		projects in key workstreams. • Trust BCBV project structure supported by shared Trust/ Local Commissioning Group accountability arrangements through Southern Health Economy Population Plan (SHEPP) Programme Board.	awaiting DHSSPS /HSCB feedback.		
17	Management and monitoring of procurement and contracts – not compliant with best practice guidance	• Clarification required with respect to Centre of Procurement Excellence coverage and capacity. Issue raised with A McCormick July 2011 seeking regional way forward • Interim approach for social care procurement agreed by Senior Management Team in absence of Centre of Procurement Excellence support including awareness training for Community Contracts Team and 'light touch' support/advice to ongoing procurements by Centre of Procurement Excellence • Contracts management improvement group established and key actions formed • Bimonthly reporting to SMT	• Action plans in place to address weaknesses identified in Internal Audit reports with updates to Senior Management Team and Audit Committee • Interim arrangements for improved support to monitoring and workplan for review of contracts documentation agreed to improve robustness of social care contract management and monitoring • Project Team in place to undertake scoping exercise to establish central database for all Trust contracts and assess risks associated with current contract management arrangements • Initial reports providing a summary position on procurement status/risk at Directorate level to be issued by scoping team • New guidance on Single Tender Action (STA) processes issued and implemented • Trust has responded to draft recommendations of J. Allen Review of Procurement. Final recommendations of Procurement Policy awaited • Trust to bring forward proposals to Regional Social Care Procurement Group to address procurement deficiencies in social care	Performance and Reform/ Finance/All	MODERATE

18	Implementation of Business Systems Transformation Programme • Maintenance of existing services over the 12-18 month implementation period in light of the potential retention and morale impact on those staff to be displaced • Disruption to ongoing business resulting from the secondment of 26-30 staff to oversee the implementation • Disruption to transaction processing/quality of management information/financial forecasting and achievement of financial duties Shared Services	• The Trust has established an implementation structure • Engagement in regional process	• Human Resources strategy outlining the options for those staff potentially displaced • Secure backfill staff with the appropriate skills and experience on a timely basis • The Trust may need to reschedule corporate priorities as the workload associated with the implementation increases • Consultation on shared services completed and Ministerial decision announced • Efforts being renewed to secure suitable employment opportunities within the Trust for displaced staff and to maximize the potential for staff to stay with their current function until replacement systems are tried, tested and in place • Assurance to be sought from BSO that all functions will be maintained throughout the period of transition	Human Resources/ Finance	HIGH

Changes to Corporate Risk Register since April 2012 to date

Date	Decision taken at	Changes to Corporate Risk Register
2 May 2012	**SMT**	Agreed to separate out risk of harm to patients from water borne pathogens from HCAI risk and include on Corporate Risk Register as moderate risk.
4 July 2012	**SMT**	Agreed addition of risk of exposure to asbestos fibres from work activities on or near asbestos containing materials within Trust facilities to Corporate Risk Register as moderate risk. Risk assessment on 'Lack of compliance with RQIA recommendations in relation to the management of medicines management in domiciliary care' discussed. Risk assessment to be reviewed by Trust Medicines Management by Non Nursing Staff in the Community Steering Group on 23rd July 2012 and update to be provided to next SMT.
5th September 2012	**SMT**	Review of risks and updates received for a number of risks. Agreed removal of Corporate Risk No. 2 '**Level of unallocated child care cases' –** will be managed as Directorate risk issue. Agreed to escalate 'Level of Residential Home/Nursing Home/Domiciliary Annual Reviews not completed' from moderate to high risk.

Confidential

Meeting on 17 December 2015
Associate Medical Director's Office – Admin Floor – Craigavon Area Hospital

Present:
Mr Mackle (chair)
Mr Young
Mr O'Brien
Mr Glackin
Mr Haynes
Martina Corrigan

Apologies: Mr O'Donoghue (on annual leave)

Mr Mackle outlined that the purpose of the meeting was to put a plan in place to support Personal Information redacted by the USI and assist him fulfil all aspects of job in a safe supported manner, and to determine his fitness and ability on all aspects of the job but in particular the ability to perform 'open' surgery.

Mr Mackle advised that he had outlined the Team's concerns to Dr Wright the Medical Director and he has asked that a documented plan is put in place in particular with respect to:

a) What training and courses needs to be identified and booked
b) What are the timescales
c) Support for when on call

TG = difficult for provide to cover by team in day to day.
Deficiency in open surgery e.g. injured bladders, injured uterus.

Persona l Informat doesn't recognise deficiencies – his perception different from Team (TG)

Surgery is not the only one element
Registrars – decision making on WR
"Lack of decision-making"

Long term. Here and now – how do we manage?

Process of defined training,
Second on call = MY tonight up on ward at 5pm to check patients.

Need to meet with Perso nal Inform and explain training + pro-active about patients.

More international.
Ward rounds to be accompanied by another consultant. (paid ½ PA)

6months. Consultants to do a supportive ward round:
Wed PM going to AOB in place.
Alternative Tuesday , AOB/TG.

Courses……..

1. MY to talk- decision making
2. EM to talk- decision making
3. Go to theatres
4. Talk to people
5. Courses

Corrigan, Martina

From: O'Brien, Aidan [redacted]
Sent: [redacted] 18:58
To: Simpson, John; Brown, Robin; Rankin, Gillian; Rice, Francis
Cc: Parks, Zoe
Subject: RE: re staff grade urology

Dear Dr. Simpson,

Apologies for delay in reply.

I hope that it is not inappropriate to detail events since we last spoke Monday afternoon. I was particularly concerned then regarding my failure to have adequately enquired into the reported concerns of the senior nurse to whom you have referred. I therefore since spoke to the anaesthetist involved in the incident which gave rise to the expression of concern. She conversely was of the view that [redacted] did not pose safety risk to the patient at all. Her concerns were due to her not having the case history clearly presented to her in a clear and concise manner, and which can be difficult in any acute situation. As intimated previously, the case was complex and difficult. It took some time subsequently for several specialists to arrive at a diagnostic consensus of post-polio syndrome. The impression of incompetence may have been further exacerbated by [redacted] slow delivery of speech.

On Monday evening, I had discussions with our other registrar, Mr. Keane, for whom I have highest regard. Again conversely, he expressed concerns regarding [redacted] focus. He felt that he was more occupied by his current pay structure and by being allowed to do the FEBU (Fellowship of European Board of Urology) exam than sorting out, or helping to sort out, the care of patients. He do has had to listen to [redacted] animated narration of his previous difficulties, etc., and repeatedly. On the other hand, he considered that [redacted] was highly knowledgeable of urology.

Following your concerns regarding the potential risk of his adverse reaction, I deferred meeting with [redacted] until Tuesday evening when I could be accompanied by Mr. Akhtar as witness. The meeting went very well indeed. After all of the conflicting reportage, I had mixed feelings regarding the imposition of restrictions on his practice. I advised him that it had been brought to my attention by the Programme Director in Urology, by the Sub-Dean and by the Trust that he had been referred to the GMC by the Medical Director of the Trust where he had last been employed, and that enquiries had formally been made as to whether we had any concerns regarding his competence or performance. In addition, I had also been made aware of concerns raised by staff in this hospital. As a consequence, I had come to the conclusion that it would be prudent to restrict his practice. I advised him that he would no longer be on call for a period of time. I have advised him that he would not be at call at any time, night or day, during the forthcoming period. Thirdly, I advised him that Mr. Keane would conduct inpatient ward rounds, and that [redacted] would accompany him doing so. I advised him that these restrictions were being imposed by me, but without prejudice. I emphasised that we were and would continue to be supportive of him in his professional development. Lastly, I intimated that hopefully we would be able to incrementally withdraw these impositions after a period of time, and when we were confident of his competence. [redacted] had no difficulty in accepting these impositions. He did so graciously. In fact, it seemed to me that he was relieved and reassured that anyone should take such an interest.

Finally, the more I have listened to [redacted] and others about [redacted] the more circumspect I would regard the views of all. Whether perception or reality or both, I believe that he has been severely traumatised by his past experiences. In that regard, I believe that he needs to leave the past behind, as it is currently destroying him, and I advised him so. Perhaps more pertinent to our concerns, I believe that it may very well be the case that he has not received any training during recent years as he was considered not to be entitled to any training as he occupied purely service posts. That is, at least, his perception. The reality now is of a highly knowledgeable doctor with little operative experience or skill, and possibly inadequate clinical skills in acute situations. I believe that he may very well be capable of development in a supportive environment. I do hope so, and hope that I am not naively wrong.

Sorry for long reply,

Aidan.

From: Simpson, John
Sent: Personal Information redacted by the USI 11:30
To: Brown, Robin; O'Brien, Aidan; Rankin, Gillian; Rice, Francis
Cc: Parks, Zoe
Subject: re staff grade urology

Robin/Aidan,
Further to discussions re Personal information redacted by USI could you provide me with something in writing regarding any concerns re performance.
Aidan,
Could you provide something in writing re your discussion today with said doctor. In particular please detail any proposed restrictions on his practice.
Gillian,
Concerns were expressed verbally to Robin by a senior nurse. Is it possible to have this documented.
Gillian/Francis,
It is a matter for concern that a senior nurse would have significant concerns about the performance of a doctor that don't seem to have been followed through. I think there must be some learning here re clinical governance.
John

Corrigan, Martina

From: Tedford, Shirley [redacted]
Sent: [redacted] 09:37
To: Corrigan, Martina
Subject: Statement regarding [redacted]
Attachments: Statement regarding [redacted] docx

Martina,

Hope this is ok, if you need any more information give me a shout

Shirley

Statement regarding Personal information redacted by USI, Urology registrar.

Nursing staff in within 3 south had expressed their concerns on several occasions to me, when I was the ward manager regarding Personal information redacted by and his ability make decisions with regards to patient care. They felt there was a lack of senior medical cover to deal with ill patients or emergency situations, when he was on call. I in turn raised their concerns with the Mr. Michael Young, Lead Clinician in Urology especially in regard to incorrect prescribing of Intravesical Chemotherapy treatment. It was agreed to give him some leeway on this occasion as he was settling into a new hospital and ward routine. The correct prescription forms were shown to him and an explanation given as to why there were 3 copies and who each copy went to, but he continued to prescribe the treatment on drug kardexs, this was again highlighted to the Lead Clinician who said he would address the issue. I had kept Martina Corrigan, Head of Service informed of the concerns the nursing staff had regarding Personal information redacted by

On the morning of the 14th February a patient on the ward became extremely unwell and collapsed, the nursing staff present at this time felt he was unsure as to who to contact and how to deal with the situation. I took it upon myself to instruct Freda Bingham, to contact Aidan O'Brien via telephone as I was concerned for the patient. As it was a bad line Aidan rang me back to my mobile and I discussed the patient's condition and that I felt Personal information redacted by was unsure what to do. Aidan contacted Damian Scullion, Consultant Anaesthetist who in turn arranged for Gail, Anaesthetist to come and review the patient. After some time on the ward Gail arranged for the patient to be transferred to ICU, as Personal information redacted by had left the patient to continue with the ward round. Freda Bingham and I assisted with the transfer of the patient to ICU and while on route Gail admitted that she was unable to make a full assessment of the patient as Personal information had not given her any information to work on. I filled Gail in on the patients past history, as he was a long standing patient within urology and the reason for his current admission to hospital. The next day Gail actually visited the ward and thanked me for my help the day before as she said if it hadn't been for the nursing staff she would have been given no information on the patient and that she had passed this information to Dr. McAllister.

After this incident I again spoke with Mr Young and expressed my concerns highlighting that had it not been for the prompt action of the nursing staff I had on duty that day the outcome could have been very different and that the issue regarding Personal information redacted by needed addressed urgently.

Shirley Tedford

Corrigan, Martina

From: Corrigan, Martina [redacted]
Sent: [redacted] 12:29
To: Mackle, Eamon; Brown, Robin
Cc: Parks, Zoe
Subject: FW: [redacted]

Importance: High
Sensitivity: Confidential

Dear Mr Mackle and Mr Brown,

I wish to provide some written confirmation of some verbal concerns that have been raised by staff through me regarding [redacted] .

I can confirm that the nursing staff have verbally discussed with the Consultant Urologists and myself their concerns regarding [redacted] skills in respect of Flexible Cystoscopies that are done in Thorndale every Thursday PM. He continuously runs over and they feel he does not instil confidence in his patients and heightens their anxiety. The staff have requested that the consultants be present while he is doing these procedures and I have witnessed Mr Young foregoing MDT to be in Thorndale when he is doing these procedures.

I can confirm that there are normally 10 flexible cystoscopies done on an afternoon list but this has been reduced to 8 for [redacted] as he ran over constantly and again the patients complain as they don't like his manner. He arrives late to theatre in the morning and one particular Friday he arrived at 10:30 (patients were there from 7:30) and then proceeded to say to the staff that he would only see 3 and send the rest home as he needed to get back to the ward [redacted] I had said that he needed to stay in theatre which he didn't accept so I rang Mr Young and asked him to contact [redacted] and tell him he had to stay and see all the patients on the list.

I have also been made aware through the nursing staff of an issue one weekend where Dr McAllister was involved and he was not happy with the care that was being provided by [redacted] and he asked to get a patient transferred from the ward (3 South) to ICU.

Many thanks

Martina

Martina Corrigan
Head of ENT and Urology
Craigavon Area Hospital

Tel: [redacted] (Direct Dial)
Mobile: [redacted]
Email: [redacted]

From: McCann, Emma
Sent: [redacted] 10:16
To: Corrigan, Martina
Subject: [redacted]

Hi Martina,

Ciara, Linda and I have composed a short summary for Mr Brown.

From [redacted] has been a Registrar in 3 south I as Acting Ward Manger and the Clinical Band 6 (x3) have found it increasingly difficult to work with [redacted]. The most recent complaint has come through this week via the Chemotherapy Clinic which is carried out by RN Holloway. The patient [redacted] complained bitterly about the way in which [redacted] was late for histology clinic approximately 2 hours and the delivery of information to the patient, this is a repeated complaint from staff and patients on a daily basis.

Other issues escalated to me from staff and junior Doctors is the failure of [redacted] to respond to his bleep in times of need. I have addressed this issue which remains unresolved and is an on-going problem at ward level. Mr [redacted] also seems to have an issue prescribing medication at ward level, he always refers this task onto more junior staff which are not always available and patient care is then compromised.

[redacted] clinical decision making is often indecisive which is demonstrated by his plan of care given to Staff and patients. This often results in senior consultants having to clarify issues addressed at ward rounds i.e. catheterisation, discharging and emergency procedures. This impacts greatly on patient care in a busy acute setting.

[redacted] general attitude and behaviour towards staff and patients is unacceptable as a specialist trainee Registrar again this is being escalated on a daily basis by staff and patients.

Kind Regards

Emma Mc Cann
Ciara Mc Elvanna
Linda Murphy

Ward 3 South
EXT [redacted]

Corrigan, Martina

From: Parks, Zoe [redacted]
Sent: [redacted] 16:05
To: Corrigan, Martina
Subject: SA

Sensitivity: Confidential

Have hand delivered all documents to Mr O'B secretary for [redacted] today

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

Phone: [redacted]
Blackberry: [redacted]
Fax: [redacted]
Email: [redacted]

From: Corrigan, Martina
Sent: [redacted] 12:29
To: Mackle, Eamon; Brown, Robin
Cc: Parks, Zoe
Subject: FW: [redacted]
Importance: High
Sensitivity: Confidential

Dear Mr Mackle and Mr Brown,

I wish to provide some written confirmation of some verbal concerns that have been raised by staff through me regarding [redacted] .

I can confirm that the nursing staff have verbally discussed with the Consultant Urologists and myself their concerns regarding [redacted] skills in respect of Flexible Cystoscopies that are done in Thorndale every Thursday PM. He continuously runs over and they feel he does not instil confidence in his patients and heightens their anxiety. The staff have requested that the consultants be present while he is doing these procedures and I have witnessed Mr Young foregoing MDT to be in Thorndale when he is doing these procedures.

I can confirm that there are normally 10 flexible cystoscopies done on an afternoon list but this has been reduced to 8 for Mr [redacted] as he ran over constantly and again the patients complain as they don't like his manner. He arrives late to theatre in the morning and one particular Friday he arrived at 10:30 (patients were there from 7:30) and then proceeded to say to the staff that he would only see 3 and send the rest home as he needed to get back to the ward [redacted] I had said that he needed to stay in theatre which he didn't accept so I rang Mr Young and asked him to contact [redacted] and tell him he had to stay and see all the patients on the list.

I have also been made aware through the nursing staff of an issue one weekend where Dr McAllister was involved and he was not happy with the care that was being provided by [redacted] and he asked to get a patient transferred from the ward (3 South) to ICU.

Many thanks

Martina

Martina Corrigan
Head of ENT and Urology
Craigavon Area Hospital

Tel: Personal Information redacted by USI (Direct Dial)
Mobile: Personal Information redacted by USI
Email: Personal Information redacted by USI

From: McCann, Emma
Sent: Personal Information redacted by the USI 10:16
To: Corrigan, Martina
Subject: Personal information redacted by USI

Hi Martina,

Ciara, Linda and I have composed a short summary for Mr Brown.

From Personal information redacted by USI has been a Registrar in 3 south I as Acting Ward Manger and the Clinical Band 6 (x3) have found it increasingly difficult to work with Personal information redacted by USI. The most recent complaint has come through this week via the Chemotherapy Clinic which is carried out by RN Holloway. The patient Personal information redacted by USI complained bitterly about the way in which Personal information redacted by USI was late for histology clinic approximately 2 hours and the delivery of information to the patient, this is a repeated complaint from staff and patients on a daily basis.

Other issues escalated to me from staff and junior Doctors is the failure of Personal information redacted by USI to respond to his bleep in times of need. I have addressed this issue which remains unresolved and is an on-going problem at ward level. Mr Personal information redacted by USI also seems to have an issue prescribing medication at ward level, he always refers this task onto more junior staff which are not always available and patient care is then compromised.

Personal information redacted by USI clinical decision making is often indecisive which is demonstrated by his plan of care given to Staff and patients. This often results in senior consultants having to clarify issues addressed at ward rounds i.e. catheterisation, discharging and emergency procedures. This impacts greatly on patient care in a busy acute setting.

Personal information redacted by USI general attitude and behaviour towards staff and patients is unacceptable as a specialist trainee Registrar again this is being escalated on a daily basis by staff and patients.

Kind Regards

Emma Mc Cann
Ciara Mc Elvanna
Linda Murphy

Ward 3 South
EXT Personal Information redacted by

Corrigan, Martina

From: McCann, Emma <Personal Information redacted by USI
Sent: Personal Information redacted by the USI 10:16
To: Corrigan, Martina
Subject: Patient 99

Hi Martina,

Ciara, Linda and I have composed a short summary for Mr Brown.

From Personal information redacted by USI has been a Registrar in 3 south I as Acting Ward Manger and the Clinical Band 6 (x3) have found it increasingly difficult to work with Personal information redacted by USI. The most recent complaint has come through this week via the Chemotherapy Clinic which is carried out by RN Holloway. The patient Mr Personal Information redacted by USI complained bitterly about the way in which Personal information redacted by USI was late for histology clinic approximately 2 hours and the delivery of information to the patient, this is a repeated complaint from staff and patients on a daily basis.

Other issues escalated to me from staff and junior Doctors is the failure of Personal information redacted by USI to respond to his bleep in times of need. I have addressed this issue which remains unresolved and is an on-going problem at ward level. Mr Personal information redacted by USI also seems to have an issue prescribing medication at ward level, he always refers this task onto more junior staff which are not always available and patient care is then compromised.

Personal information redacted by USI clinical decision making is often undeceive which is demonstrated by plan of care given to Staff and patients. This often results in senior consultants Having to clarify issues addressed at ward rounds i.e. catheterisation, discharging and emergency procedures. This impacts greatly on patient care in a busy acute setting.

Personal information redacted by USI general attitude and behaviour towards staff and patients is unacceptable as a specialist trainee Registrar again this is being escalated on a daily basis by staff and patients.

I hope this is satisfactory in your investigation.

Kind Regards

Emma Mc Cann
Ciara Mc Elvanna
Linda Murphy

Ward 3 South
EXT: Personal Information redacted by USI

Corrigan, Martina

From: Mackle, Eamon [redacted]
Sent: [redacted] 14:39
To: Corrigan, Martina
Subject: FW: Urgent

Martina

Can you send Zoe a note re the chemo and flexible CUs

Eamon

-----Original Message-----
From: Parks, Zoe
Sent: [redacted] 10:28
To: Mackle, Eamon
Subject: Urgent

Can you provide me with a brief note of the concerns that were reported to you verbally - I will need to include these in the information forwarded to him in advance of the meeting. Give me a ring to discuss if required.

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

Phone: [redacted]
Blackberry: [redacted]
Fax: [redacted]
Email: [redacted]

-----Original Message-----
From: Parks, Zoe
Sent: [redacted] 17:50
To: Mackle, Eamon
Subject: Re: Meeting with Mr Brown

Yes although I nay need you to document the verbal concerns you were aware of highlighting who told you, approx date and details if possible. I have no written record of these.

----- Original Message -----
From: Mackle, Eamon
To: Parks, Zoe
Sent: [redacted]
Subject: Fw: Meeting with Mr Brown

Zoe

Will you take this up with Robin and Michael

Eamon

----- Original Message -----
From: [redacted]
To: Parks, Zoe
Cc: Mackle, Eamon
Sent: [redacted]
Subject: Re: Meeting with Mr Brown

Dear Mr Mackle,

Re: Concerns about my performance

Thank you for your letter of [redacted]. I would appreciate if the meeting could be held on Thursday [redacted] because it is a day of mainly admin and it is easier for me to concentrate on the meeting. Mondays are usually very busy clinics, i rather avoid mixing my clinical work with the allegations.

Could you please, send me the following documents before the meeting:

1. Copies of all the written complaints about me

2. Signed and dated statements from those who made verbal complaints about me particularizing the allegations, when the alleged events took place, the way person attempted to adress these complaints with me, the way the person attempted to deal with these complaints by engaging others, who they are and how and when they did it?

3. Details of particular complaints: which chemotherapy deficiencies were perceived and which procedural deficiencies were perceived giving patient details

3. Copy of the complaints procedure/leaflet given to patients/relatives

4. Copy of the complaints procedure given to staff when they want to raise a complaint about a member of staff

5. If you are unable to provide any particular documents, please, let me know why not

6. Thank you for offering Occupational Health Services and this is something I may wish to consider. Please, provide me with further information as to where these are and their contact details (telephone, or email, please).

Thanking you for your kind attention,

[redacted]

On Tue, [redacted] 11:12:31 +0100
"Parks, Zoe" [redacted] wrote:
> [redacted]
>
>
>
> [redacted]
>
>
>
> Re: Meeting with Mr Brown
>
>
>
> Please confirm if you would be available to meet with Mr Brown on:
>
> Monday [redacted] at 2.30pm
>
> in the AMD Office Administration Floor
>
> Craigavon Area Hospital
>
>
>
> I look forward to hearing from you.
>
>
>
> Many thanks

>
>
>
>
>
> Mrs Zoë Parks
>
> Medical Staffing Manager
>
> Southern Health & Social Care Trust
>
> Craigavon Area Hospital
>
> 68 Lurgan Road, Portadown
>
>
>
> Phone: Personal Information redacted by USI
>
> Blackberry: Personal Information redacted by USI
>
>Fax: Personal Information redacted by USI
>
> Email: Personal Information redacted by USI
>
>
>
> The Information and the Material transmitted is intended only for the
>person or entity to which it is addressed and may be
>Confidential/Privileged Information and/or copyright material.
>
> Any review, transmission, dissemination or other use of, or taking of
>any action in reliance upon this information by persons or entities
>other than the intended recipient is prohibited. If you receive this in
>error, please contact the sender and delete the material from any
>computer.
>
> Southern Health & Social Care Trust archive all Email (sent &
>received) for the purpose of ensuring compliance with the Trust 'IT
>Security Policy', Corporate Governance and to facilitate FOI requests.
>
> Southern Health & Social Care Trust IT Department 028
>Irrelevant redacted by the USI
>

CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD
PORTADOWN, BT63 5QQ

UROLOGY DEPARTMENT

CONSULTANT: Mr MRA Young, Consultant Urologist
SECRETARY: Miss Paulette Dignam
TELEPHONE: Personal Information redacted by the USI
FAX: Personal Information redacted by the USI
E-MAIL: Personal Information redacted by USI

Personal Information redacted by the USI

RE: REPORT ON INCIDENT INVOLVING Personal information redacted by USI, THURSAY Personal information redacted by USI AND FOLLOW UP ACTION FROM SAME EVENT.

MARTINA CORRIGAN
HEAD OF SERVICE (UROLOGY & ENT)
ADMIN FLOOR
CRAIGAVON AREA HOSPTIAL

Dear MARTINA

I am writing to you as Departmental Service Administrator with reference to an incident on Personal information redacted by USI. It was brought to my attention at lunchtime, Personal information redacted by USI, while in the Thorndale Unit, that Personal information redacted by USI had left the building with the intention of not returning for clinical duties that afternoon. Earlier that morning, I had a conversation with Personal information redacted by USI with regards to a change in planned clinical activities that afternoon; the change of plan related to the fact that several of the urology team were off sick and clinical duties had to be changed. Of the duties to be covered, Personal information redacted by USI agreed to undertake the haematuria clinic in the Thorndale Unit that afternoon. There appeared to be no problem with this arrangement.

When attending a meeting in the Thorndale Unit at lunchtime, I was informed that there was a change in plan and that the haematuria clinic was to be switched from one room to another within the Thorndale Unit. This, I am told, related to an infection control risk. It is not clear why Mr Personal information redacted by USI took exception to the senior nurses' decision to switch rooms. The verbal exchange between Personal information redacted by USI and the senior nurse McMahon did not portray to me a clear reasoning on his behalf from what nurse McMahon told me about the conversation. In any case, he left the building; the temperament was such that it was not clear whether he was going to return.

At this point, I decided to leave the situation until it was clear whether he would return and as such, while I was in my office with Malcolm Clegg, Senior HR Officer, that I took the opportunity to ring Personal information redacted by USI on his mobile phone. An adequate reason for not being at his clinical station for duties that afternoon was not given and in fact I found that when I asked where he was at 2:10pm, he informed me that he was at home. It should be noted that at this stage Personal information redacted by USI had not informed me as his Line Manger that he would not be attending his clinical duties that afternoon nor had he made an arrangement for others to cover his activity. Mr Clegg overheard the full conversation to be had with Personal information redacted by USI. I terminated the conversation with Personal information redacted by USI noting that I would speak to him the following day. On completion of this phone conversation Mr Clegg and myself noted this rather unusual state of affairs and in fact neither of us had come across this situation before and we both concluded that it was completely unacceptable. Mr Clegg and myself then had a conversation with regards to his subsequent clinical activities for the Trust, being somewhat concerned about this bizarre reaction. Mr Clegg was to find out about his employment position.

On further investigation we find that although Personal information redacted by USI had been offered a clinical post as a speciality doctor, he had not signed his contract as we were awaiting references from previous employment, which would have governed his position on the pay scale. He had been enquiring specifically about this particular point and I understand both from the Trust's perspective and Personal information redacted by USI himself that contracts had not been exchanged because both parties were uncertain about this exact point.

On Friday Personal Information redacted by the USI, I understand that Personal information redacted by USI attended the ward as part of his previously arranged rota allocation to perform a ward round and associated duties. I personally was not on Trust duties that morning but did return at lunchtime. However during the morning I had contacted Mr Pahuja, Consultant Urologist, to whom Personal information redacted by USI was due to help for an afternoon theatre list. I informed Mr Pahuja that I felt it prudent and indeed requested him to perform all the duties for the theatre list himself which include the consenting of patients and the undertaking of the theatre list. I had asked that Personal information redacted by USI was not to undertake any of these duties. The reason was that I felt uncertain whether he was capable of doing so in light of the previous day's events. I would like to note that I was unaware that he had been assigned ward duties in the morning; this also would have been halted. There had been the expectation that he would have spoken to me before proceeding further. As it was, he had obviously spoken to Mr Pahuja, who had informed him of the afternoon's plans and at this point Personal information redacted by USI had phoned me. An ultimatum was given to me that he was going to go home again if not allowed to undertake the theatre list in the afternoon. At this point, I stopped Personal information redacted by USI conversation and informed him that he was not to be giving me an ultimatum and that I would meet him in my office in fifteen minutes.

When I arrived at my office, Personal Information redacted by USI was already sitting in a seat. I asked him if it was his normal practice to enter an office of a senior member of staff without the senior member already being in the room. At this point he said that on this occasion he took the liberty. I then had a clear consultation with Personal Information redacted by USI informing him that the activities of the day before were completely unacceptable. He had left patients at risk, had not informed me as his Line Manger and had not arranged cover. I offered him an opportunity to explain himself but he did not have a reason for his actions. I felt that I had no other position than to terminate his contract with our department. He appeared to accept this as there was no further rebut. We shook hands and he left the room.

Just prior to this meeting I had phoned you to define the Trust's position. I was informed that he had not signed any contract for his speciality doctor post and he was still under the remit of the Locum Agency. It was therefore in our power to terminate his contract as this was on a sessional basis in any case. The meeting with Malcolm Clegg the day before would have held the same conclusion that this behaviour was unacceptable to the level of dismissal.

I, as Lead Clinician, have informed my fellow colleagues in the department of this action and I have obtained unanimous agreement. I also had discussed my thoughts with my senior colleague, Mr O'Brien prior to the consultation. I feel this is a fair and accurate record of the course of events. I have asked for a copy to be sent to Robin Brown for his information as Urology Surgical Directorate Lead as well as to Malcolm Clegg, Human Resources.

Yours sincerely,

Mr M RA Young, MD FRCS (Urol)
Consultant Urologist

cc MR ROBIN BROWN
CONSULTANT SURGEON
DAISY HILL HOSPITAL
5 HOSPITAL ROAD
NEWRY
BT35 8DR

cc MR MALCOLM CLEGG
SENIOR HR OFFICER
TRUST HEADQUARTERS
CRAIGAVON AREA HOSPITAL

Action Plan

Type of Action	Details of Action	Outcome	Comments
Formal and Informal Discussions	Engaged in discussions with my consultant colleagues – Mr Young, Mr O'Brien, Mr Glackin, Mr Haynes and Mr O'Donoghue. Requested my colleagues to inform me of any major urological emergency, even if out of hours, so that I can avail the opportunity to observe and assist.	Finalised days/time to attend extra theatres for observation of major open cases	I am liaising with the secretaries to keep me up to date on current theatre schedules for major cases
Theatre Observations	Attended various theatre sessions to observe and to assist major cases	Improved my confidence and skills in open cases	All such theatre sessions attended are recorded on a separate log book
Research / Booking of Suitable courses	Engaged in independent research about suitable courses. Contacted BAUS Office of Education and the organisers to obtain course details	Identified three courses* which will enable me to gain hands on skills	To book the courses, soon after the announcement.

*Courses Identified

1. Advanced Cadaveric Trauma Emergency Surgery Course (ACTs)
   Date: September 26, 2016 Emailed Newcastle surgical training centre and is awaiting registration

2. Cadaveric Course Module 3- Male and female urinary incontinence – Probably in Oct 2016. Date yet to be announced.

3. Cadaveric Course Module 4- Emergency and Trauma Urology cadaveric course- Probably in Oct 2016, Date yet to be announced.

Kothandaraman Suresh Consultant Urologist 17/04/2016

Corrigan, Martina

From: Suresh, Ram [redacted]
Sent: 18 April 2016 17:57
To: Mackle, Eamon
Cc: Young, Michael; Corrigan, Martina
Subject: Action Plan
Attachments: ksuresh courses.pdf; Other theatre sessions.xlsx

Dear Mr Mackle,

Further to the meeting we had on 23rd March 2016, I would like to furnish my action plan, which I have attached to this email.
I have also attached the details of the 'extra theatre sessions', I managed to attend so far.

I would like to avail this opportunity to thank you and my colleagues for the kind support and help offered.

Kind regards

Ram Suresh
Consultant urologist.

CRAIGAVON AREA HOSPITAL Mr SURESH, Consultant Urologist

Other theatre sessions

TIME	TCI DATE	H+C	FORENAME	SURNAME	DOB/AGE	PROCEDURE/ OPERATION done	Main Consultant	Comments
	23/03/2016	Personal information redacted by USI	Personal information redacted by USI	Personal information redacted by USI	Personal Information redacted by USI	Laparotomy, repair of VVF & rectal injury	AOB	
	24/03/2016	Personal Information redacted by USI			Personal information redacted by USI	Repeat Right urterolysis & segmental excision of right ureter	AOB	
	08/04/2016	Personal information redacted by USI			Personal information redacted by USI	Laparoscopic left radical nephrectomy	AG	
	13/04/2016	Personal information redacted by USI			Personal information redacted by USI	Marsupilisation of right renal cyst, refashioning & reimplantation	AOB	

Southern Health and Social Care Trust

Quality Care - for you, with you

trust excellence awards 2016

Nomination Form

Better Together -

Award for Team of the Year (front line)

Each nomination must be entered on a separate form.
Please provide as much detail as you can.

The closing date for nominations is **Friday 11 March 2016.**
Nominations received after this date will not be accepted.

Send your completed form to:
Excellence.Awards@southerntrust.hscni.net

If you need help to complete the form you can contact your line manager or alternatively contact your local Trade Union Representative.

About You…

Your details will only be used in relation to this nomination and will not be passed to anyone else without your permission.

Your name: Martina Corrigan

Your department: Surgery and Elective Care

Your Directorate: Acute

Your work address: Admin Floor. Craigavon Area Hospital

Your telephone number: Personal information redacted by USI **Mobile:** Personal information redacted by USI

Your email address: Personal information redacted by USI

Your Nomination…

(Team Nominations: please clearly state team name, along with the name of one nominee and their address. All correspondence will be sent to this individual on behalf of the team)

Name of team you want to nominate:

Thorndale Unit, Urology Team

Contact name: Martina Corrigan

Contact address: Admin Floor, Craigavon Area Hospital

Directorate: Acute

Contact email address: Personal information redacted by USI

Contact tel number: Personal information redacted by USI

Why is the individual or team being nominated?

Your statement should be a minimum of 250 words and a maximum of 600 words. (Continue on a separate page if necessary)

Better Together -
Award for Team of the Year (front line)

This will be awarded to the **team** that has done the most through working together to deliver safe, high quality care for service users in the Trust. This team will exemplify excellence across 3 key areas:

- **Exceptional Service Delivery** – Achieving consistent, measurable results in delivering safe, high quality health or social care to service users.
- **Impact** – Team accomplishments that have had a measurable positive impact on their service, division, directorate or across parts of the Trust
- **Trust values** – Clear and visible demonstration of the Trust's values which underpin their success as a team.

The judges will be looking for clear evidence across all of the above 3 key areas.

The SHSCT were the worst performing Trust when it came to the 31 and 62 day Urology cancer targets which for our patients meant that they were getting a poor quality service at time when they were already anxious about their diagnosis.

Previously red flag referral was received from the GP, triaged and appointed to the next available Consultant outpatient new and review clinic. The patient would have attended this face to face appointment with the Consultant who then would have organised their tests, e.g. bloods, Flexible Cystoscopy, TRUS biopsy, ultrasound, CT scan etc. This meant patient would have multiple attendances which was an inconvenience to them but also meant a lot more delays in their pathway, hence leading to unsatisfactory waits and numerous complaints from patients.

New Service

Now when the Red Flag referral is received the Consultant triages this and will indicate on the letter what preparations/diagnostics etc will be needed for the patients visit, e.g. bloods/ Urinalysis, flexible cystoscopy, biopsy, ultrasound, CT etc. this is then processed through the Red Flag team and the patient is appointed appropriately to the next available New Outpatient clinics. The wait for these appointments are within 8-14 days (as opposed to previously over 30 days.

These clinics are held four times per week and the team consists of 2 Consultants, 1 Urology Registrar, 2 Clinical Nurse Specialists, 1 or 2 Band 5 Nurses and Band 3 Health Care Assistant. When the patient are invited to attend the clinic they are advised that they may have to be present in the Thorndale for a number of hours and they may require to have a number of tests carried out during their appointment.

The whole team meet before the clinic starts and they discuss and make a plan for each patient. The nursing staff will greet the patient and will do any bloods urinalysis etc. the patient is seen for a consultation with the Consultant/Registrar and they will explain what other tests they may need done and the reasons why. The Nurse who is at the consultation will then accompany the patient to have their further tests done, e.g. Flexible Cystoscopy/TRUS Biopsy/Ultrasound. Clinical Nurse Specialists do these tests (only place in N. Ireland where nurses do biopsies). The Consultant/Registrar will continue seeing patients but are available for the CNS if needed whilst carrying out the procedures. Once the procedure is completed the Consultant will then discuss any results and the next steps (if any) with the patients. For most patients they will get an outcome from this consultation and will either be discharged, sent for further tests, e.g. MRI scan or will be added to a waiting list for surgery and because all consultants now keep slots free on their theatre sessions for 'red flags', patients are now seen for the majority of the time within the 62-day target. Some patients need to come back to discuss their tests and all the consultants have protected timeslots to see these patients again avoiding delay.

The result with this new team approach is that the waiting times for red flag patients have been significantly reduced. The Southern Trust are now the best performing Trust in respect of Urology Cancer Targets. The patients through verbal and patient satisfaction surveys have complimented the way that the service is run and like the fact that they get the majority of their tests done through a one-visit. The Team Clinics have been complemented through Regional Urology Meetings and have been visited by other Trust's Urology Clinical and Managerial Teams, by the HSCB and members from the Local Commissioning Teams.

Corrigan, Martina

From: Personal Information redacted by the USI >
Sent: Personal Information redacted by the USI 11:23
To: Corrigan, Martina; Young, Michael; Haynes, Mark
Cc: Personal Information redacted by the USI
Subject: Notice to terminate my placement in CAH effective from Personal Information redacted by the USI

Importance: High

Dear all
With greatest regret I am handing over my notice following the meeting with Martina earlier this morning.
My last working day will be Personal Information redacted by the USI.
I do like to work here with great colleagues and excellent team , but unfortunately my attempts to compromise were not accepted.
Therefore I had no other option than to find another job closer to my home.

Kindest regards

Personal Information redacted by the USI

Corrigan, Martina

From: Corrigan, Martina [redacted]
Sent: [redacted] 12:08
To: [redacted] Freddie Clark
Cc: Haynes, Mark; Woods, Tracey; Young, Michael
Subject: RE: time sheet for approval week ending 18/08. Query pending approval of time sheet

Thanks [redacted]

As discussed I had not been able to sign off your previous week's timesheet due to the additional hours that you included. Whilst we didn't meet until [redacted] I was very clear in my email of [redacted] what we expected from you regarding your timetable. Until this is resolved with your agency I am unable to approve as I did advise you this may be scrutinised by our auditors.

I do hope that this will be sorted tomorrow when back in the office and this will be between your agency and our Medical Locum team.

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology & Outpatients
Craigavon Area Hospital

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
[redacted] (Mobile)

From: [redacted]
Sent: [redacted] 10:31
To: Corrigan, Martina; Freddie Clark
Subject: time sheet for approval week ending [redacted]. Query pending approval of time sheet

Dear Martina

See attached my latest time sheet for approval.
As a sign of my goodwill I included the hours according to your job plan.
Even though I worked longer hours.

Regarding the pending time sheet approval week ending [redacted] I feel uneasy with this delay.
This reflects the hours I did work and entered to time-sheet. This was before our clarifying meeting on the [redacted].
Please approve or reject . In a case you reject let me know what amendments do you require .
I do not feel very comfortable with no feedback at all from you.

Kindest regards

--

Personal Information redacted by the USI MD
consultant urologist
phone: Personal Information redacted by USI
mobile: Personal Information redacted by USI
email: Personal Information redacted by USI
address Personal Information redacted by the USI

Corrigan, Martina

From: Haynes, Mark [redacted]
Sent: [redacted] 07:44
To: [redacted]
Cc: Haugh, Karen; Freddie Clark; Young, Michael; [redacted]; Corrigan, Martina
Subject: RE: Different Booking confirmations

With regards the on call rate of pay, as I state, rates of pay are agreed between the agency and the trust, in line with the framework they signed up to. Again, this is a matter to discuss with your agency and then for you agency to discuss with the trust locum team.

Mark

From: [redacted]
Sent: [redacted] 18:36
To: Haynes, Mark
Cc: Haugh, Karen; Freddie Clark; Young, Michael; [redacted]
Subject: RE: Different Booking confirmations

Thank you Mark
You did not answer the most important issue what is the same in both job confirmations namely non resident on call rate. The reduced rate is not mention in those confirmations
I hope that Coyle can give me the explanation regarding the difference in worked hours.

[redacted]

From: Haynes, Mark
Sent: [redacted] 14:12
To: [redacted]
Cc: Haugh, Karen; Freddie Clark; Young, Michael
Subject: FW: Different Booking confirmations

Morning

It is clear that there are differences between the terms with which we (Southern Trust) engaged Coyle's locum agency for a consultant urologist and the information that was sent to you by Coyle's locum agency. It is not my place to try and explain why the hours of work on the information you received differ from the hours of work that the trust provided. Pay rates are agreed between the trust locum team and your agency. Therefore, could I ask that all issues you have regarding this that you take this up with your agency in the first instance, and that your agency then liaise with our locums team. As also discussed, the hourly rate of pay is not open to negotiation and was agreed in advance between your agency and the trust, in line with the framework which they signed up to.

With regards working patterns;

1) All full time southern trust consultants have 4 hours per week or less of admin time.
2) All full time southern trust consultants have 4 hour sessions for their OP activity. Standard clinic templates are 9 patients for a new clinic and 12 for a review clinic. These numbers are minimum numbers and consultants will often see in excess of these numbers. Where clinic sessions are less than 4 hours, the numbers are reduced on a pro-rata basis. The 4 hour session includes 30min for admin related directly to that clinic, this is in keeping with the trust job planning guidelines. For a new clinic patients are booked at 15min intervals. Radiographers are present to do US and our specialist nursing team are on hand to perform the majority of additional investigations (Flow rates, TRUS biopsy, Flexible cystoscopy). For review clinics there is no expectation of additional procedures being performed during the clinic. These numbers are not

unreasonable and indeed are consistent with other units / practices across the NHS. What is being expected of you is no different from the expectations placed on the other members of the team.

3) Theatre lists all have 'down time' within them (between cases). All surgical consultants would be expected to do the admin related to the patients procedure during this time (dictation, op note, FU plan etc). Computers and dictaphones are available in theatre for this purpose (in small office next to theatre 4). Some time is required to consent patients before the list. Full time consultants have 30min for this and this can be allocated. However, there are some sessions that are not scheduled to run for 4 hours (eg afternoon DSU sessions) and the timetable had been written with the expectation of 'give and take'. Southern trust consultant job plans recognise these variations and all theatre sessions are not scheduled for 4 hours, but for the time they actually run (Friday afternoon is 1:30 to 5pm for example). We are happy for your claims to include 30min to consent patients but would also expect the time sheet to reflect the actual start and finish time of each session and these would be cross checked against the actual run time of the session.
4) The timetable included from the trust included clarity that the actual sessions to be delivered would vary.

I have responded to your comments below.

Mark

From: Personal Information redacted by the USI
Sent: Personal Information redacted by the USI 23:12
To: Corrigan, Martina
Cc: Haugh, Karen; Freddie Clark; Young, Michael; Haynes, Mark
Subject: Different Booking confirmations

Dear Martina

I am very sorry that I have to deal with this instead of concentrating on patients with full of my capacity.

Importantly I need to mention that your form similarly to booking confirmation do not mention that the non resident on call will be payed with reduced hourly rate.
So I wonder why do you want to change this to the 50% non resident rate specially that my first on call week was paid with full hourly rate. As per above, pay rates were agreed in advance between the trust and your agency.

To my opinion the attached job plan for me is not fully feasible for the following reasons.
1. To start theater sessions at 9 am the surgeon must attend at 8 am to see and consent the patients.Similarly after the end of the list it is not just an ethical issue to see the patients inform them about the outcome of the operation , dictate letter to provide electronic evidence of the outcome and follow up plan. See comment 3 above.
2. In most days I have all day clinics. There are always issues to resolve what can`t wait until next admin session . Just yesterday after I finished my clinic I had 5 patient related emails to sort out with no delay. Therefore I finished after 6 pm. Yesterday you spent a significant amount of the clinic time raising your contract / payment concerns with me. This is why the session finished late. These concerns should have been raised outside of the clinic time.
3. I was told that most of the consultants on the previous day or before the start of new patient clinics review the patients data and give written instructions for nursing staff about the necessary tests to be performed in the one stop settings. I also would like to follow this excellent practice . There is built in admin time within the 4 hours of a clinic (see comment 2). Some members of the team would work this 30min flexibly to prepare for the clinic perhaps the day before etc. They do not get any job planned time outside of the 4 hours for clinic to do this.
Therefore I think to work from 8 am to 6 pm is not unrealistic specially with 9 DCC sessions a week and just one admin session. The timetable and job we have offered is 8 DCC with 2 admin sessions (1 includes an MDM which on average lasts 1.5hours). This is more admin time than any other consultant in the team gets. As per above we enagaged you through an agency on an understanding of the hours as per the timetable.

I already said that I like to work here. with the excellent nursing staff and colleagues.

.

I am ready to compromise, bu I can`t compromise on the patients safety and the quality of my patients care.

Kindest regards

Personal Information redacted by the USI

--

Question 47

(i) Chief Executives

Name & Dates in Post	Involvement	(i) Governance Generally	ii) Concerns raised - Urology Services	Form of contact
Mr Colm Donaghy Apr 2007- Sept 2009	None	Not applicable	Not applicable	Not applicable
Mrs Mairead McAlinden Sept 2009 – March 2015	Low	Not applicable	This was in respect to urology complaints and was in the form of emails requesting updates/information	Email correspondence
Mrs Paula Clarke Mar 2015-Mar 2016	Low	Not applicable	This was in respect to urology complaints and was in the form of emails requesting updates/information	Email correspondence
Mr Francis Rice Apr 2016 – Mar 2018	None	Not applicable	Not applicable	Not applicable
Mr Stephen McNally Jan 17 – Jul 17 Nov 17 – Mar 2018	None	Not applicable	Not applicable	Not applicable
Mr Shane Devlin Mar 2018 – Jan 2022	Low	Not applicable	Involved in organising and facilitating update meetings with Urology Services staff regarding the Public Inquiry	Meetings
Dr Maria O'Kane Jan 2022 - present	None	Not applicable	Not applicable	

(ii) The Medical Directors

Name & Dates in Post	Involvement	(i) Governance Generally	ii) Concerns raised - Urology Services	Form of contact
Dr Paddy Loughran Apr 2007 – Jul 2011	None	Not applicable	Not applicable	Not applicable
Dr John Simpson Jun 2011 – Aug 2015	None	Not applicable	Not applicable	Not applicable
Dr Richard Wright Jul 2015 – Aug 2018	Low	Not applicable	Requests for updated information in respect to 2016/2017 MHPS for Mr O'Brien	Emails
Dr Ahmed Khan Apr 2018 – Dec 2018	Medium	Not applicable	MHPS information required and providing updates on return to work monitoring regarding Mr O'Brien	Emails
Dr Maria O'Kane Dec 2018 – May 2022	High	Not applicable	I worked with Dr O'Kane from June 2020 on the events leading up and since the Public Inquiry was announced	This contact was via email and meetings

(iii) The Directors of Acute Services

Name & Dates in Post	Involvement	(i) Governance Generally	ii) Concerns raised - Urology Services	Form of contact
Ms Joy Youart Apr 2007 – Dec 2009	None	Not applicable	Not applicable	Not applicable
Dr Gillian Rankin Jan 2010 – Mar 2013	Medium	Not applicable	I worked with Dr Rankin on the governance concerns of non-compliance of triage, cystectomies and practice of IV antibiotics in respect to Mr O'Brien and also providing responses to urology complaints	Meetings and emails
Mrs Debbie Burns Mar 2013 – Aug 2015	Medium	Not applicable	I worked with Mrs Burns on the governance concerns of non-compliance of triage in respect to Mr O'Brien and providing responses to urology complaints.	meetings and emails
Mrs Esther Gishkori Aug 2015 – Apr 2020	None	Not applicable	Not applicable	Not applicable
Mrs Melanie McClements Jul 2019 - Present	High	Not applicable	I worked with Mrs McClements from June 2020 on the events leading up to and since the Public Inquiry was announced	Meetings and emails

(iv) Assistant Directors

Name & Dates in Post	Involvement	(i) Governance Generally	ii) Concerns raised - Urology Services	Form of contact
Mr Simon Gibson Apr 2007 – Sep 2009	Low	Not applicable	I worked with Mr Gibson on the 2016/2017 MHPS in respect to Mr O'Brien	Emails
Mrs Heather Trouton Oct 2009 – Mar 2016	High	As Mrs Trouton was my line manager governance in general would have been discussed regularly to include, complaints/ learning from SAI's/ Standards & Guidelines/ Nursing Quality Indicators/ Datix/ staffing etc. this could have been held on a daily/ weekly/ monthly basis and would have been on a formal and informal basis	During the time that Mrs Trouton was my line manager the main area of concern that I would have raised and discussed with her was the non-compliance of triage of GP referrals by Mr O'Brien, performance issues in respect to urology review backlogs and the responses of urology complaints.	Emails and meetings
Mr Ronan Carroll Apr 2016 – present	High	As Mr Carroll was my line manager governance in general	From 2009- March 2016, I would have been involved with Mr Carroll regarding	Emails and meetings

		would have been discussed regularly to include, complaints/ learning from SAI's/ Standards & Guidelines/ Nursing Quality Indicators/ Datix/ staffing etc. this could have been held on a daily/ weekly/ monthly basis and would have been on a formal and informal basis	red flag escalations in particular in respect of Mr O'Brien. From Apr 16 – Jun 21 – Mr Carroll and I would have liaised and been involved in the MHPS in 2016/17 into Mr O'Brien and we were closely involved from June 2020 on the events leading up to and since the public inquiry was announced	

(v) Clinical Directors

Name	Involvement	(i) Governance Generally	ii) Concerns raised Urology Services	Form of contact
Mr Robin Brown (Mr Brown was CD for General Surgery in Daisy Hill Hospital – but in and about mid-2011 he was asked to support Mr Mackle with the medical management of Urology due to Mr Mackle being advised to 'step back'.	None	Not applicable	Not applicable	Not applicable
Mr Sam Hall Jan 2014 – Mar 2016	Low	The Clinical Directors were part of the Surgery and Elective Care Team and would have worked with me as Head of Service on the dissemination of learning from complaints/ standards and guideline/ SAI's/ datix etc. and Mr Hall	None	Emails/ notes of specialty meetings

		would have supported in the response to complaints.		
Mr Colin Weir Jun 2016 – Dec 2018	Medium	The Clinical Directors were part of the Surgery and Elective Care Team and would have worked with me as Head of Service on the dissemination of learning from complaints/ standards and guideline/ SAI's/ datix etc. and Mr Weir would have supported in the response to complaints.	I worked with Mr Weir during MHPS in 2017, when we met with Mr O'Brien on his Job plan.	Emails/ notes of specialty meetings
Mr Ted McNaboe Dec 2018 – Dec 2021	Low	The Clinical Directors were part of the Surgery and Elective Care Team and would have worked with me as Head of Service on the dissemination of	I worked with Mr McNaboe during 2019-2020 particularly in setting up meetings to discuss Mr O'Brien's job plan. I also liaised with Mr McNaboe over the issue in respect to deviation from this return to work plan. I can confirm that a lot of our contact was informal	Emails/ notes of specialty meetings

		learning from complaints/ standards and guideline/ SAI's/ datix etc. and Mr McNaboe would have supported in the response to complaints.		

(vi) Associate Medical Directors

Name	Involvement	(i) Governance Generally	(ii) Concerns raised - Urology Services	Form of contact
Mr Eamon Mackle Jan 2009 – Apr 2016	High	The Associate Medical Directors were part of the Surgery and Elective Care Team and would have worked with me as Head of Service on the dissemination of learning from complaints/ standards and guideline/ SAI's/ datix etc. and Mr Mackle would have supported in the response to complaints	During Mr Mackle's tenure I was involved and liaised with him regarding governance concerns of non-compliance of triage, cystectomies and practice of IV antibiotics in respect of Mr O'Brien and also providing responses to urology complaints	Informal and formal through emails and meetings
Dr Charlie McAllister Apr 2016-Oct 2016	None	Not applicable – due to the short period of time that Dr McAllister was in post	Not applicable – due to the short period of time that Dr McAllister was in post	Not applicable
Mr Mark Haynes Oct 2017 - present	High	The Associate Medical Directors were part of the Surgery and Elective	Mr Haynes and I worked on the following issues of concerns raised: 1. Personal information redacted by USI (see Q45 (iv))	Informal and formal through emails and meetings

		Care Team and would have worked with me as Head of Service on the dissemination of learning from complaints/ standards and guideline/ SAI's/ datix etc. and Mr Haynes would have supported in the response to complaints	2. Mr Personal information redacted (see Q45(v)) 3. Mr O'Brien from Oct 2017-Jun 2021 I worked closely with Mr Haynes on the issues leading up to and since the announcement of the public Inquiry	

(vii) Clinical Lead

Name	Involvement	(i) Governance Generally	ii) Concerns raised - Urology Services	Form of contact
Mr Michael Young Apr 2007 – May 2022	High	I would have provided Mr Young with any governance issues that needed discussed at the departmental meetings. Such as Intravesical chemotherapy administration in theatres. Fluid administration (arising from a coroners case then we would have discussed this at our meetings	I liaised with Mr Young as Clinical lead regarding the following governance issues in Urology: 1. Dr [redacted] (see Q45 (i)) 2. Dr [redacted] (see Q 45 (ii)) 3. Mr [redacted] (see Q45 (iii)) 4. [redacted] see Q45 (iv)) 5. [redacted] (see Q45(v)) I can confirm that I had also liaised with Mr Young on Mr O'Brien and his non-compliance of triage and of the MPHS in 2016/17.	Mr Young preferred the informal approach so most of our discussions were done face to face or by telephone.

(viii) Consultant Urologists

Name	Involvement	(i) Governance Generally	ii) Concerns raised - Urology Services	Form of contact
Mr Michael Young July 1998-May 2022	Medium	As the Urology Team's Head of Service I would have shared any learning from datix/ SAI's/ relevant to urology, complaints or circulars – for example the Intravesical chemotherapy administration in theatres. Fluid administration (arising from hyponatraemia public inquiry) and we would have discussed this as a team.	Apart from Mr Haynes (in his Associate Medical Director's role) and Mr Glackin about the lack of radiology/oncology support at the oncology MDM's - the majority of the other consultant urologists didn't raise any concerns regarding urology services, although as a team we regularly discussed the increasing long waiting times to be seen either as an outpatient (new and review) or as an inpatient or daycase, but as capacity was outside of our control and was known to Senior Management Team, we never did anything further with these discussions (mostly informal).	Formal and informal meetings, emails
Mr Aidan O'Brien July 1992 – Jun 2020	Low			
Mr Mehmood Akhtar Sept 2007 – Apr 2012	Low			
Mr Anthony Glackin Aug 2012 - present	Low			
Mr Ajay Pahuja Nov 2012 – Jan 2014	Low			
Mr David Connolly Sep 2012 – Mar 2013	Low			
Mr Ram Suresh Dec 2013 – Oct 2016	Low			
Mr Mark Haynes May 2014 - present	Low			
Mr John O'Donoghue Aug 2014 - present	Low			
Mr Thomas Jacob Jan 2017 – Jan 2019	Low			

Mr Derek Hennessy Apr 2018 – May 2019	Low			
Mr Matthew Tyson Feb 2019 – present (note was on sabbatical from July 2019- Jan 2022	Low			

Southern Health and Social Care Trust
Quality Care - for you, with you

APPENDIX 1

SERVICE SPECIFICATION FOR PROVISION OF UROLOGY URODYNAMICS FROM INDEPENDENT SECTOR PROVIDERS

1.0 INTRODUCTION

The Southern Health and Social Care Trust hereafter referred to as the Trust) on behalf of the Northern Ireland Health & Social Care Board (hereafter referred to as HSCB) requires Diagnostic assessment for Urology patients to be provided to patients currently waiting longer than 9 weeks before 28th February 2014.

2.0. BACKGROUND

2.1. The provision of services will require to be scheduled to meet waiting times targets for this specialty, specifically that patients will not wait more than 9 weeks for their Diagnostic assessment.

2.2. The Trust does not have the capacity to deliver all the activity needed in 2013/14 to guarantee every patient the standards in 2.1, the Trust wishes to establish arrangements with healthcare organisations that will work in partnership to achieve these targets.

3.0. SERVICE SCOPE

3.1. Providers selected should ensure that services should be provided in accordance with:

3.1.1. the targets specified at 2.1;

3.1.2. the agreed level of activity detailed in the indicative activity plan , 3.2, below;

3.1.3. the contract terms and condition as per the Independent Sector Treatment contract enclosed, and in accordance with best clinical practice guidelines;

3.2 Indicative Activity Plan

3.2.1 It is planned that in the first instance the **indicative** volume for this service is approximately:

170 patients requiring urodynamics diagnostic treatment

3.2.2 All activity requires to be completed by **28 February 2014** however, the Trust requires that throughout the period of the contract that activity be undertaken in-month to achieve required

patient access standards. To this end the Trust will agree with the provider the completion date for each cohort of patient transfers as they are dispatched.

3.2.3 The indicative volume for a range of assessments agreed with the Provider, subject to both parties agreement, may be increased or decreased subject to the needs of the service.

3.2.4 Services must only relate to a Patient's original referral or presentation. Where assessment identifies further treatment needs beyond the scope of the original referral, providers must obtain the prior agreement of the Trust before engaging in further treatment. Should the Provider propose a different treatment option from that identified in the transfer details, prior permission must be sought from the Trust to proceed with this option.

3.3 Exclusion Criterion

3.3.1 The following groups are excluded from referral to this service

- Patients with suspected Cancer on red flag referral pathways*
- Paediatric patients aged under 18 year

**Patients with suspected cancer must follow the red flag suspect cancer pathway*

3.3.2 Patients deemed unsuitable under the above criteria by the independent sector provider should be **immediately** referred back to the Trust for management.

Providers must provide in their submissions details of any exclusion criterion identified within their facilities; such detail may include high BMI, access issues, ASA level thresholds.

3.4 **PRICES**

3.4.1 PROVIDERS ARE ASKED TO PROVIDE A TOTAL PRICE FOR THE MANAGEMENT OF THE PROCEDURES IDENTIFIED IN SCHEDULE 1. PRICES SHOULD NOT EXCEED THE REGIONAL TARIFF

3.4.2 Prices submitted must include all costs anticipated for the completion of the outpatient consultation and identified procedures and any relevant aftercare costs. This includes for example the elements listed below, albeit **this list is not exhaustive.**

- Administration costs;
- All professional fees;

- Cost of facilities hire/lease or running costs and all goods and services;
- Cost of any “take home” aids and appliances;
- Cost of any diagnostic/pathology investigations including biopsy and histopathology reporting; and
- Cost of discharge medications

Any investigations/costs which the provider anticipates to be outside the bundle price must be identified individually in pricing.

Any costs anticipated for patients that Do Not Attend on the day without prior notice should also be identified individually.

3.4.3 Any costs not included in the submitted schedule cannot later be claimed. Please note that more than one provider may be awarded a contract.

4.0. CONTRACT ACTIVITY AND CASE-MIX REQUIRED

Urodynamics Assessment

4.1. For those patients requiring an a Urodynamics test, the Provider will deliver the following services:

- **Upon receipt of referral information, the provider will undertake triage to ascertain the following:**
    - Patient’s clinical suitability
    - Procedure available within providers facility, i.e., appropriate equipment and clinical competence to safely complete the procedure

The triage should be completed and any patients not suitable for the provider returned to the Trust within 3 working days in order to ensure onward timely treatment.

On receipt of confirmation of acceptance of patients, the Trust will inform the patients and their GPs within one working day that they have been selected for transfer and should expect contact to be made from the Provider. The Provider should allow this one day before sending out their written invitation communication to patients.

All patients must receive a dated, written invitation from Providers, including the Provider’s full address and contact details, even if Providers choose to make initial contact by telephone. All communication with patients regarding offers of assessment or treatment must fully comply with the Integrated Elective Access Policy (See Appendix 5 of the Contract).

.

4.2. The Service provision assumptions are as follows:

- **Urodynamics Test –** All patients passed to the Provider by the Trust (deemed suitable following triage process outlined at 4.1 above) will be invited to a consultation (meet and greet and diagnostic test all within the one visit) with an appropriate specialist in accordance with the DHSSPS Access protocol and within the time frame specified by the Trust.

- The Provider shall deliver the service in line with the provisions of **The Integrated Elective Access Policy (or IEAP) (DHSSPS, 2008) - see Appendix 5 of the Contract.**

5.0. LOCATION OF SERVICE DELIVERY

5.1 The service will be provided from suitably equipped and accessible medical premises as agreed by the Trust.

5.2 It is the policy of the Southern Health and Social Care Trust that Independent Sector providers will not access Trust premises. **Providers therefore must provide details in their submission of the location that the service will be carried out.**

5.3 If a Provider is using facilities not registered to them they must provide with their submission a copy of their leasing agreement with the registered organisation.

5.4 Services cannot be sub-contracted without prior approval of the Trust. Any Provider considered for sub-contracting must be on the HSCB regional eligible provider list.

6.0 CARE PATHWAYS

6.1 Referral Process

6.1.1 Referrals to the service will be expected to be made from the Southern Trust. The Trust will advise patients and patients General Practitioners that individuals have been referred for management to an Independent Sector Service.

6.1.2 The Trust will issue a list of patients from the active Diagnostic waiting list to be managed by the Independent Sector provider in chronological order with reference to the Integrated Elective Access Policy. Patients should be partially booked ensuring reasonable notice of 3 weeks of appointment and confirmation of appointment in writing.

6.1.3 Providers must ensure patients with any special requirements, e.g. disabled access and access to interpreters are accommodated.