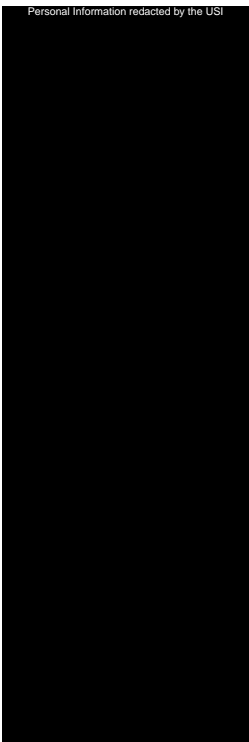
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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ROUTINE

OC

20/06/2014

90

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

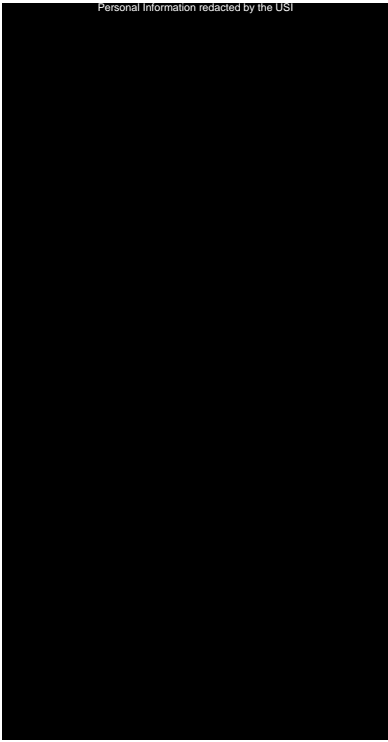
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USI



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AOB

ROUTINE

OC

24/06/2014

86

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email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

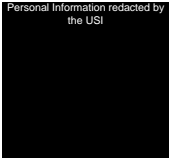
email to martina 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USI





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ROUTINE

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24/06/2014

86

EMAIL TO PAULETTE 180714 AOB/MY TRIAGE

email to andrea 4/8/14

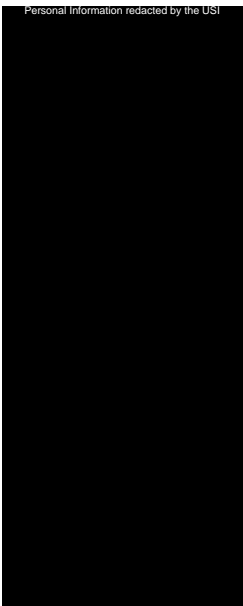
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

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Personal Information redacted by the USI



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MY

ROUTINE

OC

25/06/2014

85

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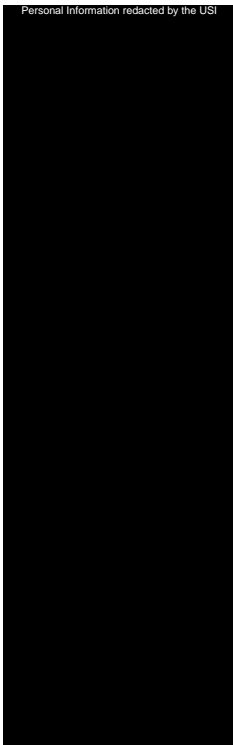
email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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URO

AOB

ROUTINE

GPR

26/06/2014

84

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email to andrea 4/8/14

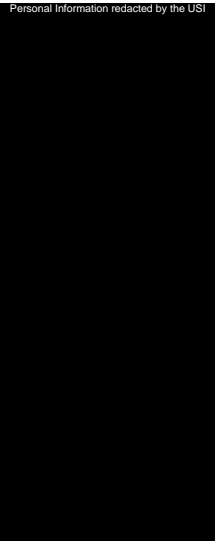
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email to martina 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USI



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ROUTINE

OC

27/06/2014

83

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email to andrea 4/8/14

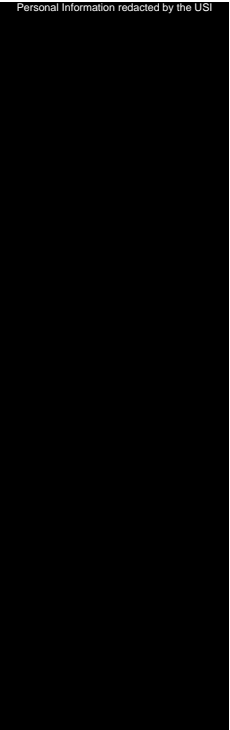
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email to martina 10/9/14

email to anita 24/9/14

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Personal Information redacted by the USI



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ROUTINE

OC

28/06/2014

82

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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by the USI

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GPU

30/06/2014

80

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

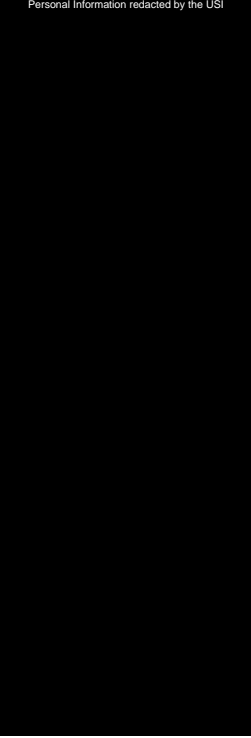
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email to martina 10/9/14

email to anita 24/9/14

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01/07/2014

79

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email to andrea 4/8/14

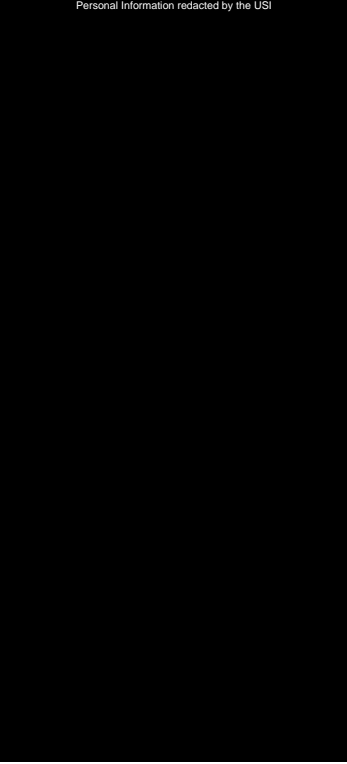
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email to martina 10/9/14

email to anita 24/9/14

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79

EMAIL TO PAULETTE 180714

email to andrea 4/8/14

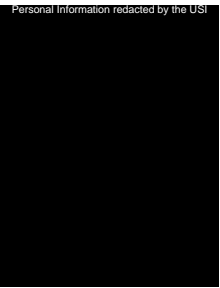
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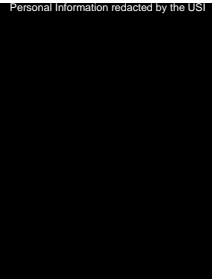
email to martina 10/9/14

email to anita 24/9/14

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79

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

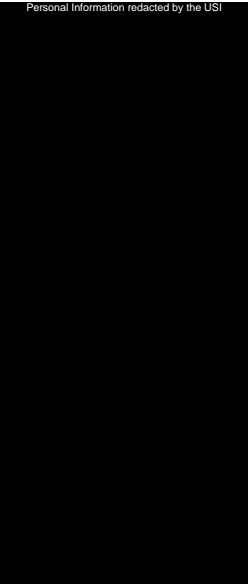
EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

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01/07/2014

72

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14


EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

Thank you

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Corrigan, Martina <[redacted]>

Sent: 24 November 2014 06:55

To: Robinson, Katherine <[redacted]>; Carroll, Anita

<[redacted]>

Subject: FW: Urology Missing Triage

See below

Martina

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

Telephone: [redacted]

Mobile: [redacted]

Email: [redacted]

From: O'Brien, Aidan

Sent: 23 November 2014 22:06

To: Corrigan, Martina

Subject: RE: Urology Missing Triage

Martina,

I have been triaging today.

Even if all of the missing triage were mine, and I were to return 15 per day, then all would be returned within 2 weeks.

In triaging today, I have been doing 'advanced' triage, requesting scans etc, so that single visit will be adequate.

I would prefer to do so to mitigate the consequences of delay,

Aidan

From: Corrigan, Martina

Sent: 21 November 2014 13:48

To: Haynes, Mark; Glackin, Anthony; O'Brien, Aidan; Suresh, Ram; Young, Michael

Cc: Robinson, Katherine

Subject: RE: Urology Missing Triage

Thanks Mark,

Katherine, please see below

Regards

Martina

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

Telephone: [Personal Information redacted by the USI]
Mobile: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

From: Haynes, Mark
Sent: 21 November 2014 13:18
To: Corrigan, Martina; Glackin, Anthony; O'Brien, Aidan; Suresh, Ram; Young, Michael
Subject: RE: Urology Missing Triage

Mr [Personal Information redacted by the USI] (the one with my name attached) was seen by me in clinic today.

Mark

From: Corrigan, Martina
Sent: 20 November 2014 16:34
To: Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; Suresh, Ram; Young, Michael
Subject: FW: Urology Missing Triage
Importance: High

Dear all

Please see attached there are 206 outstanding triage letters on this list this and this has been escalated to Anita Carroll, Assistant Director, Functional Support and she will most likely escalate to Heather, can I ask if there are any outstanding for you can these please be returned urgently to the booking centre.

You will see the longest outstanding is 263 days and then down to 16 days.

Thanks

Martina

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


Telephone: [Personal Information redacted by the USI]
Mobile: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

From: Browne, Leanne
Sent: 20 November 2014 14:53
To: Corrigan, Martina
Subject: Urology Missing Triage

Hi Martina – attached is the up-to-date Urology Missing Triage file.
Can you please arrange for the referrals to be triaged and returned to RBC as soon as possible.

Many thanks

Leanne

Leanne Browne
Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Carroll, Anita <[REDACTED]>

Sent: 03 December 2014 16:37

To: Corrigan, Martina <[REDACTED]>

Subject: FW: Urology Missing Triage

From: Browne, Leanne

Sent: 03 December 2014 15:51

To: Carroll, Anita

Cc: Robinson, Katherine; Rankin, Christine

Subject: Urology Missing Triage

Hi Anita

Can you please arrange for the following referrals to be returned as soon as possible

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[REDACTED]

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ROUTINE

GPR

24/02/2014

276

EMAIL TO PAULETTE 210314

EMAIL TO MONICA 24.3.14

EMAIL TO ANDREA 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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email to anita 10/9/14

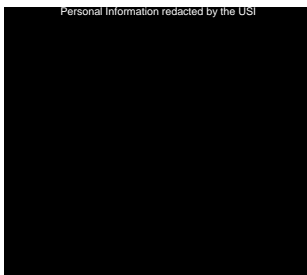
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EMAIL TO ANITA 3/12/14

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ROUTINE

OTH

25/02/2014

275

EMAIL TO PAULETTE 2/5/14

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

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ROUTINE

GPR

28/02/2014

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EMAIL TO ANDREA 28031

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EMAIL TO MARTINA 11/4/14

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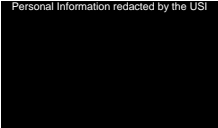
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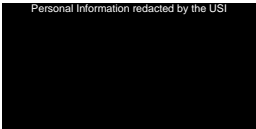
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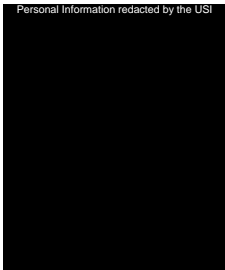
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ROUTINE

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04/03/2014

268

MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

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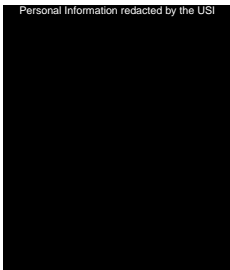
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ROUTINE

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26/03/2014

246

EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

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28/03/2014

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email to martina 23/5/14

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31/03/2014

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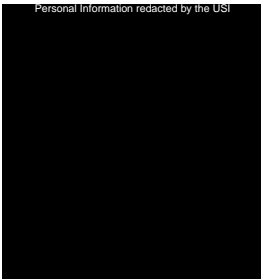
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31/03/2014

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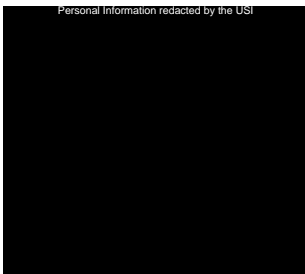
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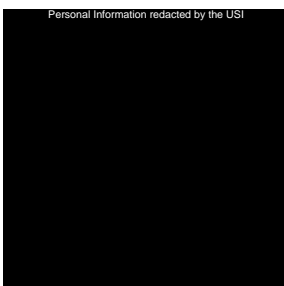
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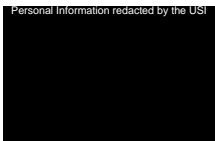
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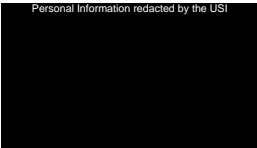
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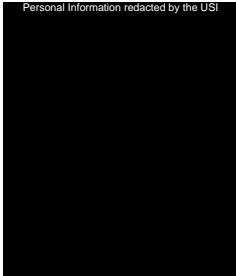
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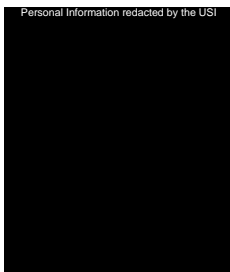
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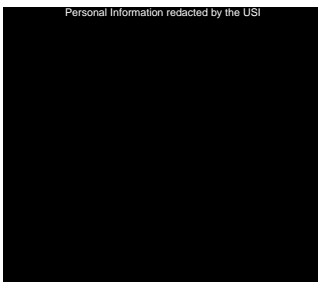
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10/04/2014

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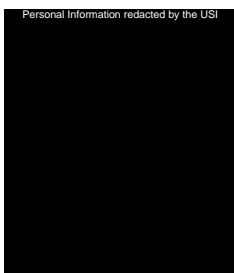
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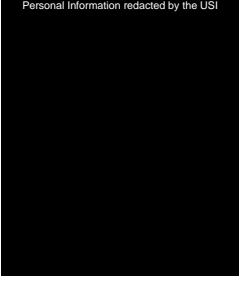
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16/04/2014

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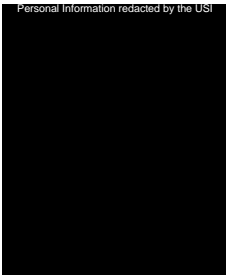
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18/04/2014

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EMAIL TO ANDREA 16/5/14

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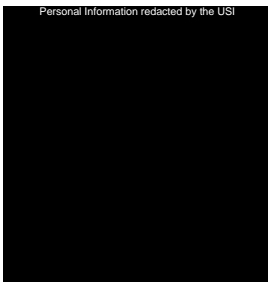
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23/04/2014

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25/04/2014

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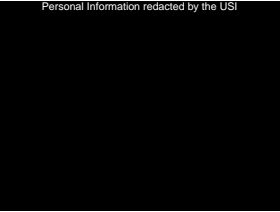
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08/05/2014

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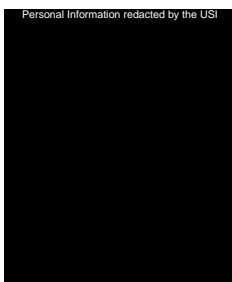
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08/05/2014

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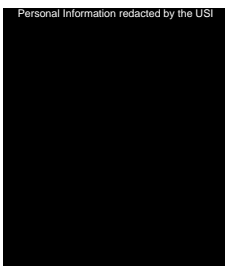
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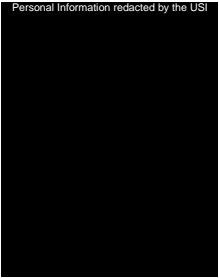
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ROUTINE

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12/05/2014

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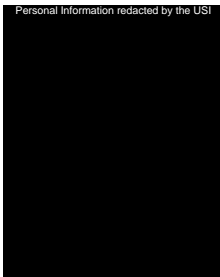
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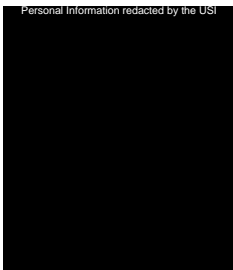
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196

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EMAIL TO ANDREA 16/6/14

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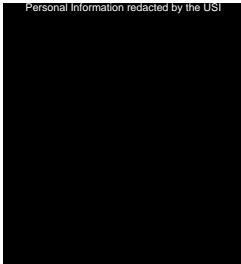
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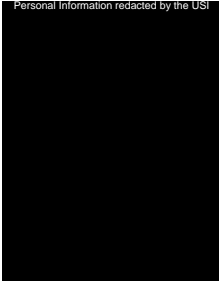
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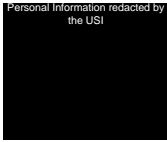
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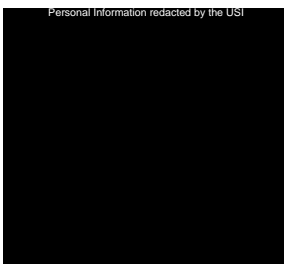
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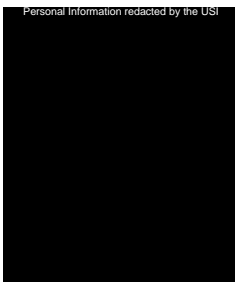
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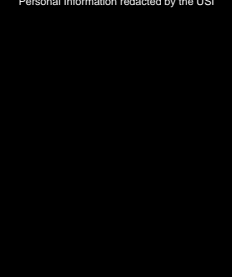
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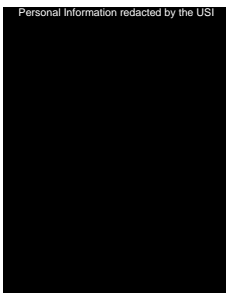
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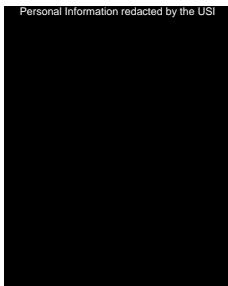
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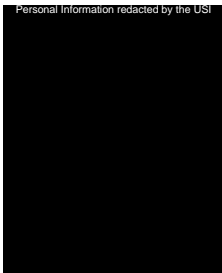
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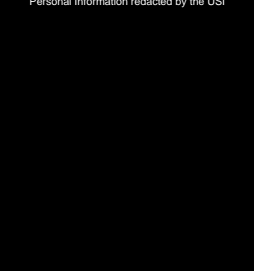
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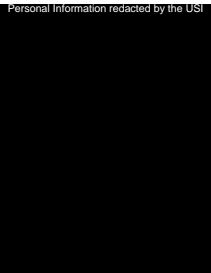
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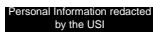
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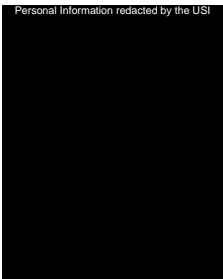
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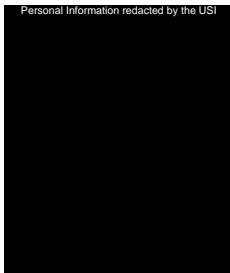
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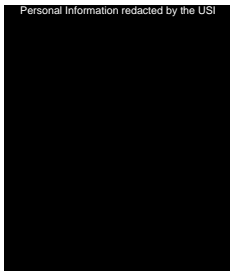
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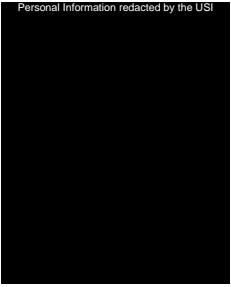
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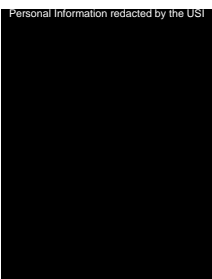
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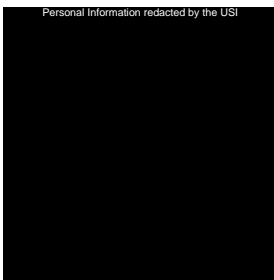
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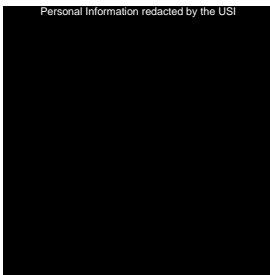
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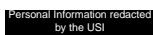
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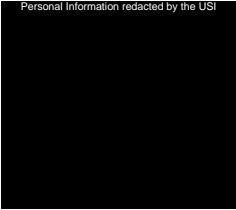
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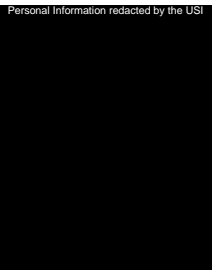
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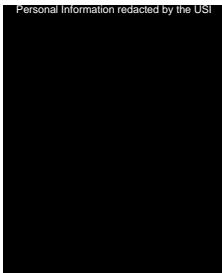
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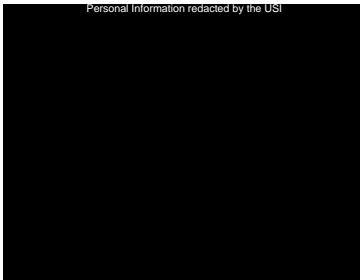
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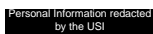
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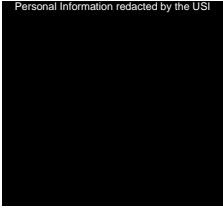
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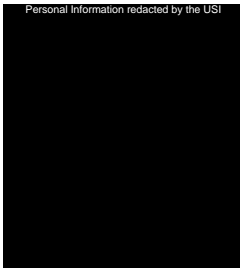
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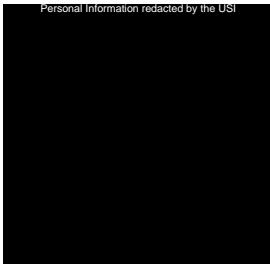
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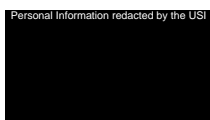
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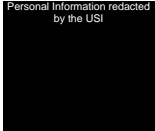
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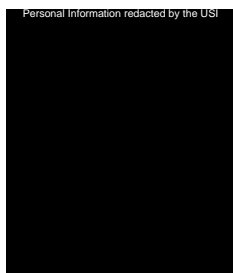
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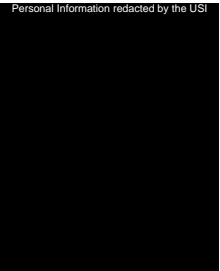
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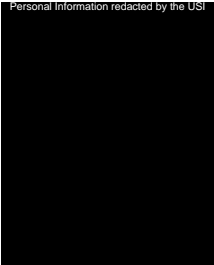
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
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Many thanks

Leanne

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone
Building Craigavon Area Hospital Ext 

-----Original Message-----

From: Carroll, Anita <[REDACTED]>

Sent: 01 October 2012 15:53

To: Rankin, Gillian <[REDACTED]>

Cc: Lappin, Aideen <[REDACTED]>

Subject: FW: *for action* UROLOGY BUSINESS CASE FINANCIAL ANALYSIS WITH ADDITIONAL SHEET TO COMPUTE POTENTIAL SAVING

Gillian

I have had detailed discussions with the 3 HOS impacted by this business case

Within health rec and rbc Services there is no capacity for reduction. Helen has advised that we have previously lost the funding for T&O, Neurology and Gynae new Consultants starting, so there is just no capacity now in the system to allow more services to come on board without some support.

Domestic Services have only 0.84 WTE Domestic assistant at band 2 . This needs to be seen in the context of the increased activity in this area which has not been funded so it would not be possible to offer this up as savings however we could release the difference in band to a band 1 .

CSSD did not receive any funding for T&O or the commencement of the new gynae consultants and is absorbing the work from the additional theatre, day surgery sessions and Saturday ENT OPD clinics that have been on going over the last number of months however they will require the 0.76wte B2 and 0.38 wte B3 funding for the additional theatre and day surgery sessions that are planned with the extension to the urology service.

Regards

Anita

Mrs Anita Carroll
Assistant Director of Acute Services
Functional Support Services
5 Hospital Road
Newry
Co. Down
BT35 8DR

Tel: [REDACTED]

Fax: [REDACTED]

From: Stinson, Emma M

Sent: 11 September 2012 10:02

To: Trouton, Heather; Reid, Trudy; Carroll, Ronan; Carroll, Anita

Cc: Gibson, Simon

Subject: *for action* UROLOGY BUSINESS CASE FINANCIAL ANALYSIS WITH ADDITIONAL SHEET TO COMPUTE POTENTIAL SAVING

Importance: High

Dear all

Please advise what/which posts you have or need to recruit to and which you can temporarily or permanently cash release against.

I will b/f this for end of September.

Gillian

Emma Stinson
PA to Dr Gillian Rankin
Director of Acute Services
Southern Health and Social Care Trust
Admin Floor
Craigavon Area Hospital

Tel: Personal Information redacted by the USI

Fax: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

P Please consider the environment before printing this email

From: Cassells, Carol
Sent: 30 August 2012 12:05
To: Rankin, Gillian
Cc: Stinson, Emma M; Donaghy, Gary
Subject: UROLOGY BUSINESS CASE FINANCIAL ANALYSIS WITH ADDITIONAL SHEET TO COMPUTE POTENTIAL SAVING
Importance: High

Gillian

As requested at the TYC meeting on Tuesday please find attached the financial analysis from the Urology Business Case (on excel spreadsheet as requested) - please see tabs 2 and 3.

I have also included on the first tab in the spreadsheet a sheet which should allow the computation of potential savings if all the wte as noted in the business case are not recruited. As we still do not have confirmation from HSCB on whether they will fund the remaining deficit in this case I have adjusted the potential savings to take account of the remaining payroll deficit.

The potential savings value should compute automatically once the actual wte recruited is noted in Column H (highlighted in purple) with the exception of the actual cost that will be committed for the upgrade of 2 wte Band 5 nurses to Band 6 specialists nurses (see cell highlighted in yellow and note).

Hopefully this is what you require but happy to amend and/or discuss as necessary.

Endoscopy financial analysis to follow asap.

Kind regards

Carol

Carol Cassells

Senior Financial Management Accountant - Acute Services Financial Management Directorate of
Finance and Procurement

Tel Lurgan Hospital [Personal Information redacted by the USI]

Fax Lurgan Hospital [Personal Information redacted by the USI]

Mobile [Personal Information redacted by the USI]

E-mail: [Personal Information redacted by the USI]

Urology Staffing and Costs - POTENTIAL SAVINGS

				Potential Saving			
		Deficit when compared to HSCB funding	Main areas of deficit	WTE Recruited	Full Year Cost per SHSCT	Potential wte saved	Potential wte monetary saving
					£		£
Personal Information redacted by the USI							
Recurring							
Medical Staff							
Consultant Urologist						0.00	0
Consultant Anaesthetist						0.00	0
Consultant Radiologist						0.00	0
						0.00	0
Specialist Nursing							
Upgrade 2 Band 5 posts to Band 6						0.00	0
Band 5						0.00	0
						0.00	0
Theatres/Recovery Nurses							
Band 6						0.00	0
Band 5						0.00	0
Band 3						0.00	0
Band 2						0.00	0
						0.00	0
Preassessment							
Band 6						0.00	0
Band 5						0.00	0
						0.00	0
Outpatients							
Band 3						0.00	0
						0.00	0
Radiography							
Radiographer Band 7						0.00	0
Radiographer Band 6						0.00	0
Radiographer Band 5						0.00	0
Radiography Helper Band 3						0.00	0
						0.00	0
Laboratory							
Consultant Pathologist						0.00	0
BMS Cellular Pathology Band 6						0.00	0
BMS Blood Sciences Band 6						0.00	0
						0.00	0
Pharmacy							
Clinical Pharmacist Band 7						0.00	0
Pharmacy Technician Band 4						0.00	0
						0.00	0
CSSD							
Band 3						0.00	0
ATO Band 2						0.00	0
						0.00	0
Admin Support							
PAS/Clinical Coding Band 4						0.00	0
Personal Secretary Band 4						0.00	0
Booking Clerk Band 3						0.00	0
Health Records Band 2						0.00	0
Radiology support Band 3						0.00	0
Theatres Band 2						0.00	0
						0.00	0
Hotel Services							
Band 2						0.00	0
Stores							
Band 3						0.00	0
						0.00	0
TOTAL RECURRING PAYROLL COSTS						0.00	0

Less: Recurring Payroll Deficit not funded
(primarily Lab and Pharmacy staff) -120,089

Remaining potential savings -120,089

**** Please note Cell I12 (highlighted in yellow) being the actual committed full year cost of upgrading 2 Band 5 to 2 Band 6 Specialist Nursing posts needs to be manually input in order to compute potential monetary savings****

Urology Staffing and Costs

v0.1 updated 12 Jan 2012

APPENDIX 1

	WTE	Full Year Cost per SHSCT £	Funding per HSCB £	Deficit	Funding per HSCB restated at 11 12 rates	Deficit	Main areas of deficit
Recurring							
Medical Staff Consultant Urologist Consultant Anaesthetist Consultant Radiologist							
Specialist Nursing Upgrade 2 Band 5 posts to Band 6 Band 5							
Theatres/Recovery Nurses Band 6 Band 5 Band 3 Band 2							
Preassessment Band 6 Band 5							
Outpatients Band 3							
Radiography Radiographer Band 7 Radiographer Band 6 Radiographer Band 5 Radiography Helper Band 3							
Laboratory Consultant Pathologist BMS Cellular Pathology Band 6 BMS Blood Sciences Band 6							
Pharmacy Clinical Pharmacist Band 7 Pharmacy Technician Band 4							
CSSD Band 3 ATO Band 2							
Admin Support PAS/Clinical Coding Band 4 Personal Secretary Band 4 Booking Clerk Band 3 Health Records Band 2 Radiology support Band 3 Theatres Band 2							
Hotel Services Band 2							
Stores Band 3							
TOTAL RECURRING PAYROLL COSTS							
Goods & services Outpatient attendances 1540 new & 334 review Day case/23 hour stays 3146 FCEs -396							
TOTAL GOODS & SERVICES							
Inflation at c3.18%							
TOTALS							

Notes:-

- Notes:-
1. Cons Urologist costed at 11 pa's and Cat A 1.5 to 1:8 rota (5%)
2. Cons Anaesthetist costed at 10 pa's and Cat A 1:9 rota or less (3%)
3. Cons Radiologist costed at 10 pa's and Cat A 1:9 rota or less (3%)
4. Outpatient attendances costed at marginal goods and services rate using 10-11 TFR (unit cost of £51)
5. Day Case/23 hrs stays costed at marginal goods and services rate using TFR 10-11 Day Case rate (unit cost of £100)
6. FCE net off costed on same basis as Day Cases.
7. CSSD staff costed at unsocial hrs rates from HSCB 11-12 costing schedule.

Appendix 2**Estimated Team Costs for the Implementation of Adult Urology Review Recommendations.**

	Team South	Recosted at HSCB General Costing 11-12 rates	Whole Time Equivalent	Team North	Team East	Total	No	Unit Cost	Total
Staffing Costs									
Consultant Urologist – additional wte team allocation	2 wte			1 wte	3 wte	6	6		
Consultant Urologists wte	Personal Information redacted by the USI								
Consultant Anaesthetist @ 0.6 wte per Con. Urologist									
Consultant Radiologist @ 0.3 wte per Con. Urologist									
Band 5 Radiographer @ 6 per wte Con Radiologist									
Band 5 Theatre Nursing @ 1.8 wte per Con. Urologist									
Band 3 Nursing @ 0.46 wte per Con. Urologist									
Band 7 Specialist Nursing *1									
Band 5 Nursing @ 0.64 wte (day surgery)									
Band 4 Personal Secretary @ 0.5 wte per consultant urologists									

Band 3 Admin support to radiologists at 0.5 wte per Radiologist	Personal Information redacted by the USI
Band 3 Admin Support to Specialist Nurses @ 0.5 wte per Nurse *2	
Band 4 Medical Records support 0.5 per unit *3	
Band 7 MLSO – Bio-medical Science *4	
Staffing Costs Sub Total	
Support Costs	
Surgical G&S @ £94,500 per Con. Urologist	
Theatre Goods/Disposables @ £50,000 per Con.Urologist	
Radiology G&S per Con. Urologist	
CSSD @ £32,000 per Con. Urologist	
Outpatients Clinics @ 2 per Con. Urologist	
Support Costs Sub Total	
Sub Total	
Less funding in 2008/09	
Less Funding allocated	
DEFICIT	
FINAL TOTAL	

Please note this analysis is based on the team figures included in the Review shown in Appendix 7 page 60.

3.18% inflation

*1 – this is based on the existing CNS nurse establishment and the sub specialty consultants within each of the teams. The remaining 1 CNS has been allocated to Team East for the Radical Pelvic Surgery undertaken at the Cancer Centre.

	Existing Establishment			Number of consultants with a sub-specialty interest	Additional CNS
Team South	0			2	2
Team North	2			2	0.5
Team East	2			4	2.5

*2 – 0.5 allocated to each Team as per the Specialist Nurse

*3 – 0.5 allocated to each Trust Unit within each Team

*4 – 1 wte allocated to Belfast – for increased demand for pathology

Please note this is the notional funding for each team and is subject to the agreed Commissioning arrangements of the Board

From: Hayes, Nicola <[redacted]>
Sent: 15 July 2009 08:44
To: Gibson, Simon <[redacted]>; Stead, Lindsay <[redacted]>; McVey, Anne <[redacted]>; Carroll, Anita <[redacted]>
Cc: McCullough, Elizabeth <[redacted]>; Murphy, Jane S <[redacted]>
Subject: *For Action Plan asap* re Notes of IEAP, Triage & Booking Centralisation meeting

Hi folks

Can you forward your plans as per email below, apologies if you have already done so.

Many thanks.

Nicky

Nicky Hayes
Personal Assistant to Mrs Joy Youart, Acting Director of Acute Services
Southern Health & Social Care Trust
Craigavon Area Hospital
[redacted] (Direct Line)

-----Original Message-----

From: Hayes, Nicola
Sent: 02 July 2009 11:05
To: Anita Carroll; Gibson, Simon; McVey, Anne; Ronan Carroll; Stead, Lindsay
Cc: Burns, Deborah; McAlinden, Mairead; Radcliffe, Sharon; Aideen Lappin; McCullough, Elizabeth; Murphy, Jane S
Subject: *For Action Plan asap* re Notes of IEAP, Triage & Booking Centralisation meeting
Importance: High

Dear all

This is a major focus for SDU, can I have your plans asap.

Many thanks.

Joy

Nicky Hayes
Personal Assistant to Mrs Joy Youart, Acting Director of Acute Services
Southern Health & Social Care Trust
Craigavon Area Hospital
[redacted] (Direct Line)

-----Original Message-----

From: Lappin, Aideen [<mailto:> Personal Information redacted by the USI]

Sent: 15 June 2009 16:28

To: Youart, Joy; Burns, Deborah; Mackle, Eamon; Murphy, Philip; Hogan, Martina; Loughran, Patrick; Hall, Stephen; McAlinden, Mairead; McVey, Anne; Boyce, Tracey; Carroll, Ronan; Gibson, Simon; Stead, Lindsay; Carroll, Anita

Cc: Hayes, Nicola

Subject: Notes of IEAP, Triage & Booking Centralisation meeting

Importance: High

Hello everyone

REMINDER All divisions to feedback to Anita on agreements for next meeting on Friday 26th June 2009 @ 11am in the Board Room, Craigavon Area Hospital.

Regards

Aideen

Aideen Lappin

Secretary for Anita Carroll

Assistant Director - Acute Services

Functional Support Services

Tel: Personal Information redacted by the USI

-----Original Message-----

From: Carroll, Anita

Sent: 02 June 2009 20:26

To: Youart, Joy; Burns, Deborah; 'Mackle, Eamon'; 'Murphy, Philip'; 'Hogan, Martina'; Loughran, Patrick; 'Hall, Stephen'; Anne McVey (Personal Information redacted by the USI); Boyce, Tracey; Carroll, Anita; Carroll, Ronan; Gibson, Simon; Lindsay.Stead

Cc: Hayes, Nicola; Lappin, Aideen; McAlinden, Mairead

Subject: FW: Notes of IEAP, Triage & Booking Centralisation meeting.doc

Importance: High

Dear all see attached if I missed anyone can you send on

Please note date of next meeting and actions for divisions , thanks anita

Please find attached Notes of IEAP, Triage & Booking Centralisation meeting

Southern Health & Social Care Trust advise that this email, any attachment(s), and subsequent replies, may be disclosed under the Freedom of Information Act 2000.

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From: Carroll, Anita <[REDACTED]>
Sent: 23 June 2009 21:14
To: Weaver, Catherine <[REDACTED]>; Robinson, Katherine
<[REDACTED]>
Subject: Fw: Notes of IEAP, Triage & Booking Centralisation meeting
Importance: High

See below does this seem satisfactory

----- Original Message -----

From: Carroll, Ronan <[REDACTED]>
To: Carroll, Anita <[REDACTED]>
Sent: Tue Jun 23 20:38:29 2009
Subject: FW: Notes of IEAP, Triage & Booking Centralisation meeting

Anita,

In agreement with process, however challenges may arise in the following areas:

Point b) all outpatient referral letters should be prioritized and returned to the RBC within 3 working day - this is reliant on the consultants triaging. Within Cancer & Clinical the following arrangements have been put in place:

Chemical Pathology - it has been agreed that the RBC will use GP's priority when consultant is on annual leave.

Chronic Pain - All referrals for Dr McConaghy to go to CAH - Dr McConaghy CAH and Dr Wright DHH work independently. Awaiting response but hoping to have the same process as chemical pathology

Colorectal - these referrals are triaged by Mr Mackle and Manos,

Haematology - consultants will cross triaging in times of annual leave to achieve 3 days turnaround

Point c) and d) - within cancer & clinical these processes are followed

DNA/CNA - the consultants would like to see charts and dictate letter with advice

Regards

Ronan

From: Lappin, Aideen
Sent: 23 June 2009 12:51

To: 'Youart, Joy'; 'Burns, Deborah'; 'Mackle, Eamon'; 'Murphy, Philip'; 'Hogan, Martina'; Loughran, Patrick; 'Hall, Stephen'; 'McAlinden, Mairead'; 'Anne McVey (Personal Information redacted by the USI)'; 'Boyce, Tracey'; Carroll, Ronan; Gibson, Simon; 'Lindsay.Stead'; 'Carroll, Anita'

Cc: 'Hayes, Nicola'

Subject: RE: Notes of IEAP, Triage & Booking Centralisation meeting

From: Lappin, Aileen

Sent: 15 June 2009 16:28

To: 'Youart, Joy'; 'Burns, Deborah'; 'Mackle, Eamon'; 'Murphy, Philip'; 'Hogan, Martina'; Loughran, Patrick; 'Hall, Stephen'; 'McAlinden, Mairead'; 'Anne McVey (Personal Information redacted by the USI)'; 'Boyce, Tracey'; Carroll, Ronan; Gibson, Simon; 'Lindsay.Stead'; 'Carroll, Anita'

Cc: 'Hayes, Nicola'

Subject: Notes of IEAP, Triage & Booking Centralisation meeting

Importance: High

Hello everyone

REMINDER All divisions to feedback to Anita on agreements for meeting on Friday 26th June 2009 @ 11am in the Board Room, Craigavon Area Hospital.

Regards

Aileen

Aileen Lappin

Secretary for Anita Carroll

Assistant Director - Acute Services

Functional Support Services

Tel: (Personal Information redacted by the USI)

-----Original Message-----

From: Carroll, Anita

Sent: 02 June 2009 20:26

To: Youart, Joy; Burns, Deborah; 'Mackle, Eamon'; 'Murphy, Philip';

'Hogan, Martina'; Loughran, Patrick; 'Hall, Stephen'; Anne McVey

(); Boyce, Tracey; Carroll, Anita; Carroll, Ronan; Gibson, Simon; Lindsay.Stead

Cc: Hayes, Nicola; Lappin, Aideen; McAlinden, Mairead

Subject: FW: Notes of IEAP, Triage & Booking Centralisation meeting.doc

Importance: High

Dear all see attached if I missed anyone can you send on

Please note date of next meeting and actions for divisions , thanks
anita

Please find attached Notes of IEAP, Triage & Booking Centralisation meeting

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**Notes of the IEAP, Triage Arrangements and Booking Centralisation
held on Friday 29th May at 11am
Boardroom, Ground Floor, Craigavon Area Hospital**

Present: **Joy Youart** – Acting Director of Acute Services
 Anita Carroll – Assistant Director of Functional Support services
 Simon Gibson – Assistant Director of Surgery & Elective Care
 Ronan Carroll – Assistant Director of Cancer & Clinical Services
 Dr Patrick Loughran – Medical Director
 Mrs Debbie Burns - Assistant Director of Performance & Improvement
 Eamon Mackle – Associated Medical Director
 Dr Philip Murphy - Associated Medical Director
 Eileen O'Rourke – General Manager – Medicine & unscheduled Care
 Patricia McStay - Head of Midwifery/Gynaecology

Background

The background to the meeting was explained by Debbie and she referred to the papers already distributed by Anita.



Triage



Outpatients

Arrangements.xls Discussion Paper f

Triage

Some discussion took place and recognised there is a need within each divisions to harmonise where possible arrangements as it is proving difficult for the RBC staff in terms of sending out referrals as there is no consistency between specialities or within specialities and sub specialities.

Each division to discuss and come back with workable plans. There is urgency to complete this piece of work given that the RBC currently has centralised CAH, Banbridge Polyclinic and some of DHH and the need for consistency will increase as the rest of DHH and STH and Armagh are brought into the RBC.

Within each division consideration needs to be given to who will triage and ensure this is communicated to RBC and how often to ensure compliance with the IEAP guidelines.

Action discussions and decisions within each division

Target Times for Outpatient Processes

- a) Referrals should be registered on PAS within **one working day** of receipt with the GP priority status recorded.
- b) All outpatient referral letters should be prioritised and returned to the RBC within **3 working days**.
- c) Acknowledgement letters will be sent to New Routine patients within **five working days** of receipt of the referral, giving details of the estimated length of wait.
- d) A minimum of **3 weeks notice** should be provided for all New Routine patients. This is deemed to be reasonable notice which is defined as an offer of appointment, irrespective of provider, that gives the patient a minimum of three weeks' notice and a choice of two appointments.

Discussion took place regarding the changing of referrals status i.e. from GP indication ie routine , and also some discussion on the necessity to do this given that all outpatients need to be seen with 9 weeks. **Again this needs discussion at divisional level.**

Anita advised that she could get the RBC staff to report on the percentage of these changes. **Anita to provide**

Urgency

Discussion took place on definitions of urgency is this 2 /4 weeks (not including red flag referrals which do not go to RBC). Again divisions need to reach a consensus on definitions and bear in mind no outpatients would wait beyond nine weeks.

General / Sub speciality

When deciding Triage arrangements need to take account of named referrals and consider are there some conditions that could be classified as general – for example Debbie discussed within paediatrics they have considered – epilepsy, diabetes etc

Appointment outcome DNA /CAN



20090210_DRAFT
ProtocolforPatient

Each division needs to consider and also decide how this will be processed e.g. letter to GP – secretary to close on PAS.

Also need to consider in relation to 'New' referrals but also rules regarding 'reviews' and define this for RBC staff for eg if patients need to be reviewed due to medications or conditions.

All divisions to feed back to Anita on agreements for next meeting on ***Friday 26th June 2009 @ 11am in the Board Room, Craigavon Area Hospital.***

Current Process - Triage Arrangements

Speciality	Description of Triage Arrangments
G Surgery	Named referrals to named consultant - sent for triage daily. Unnamed referrals sent for triage to Surgeon of the week on the Friday.
G Med	Named referrals to named consultant s - sent for triage daily. Unnamed referrals sent for triage daily by a rota. Gastro to Dr Gibbon/Dr P Murphy/Dr S Murphy per weekly rota. General Medicine to Dr Ritchie/Dr McConnell per weekly rota.
Paeds	Named referrals to Named Consultant. Unnamed referrals go to a box to 3 N on Mon and Thursdays. Named urgents sent to Consultant daily. Unnamed urgents sent to 3 North daily.
Urology	Named referrals from another Consultant go to a named list. Unnamed referrals, rota for triage , whoever triages claims that referral. Most go to Dr Rogers/Luts etc - icats service. A folder is collected daily by Urology.
ENT	Named referrals to named Consultant sent for triage daily. Unnamed referrals sent for triage daily to Consultant of the Week.
Neurology	Named referrals from another Consultant go to a named list. All others go to a general list. Referrals sent for triage daily. Some pooling across site exists. (STH and CAH)
Oral Surgery	All referrals named and unnamed to Mr Perry, sent fro triage daily.
Orthodontics	All referrals named and unnamed to Mr Connolly, sent for triage daily.
Diabetic	All referrals named and unnamed to Dr Ritchie, sent for triage daily.
Dermatology	All referrals named and unnamed go a general dermatology list. Triage takes place daily between Dr Eedy and Dr O'Hagan. We bring folder to Dermatology.
Ophthalmology	Named referrals to named Consultant. Unnamed to a general list. Triage takes place between Mr Best and Mr Murphy, they triage unnamed between them when they are on site.
Cardiology	Named referrals to named Consultant. Unnamed referrals to a weekly rota whoever triages claims that referral. Dr McEneaney doesn't want unnamed referrals.
Lipids	All referrals named and unnamed to Dr Sharpe. We have a pooled list (across site) for BBH and CAH
Pain	All referrals named and unnamed to Dr McConaghy, some pooling across site exists but never really any capacity anywhere.
Orthopaedics	Referrals don't be triaged as they have all been through Icats. Named referrals go to a named list. Knees before 1958 and hips before 1943 go to old general list. Knees after 1958 and hips after 1943 go to young general list. Feet go to Mr McKeown. 2 backs per week go to Mr Mockford the remainder go to MPH.
Respiratory	All named and unnamed referrals to a general list. Named referrals from another Consultant go to a named list. Sent for traige daily, by a monthly rota. Slight movement across sites (STH and CAH)
Gynae	All named and unnamed referrals to to a general list triaged daily by Cons of the week. All Colposcopy referrals triaged daily by one Colposcopy Consultant,
Rheumatology	Named referrals to named Consultant. Unnamed referrals to a general list - sent for triage daily by a monthly rota. Slight movement across sites (CAH/BBH/STH)

* Pooling

* Urgent Definations

Outpatients Discussion Paper Re : Referral and Booking Centre Processes

Dr Loughran, Anita Carroll, Debbie Burns
June, 2009

Formatted: Left: 2.8 cm, Right: 2.7 cm, Top: 2.3 cm,
Bottom: 2.3 cm

Background

As per the Integrated Elective Access Protocols (IEAP) best practice guidelines the Southern Trust has designed a Referral and Booking Centre (RBC) which will eventually provide a centralised booking centre for all acute outpatient appointments. The RBC currently makes appointments for the majority of CAH outpatient clinics, Banbridge Polyclinic appointments, some of the Daisy Hill Hospital appointments, and work is taking place to centralise South Tyrone Hospital, Armagh Community Hospital and the remainder of Daisy Hill Hospital over the next few months.

As the centralisation of the outpatient service will involve some changes to working practices it was felt that further discussion with the medical staff was required to ensure the smooth transition to the new model, whilst also keeping in mind the requirements of the IEAP.

Basic Principles from a Referral and Booking Perspective

1. All new and review patients should have the opportunity to book their appointments.
2. The timeline for a new referral starts on the day that the referral letter is received into the Trust.
3. If a referral letter is sent directly to a consultant the Trust must have a process in place to ensure that the referral letter is date stamped on the day it is received, and then is immediately forwarded to the RBC for registering on PAS. (This ensures that the letter does not get lost in the system, but is recorded on PAS and therefore there is in place a means of monitoring all referral letters received).
4. All referrals, appointments and Waiting Lists should be managed according to clinical priority. There are 3 categories of patient referred to the RBC:
 - New Urgent
 - New Routine
 - Review

The clinical priority of the referral is determined by the triage. When the referral letter is first received the details are recorded on PAS and the

clinical priority is recorded as per the GP recommendation. However, once the triage letter is returned to the RBC the clinical priority is checked to see if any changes are required, eg consultant changed from urgent to routine, and PAS is updated accordingly.

5. The target for outpatients is that all New Routine patients should not wait more than 9 weeks for their first appointment (as from March 2009), and these patients should be booked in chronological order.
6. Maximum waiting times for urgent patients should be agreed by each consultant/speciality and made explicit to the RBC staff to ensure patients are appointed within the clinical timeframe indicated by the consultant.

Target Times for Outpatient Processes

- a) Referrals should be registered on PAS within one working day of receipt with the GP priority status recorded.
- b) All outpatient referral letters should be prioritised and returned to the RBC within 3 working days.
- c) Acknowledgement letters will be sent to New Routine patients within five working days of receipt of the referral, giving details of the estimated length of wait.
- d) A minimum of 3 weeks notice should be provided for all New Routine patients. This is deemed to be reasonable notice which is defined as an offer of appointment, irrespective of provider, that gives the patient a **minimum of three weeks' notice** and a choice of two appointments.

Difficulties Experienced by the RBC

- i. Referral letters not being returned to the RBC for some specialities for several days. This is the minority as there is a huge volume of letters returned on time, however this minority does create a lot of unnecessary work for the RBC staff who have to chase up the referral letters with the medical secretaries.
- ii. If the letters are not triaged and PAS updated accordingly it causes difficulty when determining the demand/capacity as not all referral letters result in outpatient appointments, eg in some specialities they are progress through a diagnostic route in the first instance.
- iii. In a limited few specialities there have been problems with regard to referral letters not being returned at all and this has resulted in the RBC staff having to contact GP surgeries and ask them to fax in copies of the letters, which in turn is leading to complaints from the GP surgeries. However the implementation of scanning of referral letters in the near future will alleviate this difficulty.

Happy to discuss.

Anita Carroll
May 2009

Protocol for Patients who DNA or CNA

DEFINITIONS

DNA – A DNA is defined as a patient who is offered a reasonable date for an outpatient appointment and fails to turn up on the day without giving any notice.

CNA – A CNA is defined as a patient who contacts the hospital in advance of their appointment to advise that they are unable to attend.

A SEPARATE DNA PROTOCOL EXISTS FOR CHILDREN AND VULNERABLE ADULTS

1. DNA Protocol – Adults only

If a patient DNAs their first outpatient appointment, the following process must be followed.

- Where a patient has had an opportunity to agree the date and time of their appointment, they will not normally be offered a second appointment. All patients who DNA their appointment will have their casenote reviewed by the clinician.
- The Booking Clerk / Health Records Manager will forward the DNA list & casenote for clinician review.
- If the clinician decides to discharge the patient they will be referred back to the care of their referring clinician or GP by the Clinician's Secretary.
- The clinician's secretary will discharge the patient and issue letters to both the patient and the referring clinician.
- Under some circumstances, a clinician may decide that a patient should be offered a second appointment e.g.
 - Bereavement;
 - Colposcopy patients;
 - patient is an inpatient in another hospital;
 - oncology patients ; and
 - Neurology patients

This list is not exhaustive and is at the discretion of the clinician.

Where a second appointment is to be offered the clinician's secretary will notify the staff in the Referral and Booking Centre within 5 working days.

2. Children who DNA

- Patients, parents, guardians and carers all have a responsibility to attend for outpatient appointments or give a reasonable period of notice if they cannot attend. (A child is defined as up to the age of 17 years 364 days).
- If the Child does not attend: Send for the child again and send the chart to the Consultant for review. The consultant-after reviewing the medical charts/referral could decide to discharge the child who DNA'd (e.g. the condition is trivial or self limiting); in this case GP should be advised of the same. Consultant Secretary will close the episode on PAS upon confirmation and issue the DNA discharge letter following return of the chart to Medical Records.
- If the child misses the appointment for the 2nd time (regardless whether DNA or CAN) the consultant will- review the medical chart/referral and :
 - If the condition/complaint thought to be self limiting (resolving), within the experience of primary care or not serious then the child could be discharged and the GP advised accordingly. It is the GP's decision to re-refer the child if he/she thought to be appropriate.
 - The outcome of the review of the medical chart should be recorded in the chart along with a copy of the discharge letter to both the GP and the patient. Secretarial staff will close the episode on PAS and discharge.
 - If the condition/complaint thought to be significant (e.g. unstable asthma, epilepsy, sever faltering growth) then the consultant should:
 - A. Ask the medical secretary to check the address (through contact with the GP surgery).
 - B. Check with the GP if the child attends another specialist (NHS or privately) for the same condition/ complaint, if so then the child could be discharged and the GP advised accordingly.

- C. If there was no change of address, and the child doesn't attend any other specialist then the social services should be contacted. The consultant should explain his/her concerns. The Medical Secretary to record the outcome and file any correspondence from the Consultant to the GP / Social Services / Health Visitor in the Medical chart before closing the episode on PAS and returning the chart to Health Records.

3. CNA Protocol

If a patient cancels their outpatient appointment the following process must be implemented:

- The patient will be given a second opportunity to book an appointment, which should be within 6 weeks of the original appointment date.
- |
- If a second appointment is cancelled, the patient will not normally be offered a third opportunity and will be referred back to their referring clinician. If a further appointment is required the clinician should refer the patient again.
- If the patient specifically states that they want the following month for an appointment because they are going on holiday etc, i.e. they are selecting an appointment date which will breach. The procedure is as follows:
 - i) Record the latest appointment offered in the PTL month;
 - ii) cancel the appointment 'by patient'; and
 - iii) book the breach appointment which the patient has requested.

The patient should be removed from the waiting list if appropriate and the reason for removal recorded on PAS.

An audit of DNA/CNAs should be carried out on a regular basis by the Head of Outpatients.

-----Original Message-----

From: Carroll, Anita <[REDACTED]>

Sent: 23 November 2011 09:24

To: Trouton, Heather <[REDACTED]>; Conway, Barry

<[REDACTED]>; McVey, Anne <[REDACTED]>;

Carroll, Ronan <[REDACTED]>

Cc: Rankin, Gillian <[REDACTED]>; Stinson, Emma M

<[REDACTED]>; Forde, Helen <[REDACTED]>

Subject: Fw: New triage report

Dear all

See below from helen

Just to keep you briefed on any new developments

Anita

From: Forde, Helen

To: Reid, Trudy; Corrigan, Martina; Devlin, Louise; Burke, Mary; ADAIR, Loraine

<[REDACTED]>; Murray, Eileen; Porter, Alison; McGEOUGH, Mary;

McStay, Patricia; Glenny, Sharon; Richardson, Phyllis; McAreavey, Lisa; Clayton, Wendy

Cc: Robinson, Katherine; Carroll, Anita

Sent: Wed Nov 23 09:09:46 2011

Subject: New triage report

There is a new triage report available on BOXI. It is found under Acute Services, Standard reports, Outpatients, Outpatient Waiting List (New Patients) and is called "Outpatient New Waiters with no WL code".

This will allow you to print a report which will show those patients who have not been added to a WL, which means that they haven't been triaged. You can get the patient level detail and it will also show the number of days that the letter is waiting to be triaged. It doesn't include the GP Suspect Cancer Referrals.

Hope this is useful.

Helen Forde

Head of Health Records and Booking Centre The Rowans, CAH

Tel : [REDACTED]

-----Original Message-----

From: Rankin, Gillian <[REDACTED]>

Sent: 21 November 2011 08:47

To: Robinson, Katherine <[REDACTED]>; Reid, Trudy

<[REDACTED]>; Corrigan, Martina

<[REDACTED]>; Devlin, Louise

<[REDACTED]>; Burke, Mary <[REDACTED]>;

Murray, Eileen <[REDACTED]>; ADAIR, Loraine

<[REDACTED]>; McStay, Patricia

<[REDACTED]>

Cc: Trouton, Heather <[REDACTED]>; Carroll, Anita

<[REDACTED]>; Carroll, Ronan <[REDACTED]>;

Conway, Barry <[REDACTED]>; McVey, Anne

<[REDACTED]>; McAreavey, Lisa

<[REDACTED]>; Clayton, Wendy

<[REDACTED]>; Glenny, Sharon

<[REDACTED]>; Richardson, Phyllis

<[REDACTED]>; Forde, Helen

<[REDACTED]>

Subject: RE: Demand/Capacity/Triage/Urgent Position

Dear all,

I propose to discuss –in addition to preparation for the meeting with the HSCB this Friday--the triage response times and management of urgent reviews by speciality as set out in Katherine's report.

Next week we will update on the position re cutting plans for backlog reviews, and would ask that you update progress on each of your plans by the close of play Friday or Monday am and send me a copy, thanks

Gillian

From: Robinson, Katherine

Sent: 11 November 2011 15:47

To: Reid, Trudy; Corrigan, Martina; Devlin, Louise; Burke, Mary; Murray, Eileen; ADAIR, Loraine;

McStay, Patricia

Cc: Rankin, Gillian; Trouton, Heather; Carroll, Anita; Carroll, Ronan; Conway, Barry; McVey, Anne;

McAreavey, Lisa; Clayton, Wendy; Glenny, Sharon; Richardson, Phyllis; Forde, Helen

Subject: Demand/Capacity/Triage/Urgent Position

Hi

Please find attached information on demand/ capacity. As you know also included in this information is the position on triage, new urgents and urgent reviews. If you would like further detail on this please ask your OSL or Service Administrators to run a PTL this will show exactly which patients have not been triaged and which urgent new patients are waiting on an appointment.

Please feel free to keep raising any issues with me re clinic booking etc.

Regards

Katherine

Katherine Robinson
Booking & Contact Centre Manager
Ramone Building
Craigavon Area Hospital
ext Personal Information

Demand Capacity Analysis - SURGERY

Month: Nov - Dec 2011

Source of Information: Ref & Booking Centre, PAS & PTL

Date Prepared: 10 Nov 2011

Prepared by: Referral & Booking Centre

O/PAEDIC	Total on PTL <i>Needing to be seen</i>	Capacity	Month	Upper Limb	Lower Limb	Named	Total	Comments
9 weeks	469	6	Nov	-209	-125	JB -24 LW/MN -36 RMcK -65 BM -4	-463	
	181	68	Dec	-36	-57	BM -6 RMcK -14	-113	
Total				-245	-182	JB -24 LW/MN -36 RMcK -79 BM -10	-576	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – Nov 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr J Bunn	Orthopaedics	CAH	5 (earliest op reg 18/10/11)	5 (longest waiter 23/08/11)	9 (earliest d/r Nov 11)
Ms L Wilson/ Mr M Neill			0	1 (longest waiter 04/10/11)	13 (earliest d/r Oct 11)
Mr B Mockford			0	0	5 (earliest d/r Oct 11)
Mr S Patton			0	0	4 (earliest d/r Oct 11)
Mr M Murnaghan			0	0	0
Mr R McKeown			11 (earliest op reg 04/10/11)	2 (longest waiter 11/08/11)	30 (earliest d/r Aug 11)
Un-named			0	5 (longest waiter 27/09/11)	n/a

Not all December sorted so some NU and UR may be sorted in Dec.

O/PAEDIC ICATS	Total on PTL <i>Needing to be seen</i>	Capacity	Month	GPSWI	Physio	Total not incl Podiatry		Podiatry	Comments
	60	113	Nov	+37	+4	+41		+12	Podiatry NR patients have been brought forward and reviews are up to date – ICATS are looking at Podiatry templates in order to reduce additional slots. GPswI/Physio new patients being brought forward. Slots will reduce as further A/L received.
	218	399	Dec	+68	+63	+131		+50	
Total						+172		+62	

UROLOGY SPECIALTY

UROLOGY	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	65	53	NOV			-12			-12	
	169	78	DEC			-91			-91	Mr Young -7, Mr Acktar - 28
										Mr O'Brien +23
Total	234	131				-103			-103	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
— NOV 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr O'Brien	Urology	CAH	1 (7wks)	0	76 (09/11)
Mr Young		CAH	4 (12wks)	0	21 (10/11)
Mr Akhtar		CAH	0	3 (29.09.11)	1 (11/11)
Mr O'Brien		BBPC	0	0	25 (06/11)
Mr O'Brien		ACH	0	0	8 (09/11)
Mr Young		BBPC	0	0	2 (07/11 DNS PATIENT)
Mr Young		ACH	0	0	0
Mr Akhtar		STH	0	0	0
Dr Rogers		CAH	0	0	N/A
GURO		CAH	0	0	N/A

UROLOGY ICATS	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ICGPUNDA	ICGPUPR2	ICSNURSA	ICSNULUP/ ICSNULUP5	Total	Comments
NOV	65	7	NOV	2	-10	SEE UROLOGY	-50	-58	Do not know Capacity for LUTS due to change in clinic set-up
DEC	47	14	DEC	3	3		8		A Reg coming and will do Luts, may be ok
Total	112	21		5	-7		-42		

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
– NOV 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Dr Rodgers/CURPR2N	Urology Icats	CAH	0	2 (10.10.11)	0
Dr Rodgers/Uro-oncology Rev			0	0	0
Nurse L Prostate			0	0	0
Nurse L Luts			0	1 (29.09.11)	0
Andrology			0	0	0

GENERAL SURGERY SPECIALTY

GENERAL SURGERY	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	64	176	NOV	+11	+5	+36	+42	+18	+112	
	592		DEC	44	16	271	214	47	592	Numbers on PTL/no Dec rotas available as yet
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
— NOV 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Mr Mackle	Surgical	CAH	0	4 (24.10.11)	3 (11/11)
Mr Hewitt			0	0	2 (11/11)
Mr Lewis			0	0	0
Mr Epanomeritakis			0	2 (01.10.11)	0
Ms Sloan			0	0	0
Mr Weir			0	0	2 (08/11)
Mr Yousaf			0	5 (25.10.11)	0
Gen Surgery		CAH	0	7 (31.10.11)	0
Gen Surgery/GRH		BBPC	0	0	2 (10/11)
Gen Surgery		STH	0	0	0
Mr Weir		ACH	0	0	0
Mr Lewis		STH	0	1 (18.10.11)	0

NU's and UR's may be sorted in Dec when rota sorted.

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS – NOV 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
General	Surgery	DHH	0	*110 (28.09.11)	0
Mr Gilpin			0	0	0
Mr Brown			0	0	0
Mr Blake			0	0	0
Mr Hannon			0	0	0
Mr Cranley			0	0	1 (10/11)
Mr Neill			0	0	1 (11/11)
Mr Brown		BBPC	0	0	0
Mr Blake		MHK	0	0	0
Mr Hannon		MHK	0	0	0
Mr Cranley		MHK	0	0	0
Mr Neil		BBPC	0	0	0
Mr Neil		MHK	0	0	0

Triage in DHH is carried out daily and all patients added to one general list

*Awaiting DHH rota

ORAL SURGERY SPECIALTY

WIT-22488

ORAL SURG	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	414	7	NOV			-246	-161		-407	CAH 41WKS/DHH 26WKS
	124	66	DEC			-31	-27		-58	CAH41WKS/DHH 26WKS
Total	538	73				-277	-188		-465	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS — NOV 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Miss Garraghy	Oral Surgery	CAH	0	30 (21.06.11) UPGRADE TO NU	0
Mr Ramsey-Baggs		DHH	0	10 (07.07.11) upgrade to NU	1 (09/11)
Mr Ramsey-Baggs	Minor ops	DHH	0	0	0

ORTHODONTIC SPECIALTY

WIT-22489

ORTHO-DONTICS	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	0	7	Nov			+7			+7	
	10	29	Dec			+19			+19	
Total	10	36				+26			+26	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS — NOV 2011

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

ENT

WIT-22490

	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
ENT 9wks	661	157	NOV	+8	+22	-259	-202	-73	-504	
	724	486	DEC	+28	+33	-118	-140	-41	-238	
Total										
ENT 13wks	66	157	NOV	+8	+22	+32	+8	+21	+91	
	653	486	DEC	+28	+33	-91	-139	+2	-167	
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS

CONSULTANT	SPECIALTY	SITE	TRiage	NEW URGENT (NU)	URGENT REVIEW (UR)
MR MCNABOE	ENT	DHH			OK
		CAH			OK
MR LEYDEN		CAH			OK
		DHH			OK

OUTSTANDING TRIAGE/NEW URGENT/URGENT REVIEWS

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT	URGENT REVIEW					
MR FARNAN		CAH			OK					
		DHH			OK					

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS					
CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
MR KORDA	ENT	CAH/STH			
		DHH			OK
MR HALL		ACH			OK
		CAH			
		STH			
MR REDDY		CAH			0
		DHH/ACH/STH			NO UR ACH.STH

OPHTHALMOLOGY SPECIALTY

OPHTHAL	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
26 Weeks	Not counted	0								Opthalmology going to IS – awaiting further update on PAS.
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS

– Nov 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
General	Ophthalmology		0	36 (longest waiter 07/04/11)	n/a
Miss Knox		ACH	0	10 (longest waiter 23/06/11)	0 glaucoma < 4 months d/r 7 glaucoma > 3 months d/r Nov 0 other
Mr Best		CAH	0	3 (longest waiter 19/9/11)	0 glaucoma < 4 months d/r 0 glaucoma > 3 months d/r 1 other earliest d/r Oct 11
Mr Murphy		CAH	0	1 (longest waiter 11/10/11)	0 glaucoma < 4 months d/r 17 glaucoma > 3 months d/r Nov 11 1 other earliest d/r Nov 11
Mr Page		DHH	20 (longest o/s 26 wks)	18 (longest waiter 01/07/11)	0 glaucoma < 4 months d/r 12 glaucoma > 3 months d/r Nov 11 0 other
Mr McIlwaine		DHH	0	7 (longest waiter 10/10/11)	0 glaucoma < 4 months d/r 8 glaucoma > 3 months d/r Sept 11 3 other (earliest d/r Oct 11)
Miss Knox		STH	0	3 (longest waiter 07/10/11)	0 glaucoma < 4 months d/r 5 glaucoma > 3 months d/r Nov 11 0 other

Longest waiters here are usually retriaged referrals this is the patients original referral date.

Demand Capacity Analysis - MEDICINE

WIT-22494

Month: SEPT

Source of Information: Ref & Booking Centre, PAS & PTL

Date Prepared: 9/11/2011

Prepared by: Referral & Booking Centre

MEDICAL	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	0	16	NOV	0	0	+2	+14	0	+16	DR DUFFIN <small>Personal Information</small> , FIGS MAY CHANGE
			DEC	0	0	+46	+41	0	+87	DR MCGUCKEN 31 AVAIL REV SLOTS DEC
	30	117								
Total									+103	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS — AUGUST 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Dr McConnell	Medicine	CAH	0	0	0
Dr Ritchie					0
Dr Bradley			0	0	0
Dr McGucken		DHH			0
Dr McCormick					0
Dr Duffin				A	ALL OK

GASTRO SPECIALTY

WIT-22495

GASTRO	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	1	18	NOV	0		+10	+7	0	+17	DR O'BRIEN 43 REV SLOTS AVAIL NOV
	87	197	DEC	+15		+51	+24	+20	+110	DR O'BRIEN 18 REV SLOTS AVAIL NOV
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS

CONSULTANT	SPECIALTY	SITE	TRiage	NEW URGENT (NU)	URGENT REVIEW (UR)
Dr S Murphy	Gastro	DHH			0
Dr C O'Brien					0
Dr Gibbons		CAH			0
Dr P Murphy		CAH/STH			0
DR A MURDOCK					0 all rev selected

ENDOCRINE SPECIALTY

ENDO CRINE	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	0	2	NOV				+2			+2
	6	8	DEC				+2			+2
Total										+4

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
AUGUST 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
DR G MAGEE	Endocrine	DHH		0	ok

NEUROLOGY SPECIALTY

WIT-22497

NEUROLOGY	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	19	10	NOV	0	0	-8	-1	0	-9	AWAITING DISC, FIGURE MAY CHANGE
	186	95	DEC	0	0	-72	-19	0	-91	
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Dr Forbes	Neurology	CAH			OK
Dr Gray		CAH			ok
Dr Craig		DHH		CAP SHORTAGE	ok

DIABETIC SPECIALTY

WIT-22498

DIABETIC	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	0	8	NOV	0	0	+7	+1	0	+8	DHH figure includes Kilkeel pts
	20	37	DEC	-1	+1	+22	-5	0	+7	This – figure is unusual for DHH but shortfall due to annual leave
Total										

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEW					
CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Dr Ritchie	Diabetic	CAH/BBPC			0
Dr Sharpe		ACH/STH			0
Dr G Magee		DHH			0

DERMATOLOGY SPECIALTY

WIT-22499

	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
DERM 19 Weeks	688	43	Nov	-58		-205	-275	-107	-645	
	562	325	Dec	-18		-62	-121	-36	-237	
Total									-882	
ACNE 19 Weeks	0	1	Nov			+1			+1	
	0	25	Dec			+25			+25	
Total									+26	
ICATS	0	0	Nov			0			0	? retriage core referrals to fill these clinics therefore this plus capacity will be used up
	11	76	Dec			+65			+65	
Total									+65	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS
Nov 2011

CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Dr O'Hagan	Dermatology	ACH	0	1 (longest waiter 4/11/11)	14 (earliest d/r July 11) will be seen Dec
Dr O'Hagan		CAH	0	0	0
Un-named		CAH	0	0	n/a
Dr Eedy		CAH	0	0	0
Dr Eedy		DHH	0	0	14 (earliest d/r July11) will be seen in Dec
Dr O'Hagan		STH	0	0	0

CARDIOLOGY SPECIALTY

WIT-22500

CARDIOLOGY	Total on PTL <i>Needing to be seen</i>	Capacity	Month	ACH	BBH	CAH	DHH	STH	Total	Comments
	26	30	Nov	+2	+5	+18	-22	+1	-4	IBM sees IBM patients only will affect capacity
	201	147	Dec	-4	+3	-28	-8	-17	-54	Dr Duffin <small>Personal Information redacted by the USI</small> -
										This will be ok, just received additional clinics
Total									-58	

OUTSTANDING TRIAGE/NEW URGENTS/URGENT REVIEWS Nov 2011					
CONSULTANT	SPECIALTY	SITE	TRIAGE	NEW URGENT (NU)	URGENT REVIEW (UR)
Dr Moriarty	Cardiology	ACH	0	1 (longest waiter 11/10/11 – dna Nov appt)	16 (earliest d/r May11) a Nov cl was Cancelled and threw pts back on w/l
Dr Flannery		BBH	0	0	0
Dr McClelland		CAH	0	8 (longest waiter 4/8/11 – dna)	0
Dr McEneaney		CAH	0	0	0
Dr Flannery		CAH	0	3 (longest waiter 28/10/11)	2 (earliest d/r Nov 11)
Dr Menown		CAH	0	1 (longest waiter 3/11/11)	0
Dr Morgan		DHH	0	0	0
Dr Duffin		DHH	0	0	0
Dr McKeown		STH	0	0	0

Cardiology not all selected for Dec so may be ok.