



HROD Directorate
Southern Health & Social Care Trust
The Brackens
Craigavon Area Hospital
68 Lurgan Road
Portadown
Northern Ireland
BT63 5QQ

WIT-33351

 Personal Information redacted by the USI
 Personal Information redacted by the USI

(Working Hours - Mon to Fri : 9am – 5pm)





From: McIlkenny, Andrea
Sent: 16 February 2022 12:42
To: Haynes, Mark; Glackin, Anthony; Corrigan, Martina
Cc: McMullen, Joanne (Personal Information redacted by the USI); McCracken, Lydia
Subject: RE: Consultant Urologist CAH
Importance: High

Dear Mr Haynes/Mr Glackin

May I confirm that we plan to hold interviews for the above post on **Tuesday 26th April 2022 between 1pm - 5pm.**
Melanie and Geraldine Donaghy (NED) have confirmed their availability.
Could you both confirm if you would be available before I source an Assessor?

Andrea McIlkenny
Medical HR Officer
HROD Directorate
Southern Health & Social Care Trust
The Brackens
Craigavon Area Hospital
68 Lurgan Road
Portadown
Northern Ireland
BT63 5QQ

 Personal Information redacted by the USI
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(Working Hours - Mon to Fri : 9am – 5pm)



From: McIlkenny, Andrea
Sent: 09 February 2022 10:59
To: Haynes, Mark; Glackin, Anthony; Corrigan, Martina; Clayton, Wendy; Kelly, Brigeen

Cc: McMullen, Joanne (Personal Information redacted by the USI); McCracken, Lydia
Subject: Consultant Urologist CAH
Importance: High

WIT-33352

Dear All



May I confirm that we are proceeding to advertisement this week with the post of Consultant Urologist again.

This post will close on **Tuesday 15th March 2022 at 12.30pm.**

I will be in touch over the next few days to organise an interview date.

Andrea McIlkenny

Medical HR Officer
HROD Directorate
Southern Health & Social Care Trust
The Brackens, Craigavon Area Hospital

 (Personal Information redacted by the USI)
 (Personal Information redacted by the USI)

(Working Hours - Mon to Fri : 9am – 5pm)



Clayton, Wendy


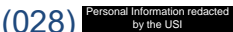

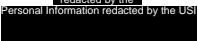
From: Lappin, Lynn
Sent: 06 May 2022 08:57
To: Clayton, Wendy; McNaboe, Ted
Cc: Haynes, Mark; Glackin, Anthony; Carroll, Ronan
Subject: RE: TP Bx regional help - RPOG

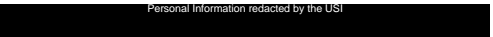
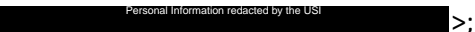
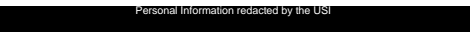
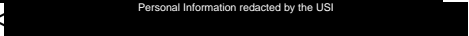
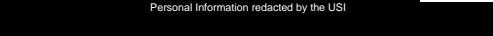
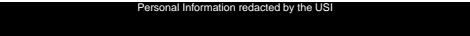
Wendy I will request assistance via David McCormick and come back to you.

Regards.

Lynn

Lynn Lappin
Head of Performance
SHSCT

 **Direct Dial:** (028) 
Extension: 
Mobile: 

From: Clayton, Wendy < >
Sent: 05 May 2022 18:49
To: Lappin, Lynn < >; McNaboe, Ted < >
Cc: Haynes, Mark < >; Glackin, Anthony < >; Carroll, Ronan < >
Subject: TP Bx regional help - RPOG

Hi Lynn / Ted


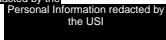
Can you request through your RPOG group if any other Trust is able to help with our TP biopsies. Longest waiter is currently 11 weeks and we have 71 with no dates.

We do have the IS 3five new outpatient red flag contract which hopefully we will see a slow down of patients being added to the waiting list.

Let me know the outcome of the meeting.

Chris has tried to get us a weekend session with totally healthcare but this unfortunately fell through.

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: 
Mob: 

Clayton, Wendy

From: Carroll, Ronan
Sent: 08 April 2022 15:36
To: Clayton, Wendy
Subject: FW: * NEW COMPLAINT FOR INVESTIGATION - [redacted] *

Wendy
Should apologise and raise with HSCB

Ronan Carroll
Assistant Directot Acute Services
Anaesthetics and Surgery
Mob [redacted]
Ext [redacted]

From: Hasnain, Sabahat <[redacted]>
Sent: 08 April 2022 10:16
To: Haynes, Mark <[redacted]>; ClientLiaison, AcutePatient <[redacted]>; Nelson, Amie <[redacted]>
Cc: Carroll, Ronan <[redacted]>; Davis, Anita <[redacted]>; Hogan, Kerri <[redacted]>
Subject: RE: * NEW COMPLAINT FOR INVESTIGATION - [redacted] *

I reflect Mr. Haynes’ sentiments with regards to the patient’s concerns. I share the patient’s current frustration wholeheartedly. Treatment of choice for this patient is HoLEP. He remains on a waiting list for this procedure in Northern Ireland when it is available.
The demand is outstripping supply in such a way that the waiting times for bladder outflow obstruction surgery are increasing, especially in the aftermath of COVID pandemic.
The additional point I wish to make pertains to the delay in contact with the patient following the referral to Addenbrookes.
The referral was made on 07/12/2021. That was the same day patient was seen in outpatient clinic.
I was not notified of Addenbrooke’s decision to no longer accept patients from Northern Ireland for HoLEP until patient rang to inform us of the situation on 28/02/2022. The rest of the team had not been contacted by Addenbrookes.
I contacted the ECR team and they had not been notified either.
Following discussion of these patients at the departmental meeting, I contacted the patient and explained the situation and have offered my sincerest apologies. The departmental meeting and telephone consultation took place within 8 days of initial contact by patient. I will, yet again, offer my apologies if this was deemed an unacceptable waiting time to hear back from me. The departmental meetings happen weekly. I wished to explore all options for possible available care so I could have an informed consultation with the patient.
I relayed the information, as outlined in Mr. Haynes’ response below to the patient.
I am not in a position to comment on ECR pathways, funding streams and referral processes of external teams.

Kind regards

Saba

From: Haynes, Mark <[redacted]>
Sent: 07 April 2022 16:16
To: ClientLiaison, AcutePatient <[redacted]>; Hasnain, Sabahat <[redacted]>; Nelson, Amie <[redacted]>
Cc: Carroll, Ronan <[redacted]>; Davis, Anita <[redacted]>; Hogan, Kerri <[redacted]>
Subject: RE: * NEW COMPLAINT FOR INVESTIGATION - [redacted] *

I wholeheartedly agree with, and share the patients concerns.

HOLEP is recommended by NICE for treatment of bladder outflow obstruction in men with prostates >80g. Historically patients had been accepted for ECR to Cambridge for the procedure. Unfortunately, presumably due to COVID backlogs, Cambridge have taken the decision that they will no longer offer this surgery. Bladder outflow surgery as a whole has unacceptably long waiting lists in Northern Ireland due to longstanding mismatch between demand and capacity, with urgent patients waiting approximately 5 years for surgery, prior to the COVID pandemic. Post pandemic the situation is worse.

Regional work is ongoing with establishment of some bladder outflow surgery in the Lagan Valley DPC, an ongoing contract with the Hermitage in Dublin for TURP, and a number of consultants currently being trained in enucleation procedures. However, as acknowledged in the complaint training and establishment of the service will take some time, and will not immediately provide any help for this patient.

The most appropriate treatment for this patient is HOLEP, as per NICE guidance. The position that has been represented to the patient regarding funding for this treatment outside of NI (when unavailable in NI) is contrary to previous decisions by the ECR panel who have agreed to fund treatment elsewhere in the NHS for previous patients (and indeed I believe they agreed to fund for this man but the referral was declined), and I am not in a position to explain the rationale behind this decision.

Mark

From: ClientLiaison, AcutePatient <[redacted]>
Sent: 07 April 2022 15:55
To: Haynes, Mark <[redacted]>; Hasnain, Sabahat <[redacted]>; Nelson, Amie <[redacted]>
Cc: Carroll, Ronan <[redacted]>; Davis, Anita <[redacted]>; Hogan, Kerri <[redacted]>
Subject: * NEW COMPLAINT FOR INVESTIGATION - [redacted] *

NEW COMPLAINT FOR INVESTIGATION

****Please note that we now require the names of any staff member that is asked to respond to a complaint as Nursing Governance will be asking for this going forward****

Dear All,

Please find attached a new complaint for investigation and note that you are required to provide your draft response by **25/04/2022**.

Please avoid any unnecessary information and stick to answering the questions only.

Be mindful of the tone of your response to patients/relatives, this can escalate a situation further (avoid words such as your perception and defensive words. Don't forget to apologise if needed it goes a long way in responses).

Your response should be returned to [redacted] on the response template attached.

In the meantime, if you have any queries please do not hesitate to contact me on **Ext** [redacted]

Thanks

Laura McStay
Acute Governance Team
The Maples
Craigavon Area Hospital



Clayton, Wendy

From: Carroll, Ronan <[redacted]>
Sent: 04 June 2021 12:10
To: Murray, Helena; Clayton, Wendy; Nelson, Amie; Clarke, Wendy; Glenny, Sharon; Corrigan, Martina
Cc: Kumar, Devendra; Fitzpatrick, Pamela; Kearney, Emmajane; Meredith, Lorraine; McNally, Christina
Subject: RE: ward available DHH to serve UB lists

As a matter of urgency to get pts booked & for them to isolated please discuss with your respective specialties and confirm your position
Thks
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - [redacted]

From: Murray, Helena
Sent: 03 June 2021 18:11
To: Clayton, Wendy; Nelson, Amie; Clarke, Wendy; Glenny, Sharon; Corrigan, Martina
Cc: Carroll, Ronan; Kumar, Devendra; Fitzpatrick, Pamela; Kearney, Emmajane; Meredith, Lorraine; McNally, Christina
Subject: FW: ward available DHH to serve UB lists

Dear all,

Week commencing 14th June 9 sessions DHH available for Urgent bookable lists in DHH

Can you please advise what you can use for your speciality nursing and anaes confirmed.

Helena

Southern Health & Social Care Trust- Combined Theatres & Anaesthetic Rota - Anaes/Nursing													
June 2021 D4 - 04/06/2021		Monday 14th June		Tuesday 15th June		Wednesday 16th June		Thursday 17th June		Friday 18th June		Sat 19th	Sun 20th
		am	pm	am	pm	am	pm	am	pm	am	pm	am/pm	am/pm
Main Theatres & Endoscopy Daisy Hill Hospital	Theatre 1			Maternity	Maternity	Maternity	Maternity	Maternity	Maternity				
				Mr Sim	Mr Sim	Mr Sim	Mr Sim	Mr Sim	Mr Sim				
	Theatre 2												
	Theatre 3			Endoscopy Dr Doyle	Endoscopy Mr Thompson	Bronchoscopy Dr Moan	Endoscopy Dr Elsafi	Endoscopy Mr Malik	Endoscopy Dr Doyle	Endoscopy NE M Wilson	Endoscopy NE M Wilson		
	Theatre 5	Urg Bk	Urg Bk	Urg Bk	Urg Bk	Urg Bk	Urg Bk	Urg Bk	Urg Bk		Urg Bk		
	Theatre 6	dentals	Emergency	dentals	Emergency	dentals	Emergency	dentals	Emergency	Audit	Emergency	Emergency	Emergency
	Paeds Tht												
	Endoscopy	Dermatology Dr Reid	Dermatology Dr McGrath	Dermatology S/N Godfrey		Dermatology S/N Nugent	Dermatology Dr McGrady			Dermatology Dr O'Hagan			

From: Murray, Helena
Sent: 03 June 2021 18:01

To: Carroll, Ronan; McClements, Melanie; Weir, Colin; Thompson, Richard; Momin Malik; Kumar, Devendra; Kelly, Brigeen; Clayton, Wendy; Corrigan, Martina; Nelson, Amie; Kearney, Emmajane; Matthews, Josephine; McGuigan, Tracey; McKenna, Marti; Ward, Sarah; Foy, Sarah; Clarke, Wendy; McNaboe, Ted; Scullion, Damian (Personal Information redacted by the USI); Leeman, Lesley; Haynes, Mark; Tate, Ann; Newell, Denise E
Cc: Kearney, Emmajane; Nelson, Amie; Matthews, Josephine; Meredith, Lorraine; Kearney, Emmajane; Fitzpatrick, Pamela
Subject: RE: ward available DHH to servive UB lists

Dear all,

After discussions with Ronan toady we agreed, to allow for time to prepare for more Urgent bookable capacity on DHH site that the week commencing 14th June 2021 there would be one urgent bookable list **Monday – Friday** (9 sessions / audit Friday 18th am) this will be offered to the heads of service to populate and also influenced by the elective oversight group.

No change to emergency list that week i.e. dentals x 2 cases followed by emergency cases.

The week **commencing 21st June and 28th June** the am emergency session will convert to Urgent bookable session bringing on 5 more urgent bookable sessions on the DHH site. (15 sessions). This will mean the following specialties will have access to lists : ENT, Gynae, Breast, urology, dentals, General Surgery and Paeds surgery.

Suggested from the elective oversight group:

speciality	sessions	comments
ENT Adult	2	Half days x 2
ENT Paeds	1	Half day Wednesday
General Surgery Paeds	1	
General surgery	2	1 all day session
Urology	2	1 all day session (Kit in CAH)
dentals	2	Half day x 2 (Monday and Friday preferable no maternity sessions)
gyane	2	Half days x2
Breast	2	1 all day session (mindful of kit in CAH)

1 Extra session available.

I will discuss with the heads of service

Thank you

Helena

From: Carroll, Ronan
Sent: 03 June 2021 09:08
To: McClements, Melanie; Weir, Colin; Thompson, Richard; Momin Malik; Kumar, Devendra; Kelly, Brigeen; Clayton, Wendy; Corrigan, Martina; Murray, Helena; Nelson, Amie; Kearney, Emmajane; Matthews, Josephine; McGuigan, Tracey; McKenna, Marti; Ward, Sarah
Cc: Kearney, Emmajane; Nelson, Amie; Matthews, Josephine; Murray, Helena
Subject: RE: ward available DHH to servive UB lists
Importance: High

Good am
We are making preparations to recommence elective lists (1.5 UBL daily) in DHH ☺. We are planning to start 14th June
With all elective pts being on a green pathway the EDW will become 24/7. Initial service model was 5day 12hours
To enable us to extend the opening hours will we be required to return 23beds on FSW (which is what the ward is normatively funded/staffed for).
Will keep you all updated as things progress
Thks
Ronan

From: Matthews, Josephine
Sent: 02 June 2021 18:25
To: Murray, Helena
Cc: Carroll, Ronan; Kearney, Emmajane; Nelson, Amie
Subject: RE: ward available DHH to servive UB lists

Ronan/Helena

I met with IPCT on Friday and they advised that for elective admissions we admit to single rooms first (5rooms and then 3 patients in both the 6 bedded areas = 11 patients occupancy. They did not highlight any issues in admitting to this area. So essentially the estates work should be complete next week on 3rd floor and we will prep ward for admissions once IPCT have reviewed it.

In regard for staffing - as patients may need to stay over and at weekend this is additional for us- therefore

- we would need to go down to 23 beds on Surgical wards W/C 21 June- is this agreed?
- Can I block book agency nurse for shifts (there is one girl who has recently left ward to work agency – yes wrong message but what do we do – we also have 2 others who are going to do the same as it will be easier to get a mortgage with agency earnings apparently). Staff are not meant to divide themselves between the two wards during shifts- for break cover etc

Regards

Josie

Josephine Matthews
Lead Nurse SEC
Mobile 

From: Murray, Helena
Sent: 01 June 2021 13:59
To: Matthews, Josephine
Cc: Carroll, Ronan; Kearney, Emmajane; Nelson, Amie
Subject: RE: ward available DHH to servive UB lists

Dear Josie

Have you an update re ward in DHH.

Need a lead in time for specialities to book patients / swabs etc

Thank you
Helena

From: Murray, Helena
Sent: 27 May 2021 13:56
To: Matthews, Josephine
Cc: Carroll, Ronan; Kearney, Emmajane; Nelson, Amie
Subject: RE: ward available DHH to servive UB lists

Yes ☺

From: Matthews, Josephine
Sent: 27 May 2021 13:54
To: Murray, Helena
Cc: Carroll, Ronan; Kearney, Emmajane; Nelson, Amie
Subject: RE: ward available DHH to servive UB lists

Ok so night duty needed-

From: Murray, Helena
Sent: 27 May 2021 13:30
To: Matthews, Josephine
Cc: Carroll, Ronan; Kearney, Emmajane; Nelson, Amie
Subject: RE: ward available DHH to servive UB lists

Thank you Josie

Elective oversight meeting this pm which may inform better of the specialities.

It could be 3 sessions a day for 3-4 days. 2 am and 1 pm. (all day in one theatre and half day)

Helena

From: Matthews, Josephine
Sent: 27 May 2021 13:24
To: Murray, Helena
Cc: Carroll, Ronan; Kearney, Emmajane; Nelson, Amie
Subject: RE: ward available DHH to servive UB lists

Helena
Meeting with IPCT tomorrow regarding green pathway, will update.

For staffing do we know what procedures – is it half day sessions

Regards

Josie

Josephine Matthews
Lead Nurse SEC
Mobile 

From: Murray, Helena
Sent: 26 May 2021 10:45
To: Matthews, Josephine
Cc: Carroll, Ronan; Kearney, Emmajane
Subject: ward available DHH to servive UB lists

Dear Josie,

Currently scoping urgent bookable capacity on the DHH site week commencing 14th June

We need to be assured that the ward is available and all works completed.

Is it a realistic date to work too?

Helena

Clayton, Wendy

From: Carroll, Ronan <[REDACTED]>
Sent: 11 August 2021 10:38
To: Crothers, Clare; White, Laura J; Ward, Sarah
Cc: Clayton, Wendy; Hamilton, Grace; Ferguson, Dawn; Hynds, Siobhan
Subject: FW: Datix Incident Report Number W140153

Importance: High

Good morning Clare
Thank you for completing this datix.
Senior operational and nursing management are aware that in these extreme circumstances which we all find ourselves in we are asking RN's and many other staff to undertake roles, care for patients in their ward or redeployed to other wards that would not be their normal area/s of practice.
These decisions are not taken lightly and much debate is had before decisions are made. As always happy to hear suggestions that can makes things better and safer thank you for your & your colleagues continued hard ward.
regards
Ronan

Ronan Carroll
Assistant Directot Acute Services
Anaesthetics and Surgery
Mob [REDACTED]
Ext [REDACTED]

-----Original Message-----
From: datix [REDACTED] [mailto:[REDACTED]]
Sent: 10 August 2021 19:58
To: Carroll, Ronan
Subject: Datix Incident Report Number W140153

An incident report has been submitted via the DATIX web form.

The details are:

Form number: W140153

Description:

As the front wing of 3south had been turned into a red zone with AGPs in progress, included airvo and NIV. Wen these patients were first brought up to 3south an AMU nurse that was trained in these procedures was nursing said patients. However due to pressures all over the hospital AMU have been unable to supply a trained nurse. Leaving 3south nurses to look after patients undergoing treatment with NIV/ Airvo.
10.8.21 came on duty with a patient on airvo and with no trained staff on was expected to nurse the airvo patient - with no training, leaving both myself and the patient at risk. Later on in the morning respiratory physio was on the ward and talked myself and some other nurses through the workings of airvo. This however does not equal adequate or legal training. Again I understand the pressure through out the hospital and realize everyone is being forced to do things out of their capabilities, it is my role as a nurse to escalate and document these concerns.

Please go to <http://vsrdatixweb2/Datix/Development/index.php?action=incident&recordid=144680> to view and approve it.

Clayton, Wendy

From: Carroll, Ronan <[REDACTED]>
Sent: 03 September 2021 10:06
To: Kelly, Brigeen; Clayton, Wendy; Murray, Helena; Nelson, Amie; Kearney, Emmajane; Matthews, Josephine; McGuigan, Tracey; McKenna, Marti; Ward, Sarah
Subject: FW: New regulations for close contact

What would our experience be – maybe we have not had an opportunity to test the revised guidance?
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - [REDACTED]

From: Conway, Barry
Sent: 03 September 2021 09:18
To: McVey, Anne; Burke, Mary; Carroll, Ronan; Boyce, Tracey; Carroll, Anita; Walker, Helen
Subject: FW: New regulations for close contact

AD colleagues,

We have been trying to work the new processes to get some staff back to clinical duties that are close contacts.

This is proving to be extremely challenging with OH seeking 100% assurance that staff will not be involved in the care of any patient that is classified as CEV. So for example, a radiographer would need to be 100% assured Re the CEV status of any patient they are involved with. We don’t readily have a CEV status for every patient, therefore we can never give 100% assurance.

It would be good to get your views on this one at the huddle today.

Barry.

From: Newell, Denise E
Sent: 03 September 2021 08:29
To: Conway, Barry
Subject: FW: New regulations for close contact

Another query over close contact

Denise

From: McNabb, Hannah
Sent: 02 September 2021 17:05
To: Newell, Denise E
Subject: New regulations for close contact

Hi Denise,

We have had two members of staff from ultrasound out in DHH. This week I said they can return following a risk assessment. I have discussed with Occ health and infection control about who warrants as clinically vulnerable. It is a grey area for us as we don’t necessarily know who warrants CEV and immunosuppressed, does this include non-vaccinated people? They weren’t sure.
We decided for now to have these close contact members returning to work for administrative duties and to potentially perform routine outpatients only if necessary.

They are to avoid antenatal patients and inpatients and risk assessments and departmental arrangements will be done by individual case.
Wondering if we can get some better clarity on if close contacts are ok to return to normal scanning duties on all patients in this 10 day period.

Thanks
Hannah

Clayton, Wendy

From: Clayton, Wendy <[REDACTED]>
Sent: 04 February 2021 17:23
To: Glackin, Anthony
Cc: McNaboe, Ted
Subject: RE: RPOG data update
Attachments: RPOG Urology 4.2.2021.xlsx

Tony – have you anyone to add to at the attached list? I have updated anyone with a date scheduled.

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [REDACTED]
Mob: [REDACTED]

From: McNaboe, Ted
Sent: 04 February 2021 11:12
To: Mathers, Helen; Currie, Aoife; McElvanna, Kevin; Haynes, Mark; McKay, Damian; McCaul, David; Gurunathan, Ramesh
Cc: Clayton, Wendy; Nelson, Amie; Hamilton, Lee W; Cowan, Anne; Daly, Laura
Subject: RPOG data update

Morning all

This day comes around very quickly each week.
The RPOG process seems to be working well regionally and ST is getting its fair proportion of the lists available.
We have tried to balance in house and IS activity so some weeks you will get more than others.
The P2 data drives the allocation therefore it is important that it is accurate.
I have attached last week’s summary data and will try to include this each week.

Can you update your templates and return to me before tomorrow lunchtime if possible. This allows the data analysis to be completed on time for the Monday meeting.
I will send you last week’s speciality attachment in a separate email.

Please mark out in GREEN those patients that have been allocated a date for surgery/ have had their surgery.
Please add any new patients, with all the info filled in especially the P2(a-d) grading as per FSAA guidelines.

We need those patients that do not have a planned date as of the w/c 22ND FEB.

Cheers
Ted

	Personal Information redacted by the U.S.					LA?	COMMENT	Date of surgery	
CAH		11/3/2020	MY	RF TURBT ? +/- LEFT URETEROSCOPY	2	B	NEW UCB	15/01/2021	CAH
CAH		11/3/2020	MY	RF TURBT	2	B	NEW UCB	22/01/2021	UIC
		12/4/2020	AJG	RF LEFT FLEXIBLE URETEROSCOPY +/- BIOPSY +/- LASER ABLATION	2	C	?UTUC	02/02/2021	CAH
CAH		11/6/2020	JOD	RED FLAG TURBT +/- RIGHT URETERIC STENT	2	B	NEW UCB (CLINICALLY INVASIVE)	15/01/2021	CAH
CAH		11/11/2020	SOM	RF TURBT	2	B	NEW UC BLADDER	19/01/2021	CAH
CAH		17/11/2020	SOM	RF TURBT	2	B	NEW UC BLADDER	22/01/2021	UIC
CAH		12/8/2020	JOD	RED FLAG CYSTOSCOPY AND BIOPSY	2	C	VH Ix	04/02/2021	Kingsbridge
CAH		11/18/2020	MDH	RED FLAG LAPAROSCOPIC NEPHRECTOMY	2	B	9CM RENAL MASS	19/01/2021	CAH
CAH		15/12/2020	NKH	RF RIGHT INGUINAL ORCHIDECTOMY	2	B	New testicular Cancer	19/01/2021	LVH
CAH		04/01/2021	NKH	TURBT - RED FLAG	2	B	New UC Bladder	19/01/2021	CAH
CAH					2	B	NEW UCB		CAH
CAH									CAH
CAH		30/10/2020	MDH	RED FLAG CYSTOSCOPY & BLADDER BIOPSY	2	C	RED PATCHES, CYTOLOGY NEGATIVE, PREV G3Ta	19/01/2021	LVH
CAH		16/11/2020	SOM	RED FLAG CYSTOSCOPY UNDER SEDATION - SLEEP APNOEA	2	C	VH Ix	19/01/2021	LVH
CAH		11/16/2020	JOD	RF TURBT	3	B	G2(HIGH) Ta RECURRENCE	19/01/2021	CAH
		21/12/2020	SOM	LEFT LAPAROSCOPIC +/- OPEN RADICAL NEPHRECTOMY - RF	2	B	6.1CM RENAL MASS	09/02/2021	CAH
CAH		11/20/2020	MY	RF TURBT	2	B	BCG REFRACTORY HRNMIBC	20/01/2021	CAH
CAH		31/12/2020	JOD	RED FLAG RIGHT RADICAL INGUINAL ORCHIDECTOMY	2	B	New testicular Cancer	19/01/2021	CAH
CAH		24/11/2020	SOM	TURBT RF	2	B	NEW UC BLADDER	20/01/2021	
CAH									
CAH		6/16/2020	JOD	RED FLAG RIGID CYSTOSCOPY/LASER +/- BIOPSY	2	C	VH Ix (IMMOBILE CALCIFICATION ?STONE ?UCB)		
CAH		11/07/2020	NKH	RF URETEROSCOPY +/- LASER FRAGMENTATION	2	C	VH Ix blood seen from ureter at Flexi. WLS 3 months COVID fears Sept 2020		
									UIC
DHH					2	C	VH Ix	19/01/2021	LVH
CAH					2	C	VH Ix	19/01/2021	LVH
		01/10/2020	MY	stent removal right flex ureteroscopy laser proximal stone	2	D	omer list having CT in Jan 21	29/01/2021	UIC
CAH									CAH
		22/09/2020	AJG	NOV 2020 URETEROSCOPY AND LASER LITHOTRIPSY STENT REMOVAL	2	D		29/01/2021	UIC
		01/02/2020	JOD	R/O left JJ stent and left FURS	2	D		26/01/2021	CAH
CAH		17/11/2020	AJG	RED FLAG EXPLORATION RIGHT HEMISCROTUM & EXCISION LESION	2	C	Paratesticular mass ?done already	19/01/2021	LVH
		21/10/2020	MDH	Ureteroscopy & lasertripsy stent insitu	2	D		29/01/2021	UIC
CAH					2	B	NEW UC BLADDER	04/02/2021	Kingsbridge
CAH					2	C	VH Ix	22/01/2021	UIC
CAH					2	B	NEW UC BLADDER	04/02/2021	Kingsbridge
		01/09/2020	MY	left flexi ureteroscopy lasertripsy(nephrostomy and stent in situ)	2	D		26/01/2021	CAH
CAH		12/01/2021	MDH	RED FLAG BIOPSY MEATAL LESION & CYSTOSCOPY CAT 2C	2	C	?penile cancer	02/02/2021	UIC
CAH		03/12/2020	SOM	RIGID CYSTOSCOPY +/- BX +/-URS +/-TURBT	2	D	PREVIOUS BIOPSIES BENIGN, STENT IN SITU		
					3	B	PALLIATIVE TURP, CATHETER INSITU		
CAH		9/18/2020	JOD	RF CYSTOSCOPY & BLADDER BIOPSIES	3	B	G2(LOW) Ta RECURRENCE	13/02/2021	UIC
		10/19/2020	JOD	RF GA CYSTOSCOPY +/- CYSTODIATHERMY	3	B	G2(LOW) Ta RECURRENCE	13/02/2021	UIC
CAH		21/12/2020	SOM	LAPARASCOPIC POSSIBLE OPEN RIGHT - RF	2	B	6.5CM RENAL MASS	27/01/2021	CAH
CAH		22/12/2020	MY	RF TURBT & RIGHT URS	2	B	NEW UC BLADDER	27/01/2021	CAH
CAH		18/11/2020	SOM	TURP + PROSTATE BIOPSY	3	B	ON ADT FOR CLINICAL DIAGNOSIS PROSTATE CANCER (Ct3, PSA 375, BS NO BONY METASTASES), CATHETER IN SITU. SHOULD HE ALSO HAVE A CT CAP?		
CAH									
CAH									
CAH		27/07/2020	AJG	RF TURP AND TP BIOPSY OF PROSTATE	3	C	PSA 33. Upgraded to suspected cancer 24/12/20		
CAH		8/7/2020	JOD	RED FLAG CYSTOSCOPY & BLADDER BIOPSY	3	C	NVH Ix		
CAH		07/08/2020	AJG	RED FLAG TURBT	3	C	KSM bladder. WLS Suspended Nov 2020 for 6 weeks	13/02/2021	UIC
CAH		8/28/2020	MY	RED FLAG CYSTOSCOPY AND BIOPSY - CHANGED TO IPWL 13102020	2	C	G2(LOW) Ta ?RECURRENCE	12/02/2021	CAH
		06/11/2020	SOM	RF GA CYSTOSCOPY & BLADDER BIOPSY	3	C	NVH Ix		
		12/8/2020	JOD	RED FLAG CYSTOSCOPY AND DILATATION OF URETHRAL STRICTURE	3	C	NVH Ix		
		11/12/2020	SOM	RF CYSTOSCOPY & BIOPSY	3	C	NVH Ix		
CAH		22/12/2020	MY	RF CYSTOSCOPY & BIOPSY	3	C	RED PATCHES, UTI AND PROLAPSE		
CAH		30/12/2020	JOD	RED FLAG CYSTOSCOPY AND URETHRAL DILATATION	3	C	UTI and Haematuria Ix		
CAH		11/20/2020	MY	RF CYSTOSCOPY +/- BIOPSY DIATHERMY & CATHETER	4	B	G2(LOW) Ta RECURRENCE		
		12/22/2020	JOD	RED FLAG CHANNEL TURP	4	B	MAY BE UPGRADED IF PLANNED FOR EBRT (NOT SEEN ONCOLOGY YET)		
		11/20/2020	MY	RF RIGID CYSTOSCOPY & BIOPSY	4	C	PREV AMYLOIN IN BLADDER LIKELY RECURRENT DEPOSIT		
		12/16/2020	AJG	RF LEFT LAP PARTIAL NEPHRECTOMY	4	C	BOSNIAK 3 CYST - UNCOMPLICATED SMALL INDETERMINATE RENAL LESION		
CAH		12/9/2020	JOD	RED FLAG RIGHT DIAGNOSTIC RIGID URETEROSCOPY +/- STENT			1 LETTER SAYS DISCHARGE, OTHER LETTER SAYS URS??		
		01/09/2020	MY	left stent removal ureteroscopic lasertripsy	2	D			

CAH	Personal Information redacted by the USI	30/12/2020	MY	RED FLAG RIGHT DIAGNOSTIC URETEROSCOPY & STENT INSERTION	2	C		VH lx	27/01/2021	CAH
		24/09/2020	AJG	NOV 2020 URETEROSCOPY AND LASER 6-8 WEEKS	2	D			02/02/2021	UIC
		10/11/2020	JOD	DEC 20 END URETEROSCOPY AND LASER *STENT*	2	D				
		01/10/2020	MY	awaiting eswl and the stent pull	2	D		early aug		
		09/09/2020	MY	left antegrade PCNL ureteroscopic lasertripsy - stent in situ	2	D		stone		
		23/10/2020	JOD	DEC 20 END - ROS & LEFT URETEROSCOPY + CHECK CYSTOCOP	2	D				
CAH		08/01/2021	JOD	RF CYSTOSCOPY & BLADDER BIOPSIES	2	B		Recurrent HRNMIUCB	04/02/2021	Kingsbridge
		01/05/2019	MY	left flex ureteroscopy and stent removal	2	D				
		15/10/2020	JOD	11/20 RF RIGHT FLEXIBLE URS & ROS +/- BIOPSY	2	D				
		03/11/2020	AJG	12/20 REMOVAL OF STENT (4-6 WEEKS)	2	D		REMOVAL FROM WL		
		01/10/2020	MY	Conduitscopy/ ureteroscopic lasertripsy / stent removal	2	D		AG pt referral to STC		
		27/10/2020	AJG	NOV 20 URETEROSCOPY	2	D				
					2	D				
		01/11/2020	MY	redo right laser obstructing impacted distal stone	2	D				
		08/10/2020	JOD	R/O right JJ stent, right URS/right FURS and laser	2	D				
		17/08/2020	MY	pcnl (nephrostomy insitu) right	2	D				
CAH		17/08/2020	SOM	RIGID CYSTOSCOPY AND TURBT	2	C		SHOULD THIS MY LADY HAVE A REPEAT FLEXI IN THE FIRST INSTANCE?	04/02/2021	Kingsbridge
		22/10/2020	AJG	12/20 L URETEROSCOPY AND LASER LITHOTRIPSY	2	D				
		01/12/2020	MY	left ureteroscopic lasertripsy + stent removal	2	D				
		16/12/2020	MDH	Right flexible ureteroscopy / laser and removal / exchange of stent	2	D				
CAH		09/29/2020	JOD	RF RIGID CYSTOSCOPY & BIOPSY	2	C		VH lx	04/02/2021	Kingsbridge
					2					
		01/08/2019	MY	left ureteroscopic lasertripsy + stent removal	2	D			02/02/2021	CAH
		13/09/2020	AJG	OCT 2020 FLEXIBLE URETEROSCOPY AND LASER 4-6 WEEKS	2	D			02/02/2021	UIC
		10/09/2020	AJG	OCT/NOV 2020 LEFT URETEROSCOPY AND LASER	2	D		REMOVE FROM WL		
		01/01/2021	MY	left ureteroscopic lasertripsy + stent removal (PUJ STONE)	2	D				
		01/12/2020	MY	right ureteroscopic lasertripsy +stent removal	2	D				
		01/08/2020	MY	left lower pole stone stent in situ	2	D		My to do // disposable scopes		
		01/07/2020	MY	right flexible ureteroscopic lasertripsy stent removal	2	D				
		01/07/2020	MY	left ureteroscopic lasertripsy and stent removal	2	D		capacity issue	02/02/2021	CAH
		27/10/2020	AJG	NOV 2020 FLEXIBLE URETEROSCOPY AND LASER LITHOTRIPSY	2	D			13/02/2021	UIC
CAH		11/10/2020	MY	RF GA CYSTOSCOPY APIXABAN	2	C		VH lx	04/02/2021	Kingsbridge
		13/09/2019	AJG	OCT 20 REM STENT LURS LITHOTRIPSY, 500U BOTOX & CHANGE SPC	2	D			02/02/2021	CAH
		01/12/2019	MY	PCNL stent in situ	2	D				
		06/08/2020	MDH	LEFT NEPHROURECTOMY *BILATERAL STENTS* BENIGN	2	D				
		23/06/2020	MY	left renal pelvic ureteroscopy stent removal	2	D				
		29/10/2019	MY	2ND LOOK RIGHT URETEROSCOPY laser bilateral stent exchange	2	D		delayed by cardiac issues		
		14/08/2020	JOD	SEPT 20 ROS (RT), RT SEMIRIGID URS, RT FURS, LASER - JOD	2	D				
		23/03/2020	MDH	ROS & ureteroscopy	2	D			22/01/2021	Had surgery in Ulster Hospital
		23/11/2020	MDH	Ureteroscopy & lasertripsy stent insitu	2	D				
CAH		12/15/2020	JOD	RED FLAG TURBT + RETROGRADE URETEROGRAM	2	B		NEW UCB	19/01/2021	CAH
		30/10/2020	SOM	Ureteroscopy & lasertripsy stent removal	2	D		Appoint soon as per SOM request		
		09/02/2021	MDH	Radical Cystectomy and ileal conduit	2	B		SCC T2 Right H-N + renal impairment	09/02/2021	CAH
		04/12/2020	SOM	URETEROSCOPY & LASER (+/- FURS)	2	D		Priority as per Mr Omer		
		13/02/2021	AJG	RF CYSTOSCOPY AND DIATHERMY	2	C		G2 (High) Ta Recurrence	13/02/2021	UIC
		12/02/2021	MDH	Radical Cystectomy and ileal conduit	2	B		SCC T2	12/02/2021	CAH
			MDH	Radical Cystectomy and ileal conduit	2	B		RADICAL CYSTECTOMY AND ILEAL CONDUIT	03/02/2021	CAH

Clayton, Wendy

From: Clayton, Wendy <[REDACTED]>
Sent: 03 March 2022 14:45
To: McNaboe, Ted
Cc: Glackin, Anthony; Haynes, Mark; Khan, Nasir; ODonoghue, JohnP; Omer, Shawgi; Tyson, Matthew; Young, Michael
Subject: Urology RPOG elective priority spreadsheet June 2021.xlsx
Attachments: Urology elective priority spreadsheet June 2021.xlsx

Hi Ted

Please find attached today’s Urology RPOG spreadsheet and summary below:

2B = 29 pts
2C = 58 pts
2D = 214 pts
Total = 301 pts

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [REDACTED]
Mob: [REDACTED]

Group ID	REG	Consent	Initial Date	Group ID	Procedure	Initial Y	Initial M	Initial D	Comments	Referral to Surgery or N	Referral Date
		Personal Information redacted by the USI	05/05/2019	JOJ	BIPOLAR TURP OR GREENLIGHT LASER TURP	2	5	2019	CONSENT	on WL since 2019, now intubation and catheter since 24/08/20	
			27/08/2019	JOJ	TURP	2	8	2019	Sent By JOJ on 05/02/21		
			30/01/2021	MY	NEPHROSCOPY	2	1	2021	WV		
			14/04/2021	NNH	TURP	2	4	2021			
			14/05/2021	MMH	OPENING STENT & CYSTOSCOPY	2	5	2021			
			15/06/2021	NNH	RET ORCHIDECTOMY +/- ORCHIDECTOMY +/- PROSTESIS	2	6	2021	PLANNED 6-8 WEEKS AFTER RCU		
			15/09/2021	NNH	RF TURBT	2	9	2021	RECURRING LOW GRADE TCC BLADDER - FLEXI DONE LV28/08/2021		
			30/09/2021	SON	RIGHT RADICAL NEPHROURECTOMY	2	9	2021			
			11/10/2021	MY	TURBT	2	10	2021	AF, WARFARIN, HIGH BMI - CAN ONLY PER ANAESTHETIST 24/11/21 CANCELLED 08/03/22 PER PRE OP		
			11/10/2021	ASG	TURBT AND URETEROSCOPY	2	10	2021			
			18/10/2021	JOJ	RF TURBT	2	10	2021			
			19/10/2021	ASG	RF CYSTOSCOPY, LEFT URS +/- BIOPSY & TURBT	2	10	2021	CLOPIDOGREL		
			19/10/2021	ASG	TURBT	2	10	2021	LATE NOV 21 GA/SPINAL - IP, HIGH RISK NMI BLADDER CANCER - CAH - WARFARIN DIABETIC - INSULIN, ET 10L, 6AM		
			19/11/2021	MMH	RF TURBT	2	11	2021	PER TOTALY HEALTHCARE ANTICDAD		
			19/11/2021	MY	RIGHT ANTERGRADE URETEROSCOPY & ATTEMPT STENTING	2	11	2021	DIABETIC/NEPH TUBE IN SITU - ORH		
			19/08/1981	MY	TURBT	2	8	1981	IP		
			19/09/1981	MMH	LAPAROSCOPIC NEPHRECTOMY	2	9	1981	WARFARIN		
			19/11/2021	ASG	TURBT +/- STENT	2	11	2021	INPATIENT CATHETER/NEPHROSC		
			19/11/2021	ASG	TURBT	2	11	2021	INPATIENT CATHETER/NEPHROSC		
			19/11/2021	JOJ	RED FLAG CYSTOSCOPY, BLADDER BIOPSY +/- TURBT	2	11	2021			
			19/11/2021	NNH	TURBT +/- RGS	2	11	2021	APIXABAN		
			19/12/2021	ASG	RF RELOOK TURBT	2	12	2021	DAY CASE CAN/DOHN/NEPH/USC		
			19/12/2021	MY	RF TURBT	2	12	2021			
			19/12/2021	JOJ	RED FLAG TURBT	2	12	2021			
			19/01/2022	NNH	TURBT	2	1	2022			
			19/01/2022	NNH	TURBT + BIOPSY	2	1	2022			
			17/09/2021	MMH	LAP / OPEN LEFT RADICAL NEPHRECTOMY	2	9	2021	CAH ONLY INPATIENT CLOPIDOGREL CANCEL ED PRESSURE 09/11/21/20/22 CORD WLS		
			14/01/2022	NNH	TURBT	2	1	2022			
			14/01/2022	NNH	TURBT	2	1	2022			
			14/01/2022	NNH	TURBT + LEFT URETERIC STENT	2	1	2022	DIABETIC (TABLET)		
			14/02/2022	JOJ	RED FLAG GA CYSTOSCOPY	2	2	2022	MAY NEED TO STAY OVERNIGHT POST OP TABLET DIABETIC		

Covid-19 Microbiology Result

Clayton, Wendy

From: Clayton, Wendy
Sent: 03 May 2022 14:31
To: Glackin, Anthony; Haynes, Mark
Cc: Hanvey, Leanne; Troughton, Elizabeth; McCourt, Leanne; ONeill, Kate; Carroll, Ronan; Scott, Jane M (Personal Information redacted by the USI); McAlinden, Matthew
Subject: TP biopsy - transfer to LVH

Dear Tony / Mark

We have been able to secure capacity in LVH (under Totally Healthcare) for 24 x TP biopsies on Saturday 14th May.

There are currently 65 TP biopsies on the total waiting list with no dates – longest waiter 14wks (1pt) and then 11wks. With transfer of 24 long waiters this will bring down the waiting list to 8 weeks. I will continue to request additional capacity regionally

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients

Ext: (Personal Information redacted by the USI)
Mob: (Personal Information redacted by the USI)

Clayton, Wendy

From: Clayton, Wendy
Sent: 03 May 2022 16:23
To: Haynes, Mark; Ward, Sarah
Cc: ClientLiaison, AcutePatient; Canning, Danielle; Toman, Chrissy
Subject: RE: New complaint for investigation - [Redacted]

Thanks

Sarah has suggested that we send out a holding letter and advise there is an urology inquiry ongoing and his care is scheduled to be reviewed as part of the next cohort. What are your thoughts?

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [Redacted]
Mob: [Redacted]

From: Haynes, Mark <[Redacted]>
Sent: 29 April 2022 17:17
To: Clayton, Wendy <[Redacted]>
Cc: ClientLiaison, AcutePatient <[Redacted]>; Ward, Sarah <[Redacted]>; Canning, Danielle <[Redacted]>; Toman, Chrissy <[Redacted]>
Subject: RE: New complaint for investigation - [Redacted]

The complaint should go through normal complaint process. As you say it relates entirely to his inpatient stay in 2017.

From lookback perspective he needs a 9 question review but I suspect this will be no concern.

Mark

From: Clayton, Wendy <[Redacted]>
Sent: 29 April 2022 16:05
To: Haynes, Mark <[Redacted]>
Cc: ClientLiaison, AcutePatient <[Redacted]>; Ward, Sarah <[Redacted]>; Canning, Danielle <[Redacted]>; Toman, Chrissy <[Redacted]>
Subject: FW: New complaint for investigation - [Redacted]

Mark

Would you mind having a look at this complaint please
[Redacted] HCN: [Redacted]

From NIECR this patient was also seen in urodynamics in March 2022 under Saba

I have checked with Sarah and he received a letter B as he was on a waiting list for urodynamics which happened in March 2022. Mr [Redacted]'s complaints appears to be about post TURP in 2017.

Thanks for your help

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

WIT-33370

From: Canning, Danielle <[redacted]>
Sent: 29 April 2022 14:36
To: McKay, Paula <[redacted]>; Clayton, Wendy <[redacted]>
Cc: Carroll, Ronan <[redacted]>; Hogan, Kerri <[redacted]>; Davis, Anita <[redacted]>
Subject: New complaint for investigation - [redacted]

****NEW COMPLAINT FOR INVESTIGATION****

****Please note that we now require the names of any staff member that is asked to respond to a complaint as Nursing Governance will be asking for this going forward****

Dear All,

Please find attached a new complaint for investigation and note that you are required to provide your draft response by **12 May 2022**

Please avoid any unnecessary information and stick to answering the questions only.

Be mindful of the tone of your response to patients/relatives, this can escalate a situation further (avoid words such as your perception and defensive words. Don't forget to apologise if needed it goes a long way in responses).

Your response should be returned to [redacted] on the response template attached.

In the meantime, if you have any queries please do not hesitate to contact me on **Ext** [redacted]

Thanks

Danielle

Danielle Canning
Governance Administrator
Clinical and Social Care Governance Team
The Maples
Craigavon Area Hospital
[redacted]



Clayton, Wendy

From: Clayton, Wendy
Sent: 04 May 2022 14:27
To: Haynes, Mark
Subject: FW: Stones

Mark – can we discuss at our next 1:1 meeting please

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients

Ext: [Redacted]
Mob: [Redacted]

From: Tyson, Matthew [Redacted]
Sent: 04 May 2022 10:24
To: Clayton, Wendy [Redacted]; Haynes, Mark [Redacted]
Cc: Young, Jason [Redacted]; McAuley, Laura [Redacted]; ODonoghue, JohnP [Redacted]
Subject: Stones

Hi

I have spoken to Jason who is keen to increase his role in the stone side of the team.

I would propose he does a session each morning and we will set up a pathway re.

- 1. Ureteric stones for the conservative management route. This would allow us to be more towards the Nice and EAU guidelines in having patients renal function checked, as well as calcium and urate as already done, as well as could book the follow-up imaging and discharge if suitable and stone passed along with prevention advice for suitable patients.
- 2. To include the follow-up at present to ensure Ureteric stents taken out at home by patients (in the long run this should be a more automated approach)
- 3. Follow-up of long term (not highest risk patients, they should come to me.. cysteine/ spinal/ single kidneys/ abnormal or altered anatomy etc) and short term with view of discharge if stable stone formers, including small unchanged stones discharged with advice.

Would be great if Jason had an ECR account to book this high volume of work under that myself (or myself and John), in our name, that we could provide oversight too that is separate from all our other results so I don't end up doing the work for Jason when I sign all the results off.

I would like to make a website pathway for the regional ESWL, referral only from Urology Teams in the region for direct booking on to the service and then managed by the radiology team. The ESWL service I am very keen to have day to day running by radiology and given a regional service a band 8 for the centre would be suitable given it would be the Northern Irish ESWL Centre at this point.

This would then also include the ED teams in the region for referral to stone MDM as per GRIFT report pathway and then a more robust pathway as the paper form means some are not filled out fully.

A meeting with IT would be great

Thanks

Matt

Clayton, Wendy

From: Clayton, Wendy
Sent: 05 May 2022 18:49
To: Lappin, Lynn; McNaboe, Ted
Cc: Haynes, Mark; Glackin, Anthony; Carroll, Ronan
Subject: TP Bx regional help - RPOG

Hi Lynn / Ted

Can you request through your RPOG group if any other Trust is able to help with our TP biopsies. Longest waiter is currently 11 weeks and we have 71 with no dates.

We do have the IS 3five new outpatient red flag contract which hopefully we will see a slow down of patients being added to the waiting list.

Let me know the outcome of the meeting.

Chris has tried to get us a weekend session with totally healthcare but this unfortunately fell through.

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [Personal Information redacted by the USI]
Mob: [Personal Information redacted by the USI]

Clayton, Wendy

From: Clayton, Wendy
Sent: 07 April 2022 09:31
To: Haynes, Mark
Subject: FW: Urology service improvement
Attachments: Urology Service Model 2.pdf; Urology Service Model.pdf

FYI for discussion at our next meeting

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [Redacted]
Mob: [Redacted]

From: Evasco, Leo <[Redacted]>
Sent: 07 April 2022 09:27
To: Clayton, Wendy <[Redacted]>
Subject: RE: Urology service improvement

Morning Wendy,

As requested I have attached the revised draft of the urology service model.

Many thanks,

Leo

From: Clayton, Wendy <[Redacted]>
Sent: 05 April 2022 16:32
To: Evasco, Leo <[Redacted]>
Subject: Urology service improvement

Hi Leo

Were you able to amend the Urology service improvement posters so I can share with Mr Haynes?
Thanks for your help

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [Redacted]
Mob: [Redacted]

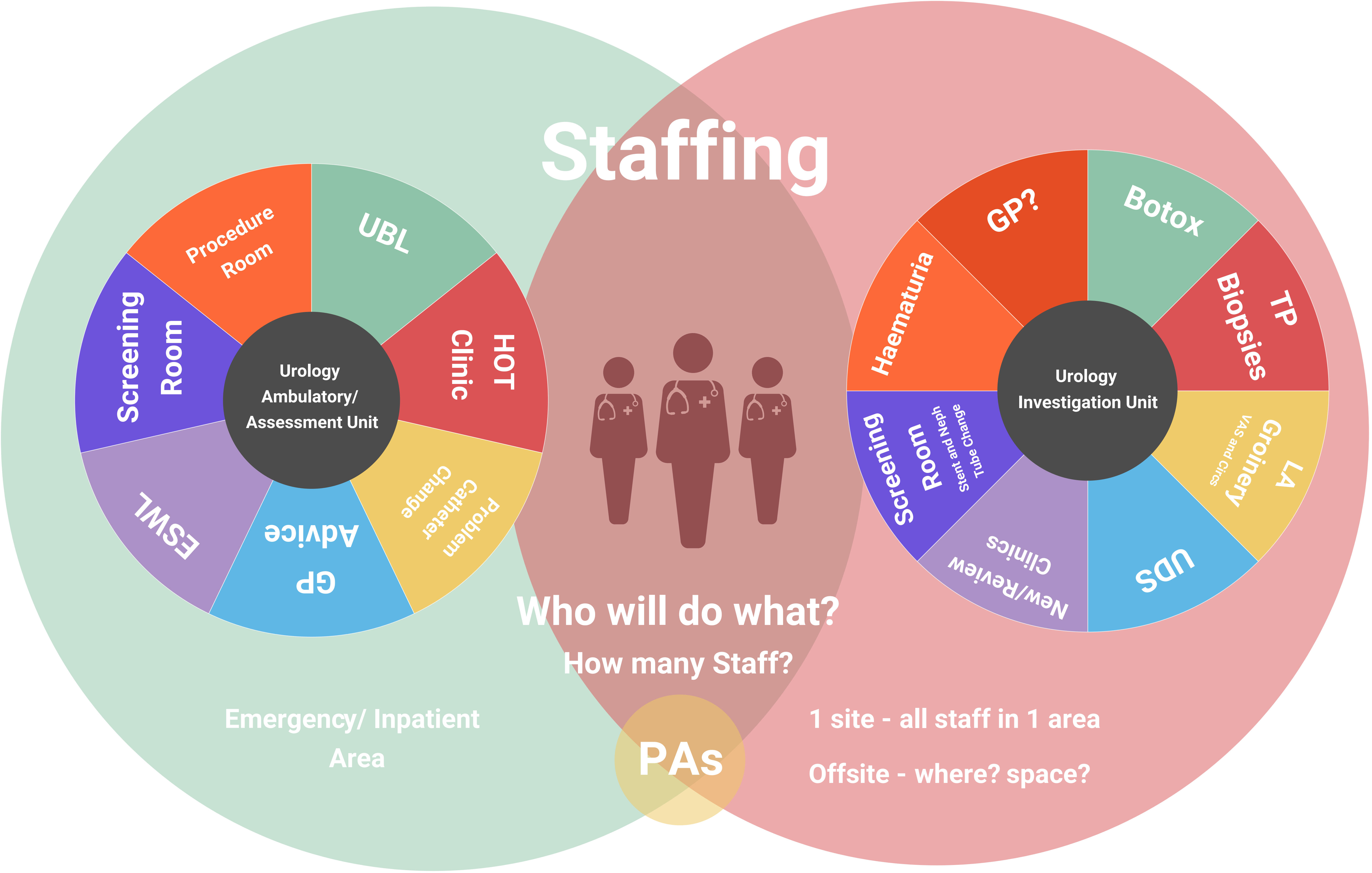
Emergency Inpatient

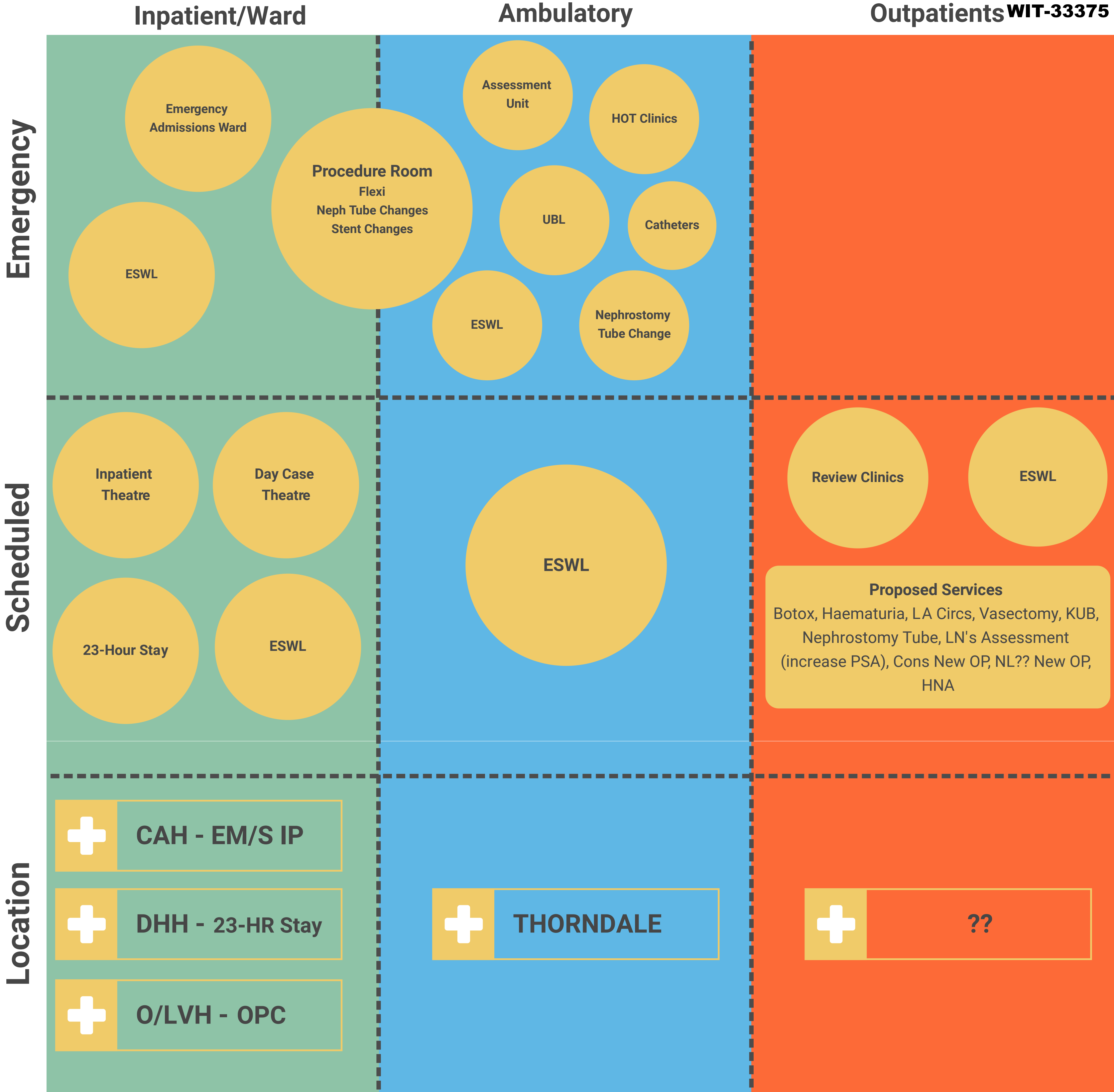
Scheduled Inpatient and Theatre

23 - Hour Inpatient and Theatre

Day Case Theatre

Offsite?





Urology Team Departmental Meeting
7th October 2021 at 12:45
NOTES OF MEETING

Present

Wendy Clayton
 Jenny McMahon
 Mark Haynes
 Conor McCann

Tony Glackin
 Patricia Thompson
 John O'Donoghue
 Michael Young

Kate O'Neill
 Leanne McCourt
 Jason Young

Agenda	Summary of Discussion
Apologies	Laura McAuley & Dr. Khan
Covid update	<p>Covid numbers:</p> <p>CAH – 47 patients 6 ICU (5 ventilated) DHH – 8</p>
Elective/Outpatient activity update	<p>Theatre sessions 10 ICU beds – theatres can begin to increase slowly (Wendy will correspond)</p> <p>Hermitage – Urology hermitage contract still pending signature, issues still need resolved. Meeting next week to progress.</p> <p>Totally healthcare – still ongoing</p>
Staffing	<ul style="list-style-type: none"> • Clinical Fellowes post not filled. Fiona off for a few months may need a replacement closing date imminent • Locum cover – email received from Wendy Michael to peruse and provide feedback then an interview date will be confirmed
CNS Update	<ul style="list-style-type: none"> • Jason - policy read by Michael and John, awaiting feedback • Discussion on procedure regarding stone service, who deals with stone service referral when received, action plan needs put in place. Need for clear guidance on steps taken regarding this service alongside ED (concern expressed regarding referrals coming through from ED and Junior Doctors • Education needed for medical staff regarding service • Meeting needed and possible audit • Mr. Glackin happy to continue as before • Concerns regarding Jason running clinic alone – need for a contingency plan in the event of sickness etc.
LVH Urology DECC sessions	<ul style="list-style-type: none"> • 10 sessions per day 1 theatre in Lagan Valley Hospital (all

	<p>day theatre) funding required for 10 sessions. Minister unlikely to cause problems regarding funding</p> <ul style="list-style-type: none">• Vast majority of CAH Surgeons committed but require confirmation of surgeons available, all agreed happy for trainees from CAH to participate under supervision• City Hospital and Western Trust not keen to participate• Concern raised Consultants having all day theatre at Lagan Valley and the effect on Craigavon• Discussed at Neurology meeting on Tuesday next meeting taking place Thursday 14th October. ESWLs – still in mix for discussion on Thursday, Wendy sending link through.
AOB	<ul style="list-style-type: none">• 15 mins of fame with John O'Donoghue nominated• Electronic forms discussed very accessible with drop down boxes etc. Conor McCann will share with relevant medical associates• Wendy to email form out to all
Next meeting 14 th October 2021	

**Urology Team Departmental Meeting
13th January 2022 at 12:45**

NOTES OF MEETING**Present:**

Wendy Clayton
Leanne McCourt

Michael Young
Jenny McMahon

Mr Glackin
Sabahat Husnain

Apologies	Laura McAuley, Nasir Khan
Covid Update	<p>CAH Covid positive = 60 Clinical covid = 0 Covid positive patients in ICU = 6 Covid patients in ICU vented =5</p> <p>DHH Covid positive patients = 10 Clinical covid patients =</p> <ul style="list-style-type: none"> • There has been a lot of outbreaks through the hospital, ward closed • Isolation reduced to 5 days
<p>Elective/Outpatient activity update</p> <p>(a) Performance Report</p> <p>(b) Theatre sessions</p> <p>(c) IS contracts; Orthderm, Totally Healthcare, Hermitage and Kingsbridge</p>	<p>Performance</p> <ul style="list-style-type: none"> • Validation from Sabahat very useful, fantastic job • PIG update – a very good meeting held on Tuesday • Tony discussed PIG had meeting with David McCormick at the end of last week – <ul style="list-style-type: none"> - Southern Eastern not started yet possibility of Monday and Tuesday - Belfast had internal meeting where Thursday suited them - CAH day will possibly be a Wednesday but would prefer Friday - Western Board being awkward – suggestion would be Omagh as second facility • Stone Procedure Meeting held with Matthew, John, Michael and Khan. Waiting for Andrew to revert to finalise details, patients prefer to attend CAH as yet no start date • If we continue to lose Fridays it was decided best way is to continue training until service is up and running • Change of elective activities meeting needed with Consultants to discuss • Possible meeting with BBH in March and BAUS PPH meeting <p>Theatres</p> <ul style="list-style-type: none"> • First week of theatre sessions finalised. Michael to finalise monthly theatre sessions • Lagan Valley sessions beginning second week in February every Wednesday, rota will be sent out • Lagan Valley beginning ESWL service discussed at meeting <p>IS Contracts</p> <ul style="list-style-type: none"> • More money has been allocated for TP biopsies, 10 per month

	Kingsbridge <ul style="list-style-type: none"> • 352 is proceeding • Need for volunteers for March UDS waiting list <ul style="list-style-type: none"> • Jenny's email discussed regarding waiting list
Urodynamic pulled waiting list	<ul style="list-style-type: none"> • LVH – David Connolly putting through a high volume • Need for a block of patients to run with and have specialist pre opt team ie. nursing and anaesthetist staff • Waiting list has proved very productive and will continue to explore waiting list – Sabahat and Jenny going to discuss how to reduce waiting list numbers with a view to seeing urgent patients • Letter to be sent to patients, unless valid reason for no attendance patient to be removed from list, outcome – need to discuss how lists are going to be processed
FFSA surgical	<ul style="list-style-type: none"> • Anthony shared PowerPoint need for discussion regarding priority 2, 3 and 4 • Need to follow guidelines
TP Biopsy (AJG)	<ul style="list-style-type: none"> • TP biopsies discussed – Leanne & Elizabeth need to be cautious how lists are created
Staffing	<ul style="list-style-type: none"> • Consultant post to be filled – CV has come through for perusal
Urology CNS update	<ul style="list-style-type: none"> • [Personal Information] will return on phased return from next week, but will not be carrying out flexis, [Personal Information] still unable to return to work Botox <ul style="list-style-type: none"> • Jenny discussed form way of identifying patients on their suitability especially due to staff shortage • Need for more staff, approach Trust for help with this especially following concerns from Matthew in previous meeting if staff are off due to sickness or leave for instance • It was agreed argument would be sent to Trust. Wendy will follow up on this
Any other business	<ul style="list-style-type: none"> • In relation to course in Birmingham Anthony confirmed flights and hotel booked

Clayton, Wendy

From: Clayton, Wendy <[REDACTED]>
Sent: 03 November 2021 18:08
To: Haynes, Mark; Young, Michael; Glackin, Anthony; Tyson, Matthew; Carroll, Ronan; Robinson, Katherine; Rankin, Christine; Poland, Orla; Campbell, Dolores; McCann, Conor; rf.appointment; Muldrew, Angela; McCourt, Leanne; McMahon, Jenny; ONeill, Kate; Thompson, PatriciaA; Ward, Sarah; Young, Jason
Cc: Nelson, Amie; Murray, Helena
Subject: Mr Khan - off until 22/11/2021

Dear all

Unfortunately Mr Khan's [REDACTED]. Mr Khan was due back to work next Mon 8th Nov and will now be aiming for return on Mon 22nd November 2021. Please see below clinical sessions over the next few weeks for Mr Khan; I'll work through trying to get as much cover as possible but some sessions may need cancelled.

Consultants – I will be in touch re backfill.

	AM	PM
Mon 8/11	Daytime oncall – Mr Haynes to cover	Daytime oncall – Mr Haynes to cover
Tue 9/11	-	Haematuria clinic – please cancel
Wed 10/11	AL	AL
Thur 11/11	DHH Theatre - ? will probably need cancelled (I will confirm)	
Fri 12/11	Daytime oncall - ? Mr Young	Daytime oncall - ? Mr Young
Mon 15/11	Daytime oncall	Daytime oncall
Tue 16/11	Daytime oncall	Daytime oncall
Wed 17/11	Daytime oncall	Daytime oncall
Thur 18/11	DHH Theatres	
Fri 19/11	CAH Theatres	CAH Theatres

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients

Ext: [REDACTED]
Mob: [REDACTED]

Clayton, Wendy

From: Tyson, Matthew <[REDACTED]>
Sent: 20 January 2022 22:02
To: Young, Michael; Haynes, Mark; Glackin, Anthony; ODonoghue, JohnP
Cc: Clayton, Wendy
Subject: RE: important rota request

I can do the night of the 23rd Feb

From: Young, Michael
Sent: 20 January 2022 17:48
To: Haynes, Mark; Glackin, Anthony; ODonoghue, JohnP; Tyson, Matthew
Cc: Clayton, Wendy
Subject: important rota request
Importance: High

Today Dept meeting I raised the locum weeks.
In Feb Nasir week runs into ‘Omer’ Locum week
So its two locum weeks in a row.
And hopefully not in any way similar to Matt current week.
Cover at night required for the whole week

Are we expecting Nasir to do two week during the day and one week at night ?
This affects the rota allocation of work potentially

Where and why are other locums elsewhere is a reasonable question to ask never mind filling substantial posts?
Just a question

Please view the L drive rota for 22 feb offers to do evenings appreciated

MY

Clayton, Wendy

From: Haynes, Mark <[REDACTED]>
Sent: 27 January 2022 07:36
To: Ted McNaboe; Clayton, Wendy
Cc: Glackin, Anthony; Carroll, Ronan; McMullen, Joanne
Subject: RE: Advert for Consutlant Urologist

None of these doctors have FRCS, and it is unclear what their experience of general urology is. I cannot see how they could work in a consultant position at present.

There may be scope for appointment into a trust grade post, but with the significantly limited operative experience being offered to our SPRs currently their operative exposure would be severely limited. In order to work towards CESR I believe they would need to demonstrate the core curriculum competencies as for a trainee and pass FRCS(Urol) and this may be a significant challenge. We would have to ensure that the exposure of our trainees was not impacted.

Tony – do you have any thoughts?

Mark

From: Ted McNaboe [mailto:[REDACTED]]
Sent: 26 January 2022 22:19
To: Clayton, Wendy
Cc: Haynes, Mark; Glackin, Anthony; Carroll, Ronan; McMullen, Joanne
Subject: Re: Advert for Consutlant Urologist

This email was sent from outside of HSCNI. Please do not click links or open attachments unless you recognise the source of this email and know the content is safe.

[REDACTED] looks excellent on paper.

Sent from my iPhone

On 26 Jan 2022, at 19:41, Clayton, Wendy <[REDACTED]> wrote:

Dear Mark / Tony

Please find attached possible CV’s for consideration for Locum Consultant Urologist post

“These 2 doctors have not worked in the UK before, however depending on their level of experience which can be initially assessed at interview, it may be an option to offer them a temporary consultant position for 2 year with a view of working towards their GMC specialist register. This is an option the Western Trust have been using to recruit staff and it seems to be working very well.”

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [REDACTED]
Mob: [REDACTED]

From: McMullen, Joanne <[REDACTED]>
Sent: 26 January 2022 19:28
To: Clayton, Wendy <[REDACTED]>; Haynes, Mark <[REDACTED]>
Cc: Carroll, Ronan <[REDACTED]>; Parks, Zoe <[REDACTED]>
Subject: RE: Advert for Consutlant Urologist

Dear all

Find attached another CV from the agency for consideration .

Thanks

Joanne

From: Clayton, Wendy <[REDACTED]>
Sent: 25 January 2022 10:27
To: Haynes, Mark <[REDACTED]>; McMullen, Joanne <[REDACTED]>
Cc: Carroll, Ronan <[REDACTED]>; Parks, Zoe <[REDACTED]>
Subject: FW: Advert for Consutlant Urologist

Great thanks Joanne

Mark – can you review attached CV’s, would appreciate your thoughts.

“These 2 doctors have not worked in the UK before, however depending on their level of experience which can be initially assessed at interview, it may be an option to offer them a temporary consultant position for 2 year with a view of working towards their GMC specialist register. This is an option the Western Trust have been using to recruit staff and it seems to be working very well.”

Regards

Wendy Clayton

Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients

Ext: [REDACTED]
Mob: [REDACTED]

From: McMullen, Joanne
Sent: 25 January 2022 10:20
To: Clayton, Wendy; Parks, Zoe
Subject: RE: Advert for Consutlant Urologist

Wendy

We have already advertised in our normal journals / websites / social media platforms. The last time we included it on the Irish Medical Times website..

Our advertising agency was also looking into targeting our adverts to Australia & New Zealand – which is something I will chase up on this morning.

Another option to consider:

The agencies looking after the international medical recruitment had emailed me through 2 CV’s yesterday of 2 international doctors interested in Urology at consultant level. (I hadn’t got around to emailing you as I only received late yesterday).

These 2 doctors have not worked in the UK before, however depending on their level of experience which can be initially assessed at interview, it may be an option to offer them a temporary consultant position for 2 year with a view of working towards their GMC specialist register. This is an option the Western Trust have been using to recruit staff and it seems to be working very well.

If they are not at consultant level we could think about bringing them in a Specialty Doctor level..

Let me know what you think.

Thanks

Joanne

From: Clayton, Wendy <[REDACTED]>
Sent: 25 January 2022 10:06

To: McMullen, Joanne <[REDACTED]>; Parks, Zoe <[REDACTED]>
Subject: Advert for Consutlant Urologist

Hi both

We are hoping to go back out for Consutlant Urologist, can you forward advert/JD to see if we can amend to attract anyone....do you either have any ideas?

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [REDACTED]
Mob: [REDACTED]

<Dr. [REDACTED].docx>
<[REDACTED] Urologist.docx>
<NEW [REDACTED].C.V.._.docx>

Clayton, Wendy

From: Young, Michael
Sent: 20 May 2022 14:06
To: Clayton, Wendy; Renney, Cathy
Subject: RE: Complaint Received from Website Feedback Form

Letters on the system to the patient and referral to vascular and a further ct for a small stone in June = plan was for review after

Cathy = plan a clinic appointment in early July

From: Clayton, Wendy <[redacted]>
Sent: 18 March 2022 13:40
To: Renney, Cathy <[redacted]>; Young, Michael <[redacted]>; Poland, Orla <[redacted]>
Cc: McCaul, Collette <[redacted]>; ClientLiaison, AcutePatient <[redacted]>
Subject: RE: Complaint Received from Website Feedback Form

Thanks Cathy

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

From: Renney, Cathy <[redacted]>
Sent: 18 March 2022 12:48
To: Clayton, Wendy <[redacted]>; Young, Michael <[redacted]>; Poland, Orla <[redacted]>
Cc: McCaul, Collette <[redacted]>; ClientLiaison, AcutePatient <[redacted]>
Subject: RE: Complaint Received from Website Feedback Form
Importance: High

Hi Wendy

I spoke to this lady on the phone on Wednesday and advised that I would leave the attached with Mr Young (on chair in his office). She advised me that the GP had spoke to them about the result and were aware of it. I forwarded email to Mr Young and Cancer Trackers (will forward original email). I advised the lady that MRI would be discussed at MDT and Mr Young or one of the Urology Team would be in contact following this.

Kind regards.

Ms Cathy Renney
Secretary to
Mr M Young
Consultant Urologist
Tel: [redacted]

From: Clayton, Wendy
Sent: 18 March 2022 11:54
To: Young, Michael; Renney, Cathy; Poland, Orla

Cc: McCaul, Collette; ClientLiaison, AcutePatient
Subject: FW: Complaint Received from Website Feedback Form

Mr Young – have you received MRI report re [redacted] HCN: [redacted] (see below). as the performed privately the MRI report is not on NIECR

The report was forwarded to Dr Young two weeks coming now on Monday and me my family have been ringing for an update and to date we have heard nothing

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

From: McCaul, Collette <[redacted]>
Sent: 18 March 2022 11:18
To: Clayton, Wendy <[redacted]>
Cc: ClientLiaison, AcutePatient <[redacted]>
Subject: FW: Complaint Received from Website Feedback Form

Wendy

Can you find out what is going on with this gent please , we will try and locally resolve if we can

HCN [redacted]

Yours Sincerely
Collette McCaul



Acute Governance Manager | Acute Services Clinical and Social Care Governance Team |
The Maples | Craigavon Area Hospital | 68 Lurgan Road | Portadown BT63 5QQ |
Tel: [redacted] | Email: [redacted]

Working together

Excellence

Openness & Honesty

Compassion

From: Southern Trust Website Feedback <[redacted]>
Sent: 18 March 2022 09:34
To: Service User Feedback <[redacted]>
Subject: Complaint Received from Website Feedback Form

Nature of Feedback
Complaint
Your Name
[redacted]
Your comments

I have been red flagged due to possibly of cancer and I had to go private for MRI scan due to the extensive waiting list in the trust. The report was forwarded to Dr Young two weeks coming now on Monday and me my family have been ringing for an update and to date we have heard nothing. When you try to contact the admin for Dr young their is either no answer or goes straight to answer phone. A Message has been left and again this morning asking for contact to be made. To date nothing. It is not acceptable that this is not dealt with timely and in a person focused way.

Your address

Personal Information redacted by the USI
[Redacted Address]

[Map It](#)

Your daytime phone number

Personal Information redacted by the USI

Are you making the complaint on behalf of another person?

No

Email

Personal Information redacted by the USI

Clayton, Wendy

From: Tyson, Matthew <[REDACTED]>
Sent: 28 October 2021 16:16
To: Clayton, Wendy; Carroll, Ronan; Leeman, Lesley; Glackin, Anthony; Haynes, Mark; Khan, Nasir; ODonoghue, JohnP; Omer, Shawgi; Young, Michael
Cc: Collins, Sue Ann; Lappin, Lynn; Murphy, Elaine; McAlinden, Matthew; Scott, Jane M
Subject: RE: 352 - Urology outpatients, diagnostics & surgical services

Hi

I think we just need to set some Iron Clad agreements for what we expect to be undertaken.

We should keep a record of how many are successfully discharged through this route/ sent back for treatment or follow-up in CAH.

We should also have a record of M+M which should be provided by 353 on a monthly basis.

Regards

Matt

From: Clayton, Wendy
Sent: 28 October 2021 16:11
To: Carroll, Ronan; Leeman, Lesley; Glackin, Anthony; Haynes, Mark; Khan, Nasir; ODonoghue, JohnP; Omer, Shawgi; Tyson, Matthew; Young, Michael
Cc: Collins, Sue Ann; Lappin, Lynn; Murphy, Elaine; McAlinden, Matthew; Scott, Jane M
Subject: 352 - Urology outpatients, diagnostics & surgical services
Importance: High

Hi all

Please see below email from Raymond MacSorley, Managing Director of 352. Following on from our conversation on Tuesday are we all in agreement to progress with a new outpatient contract – 400 new urgent patients per month initially?

From the list below there is no laser available and they will be using their other premises in Belfast and North West.

If all in agreement, I will commence working up a service specification with the support of Matthew Tyson as we need specific pathways for each urology condition.

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [REDACTED]
Mob: [REDACTED]

From: Raymond Macsorley [mailto:[REDACTED]]
Sent: 28 October 2021 16:03
To: Clayton, Wendy
Subject: Urology outpatients, diagnostics & surgical services

This message was sent from outside of the Southern Trust. Please do not click links or open attachments unless you recognise the source of this email and know the content is safe.

Hi Wendy,

We have engaged with our consultant body we are confident we would be able to provide capacity for in excess of 400 - 500 New OP referrals per month. In terms of the scope service we would be able to offer this would include:

- New Consultations & Review
- Labs and Pathology services
- Radiology MR, CT, X-ray & US
- Urodynamics
- Diagnostic Procedures including cystoscopies & TP Bx
- IP/DC surgical procedures

You had enquired about stenting, this is a service we have provided in the past I’m waiting on some additional information around our capacity and ability to provide this.

We do not currently provide stone or laser service.

We would be able to provide the majority of these services across our facilities in Belfast but would utilise some surgical capacity within the KPH North West as when and required.

Let me know if you need any further information at this stage.

Kind regards,

Ray

Raymond MacSorley
Managing Director
3fivetwo Healthcare
Kingsbridge Healthcare Group
21 Old Channel Road, Channel Wharf, Belfast, BT3 9DE
M: [REDACTED]
W: www.3fivetwohealthcare.com




Clayton, Wendy

From: ODonoghue, JohnP <[REDACTED]>
Sent: 31 December 2020 13:22
To: Young, Michael; Clayton, Wendy
Cc: Carroll, Ronan; ClientLiaison, AcutePatient; Corrigan, Martina
Subject: RE: [REDACTED]

Michael has covered everything in his reply.
I am happy to bring her back if she so wishes to have a flexible cystoscopy and to see it on a screen in CAH.
She needs to be aware of the small risk of UTI after a flexible cystoscopy.
In saying that, I am happy she has been comprehensively investigated.
It might be a good idea to get Jay/Nurses side of the clinical encounter,
J

John P. O'Donoghue
Consultant Urological Surgeon
Craigavon Area Hospital

 028 [REDACTED]

 [REDACTED]

 68 Lurgan Road, Portadown, BT63 5QQ

From: Young, Michael
Sent: 29 December 2020 16:47
To: Clayton, Wendy; ODonoghue, JohnP
Cc: Carroll, Ronan; ClientLiaison, AcutePatient; Corrigan, Martina
Subject: RE: [REDACTED]

This was a haematuria assessment
There is no video-scope facility in sth
There is the expectation that fluid is instilled and some will leak and as much protection as possible is used to prevent spillage but there will always be some.
She had a radiology dept scan the month before which was clear and pointed out to her.
The scan on the table was to ensure she was emptying - which was the case and hence ‘not seeing anything’
Copy of letter and uss report can be sent to patient

JOD want to add anything?

MY

From: Clayton, Wendy
Sent: 29 December 2020 14:55
To: ODonoghue, JohnP; Young, Michael
Cc: Carroll, Ronan; ClientLiaison, AcutePatient; Corrigan, Martina
Subject: FW: [REDACTED]

Dear Michael / John

Please see attached complaint re [REDACTED] HCN: [REDACTED] who attended for RF haematuria in STH on Mon 8/12/2020 undertaken by Jay.

Can you investigate and draft response please?

Regards

Wendy Clayton

Ext: [redacted]
Mob: [redacted]

From: ClientLiaison, AcutePatient
Sent: 29 December 2020 14:04
To: Clayton, Wendy; McAlinden, Jacinta; Matthews, Josephine
Cc: Carroll, Ronan; Hughes, NicoleX; Stinson, Emma M
Subject: [redacted]

NEW COMPLAINT FOR INVESTIGATION

[redacted]

Dear All,

Please find attached a new complaint for investigation and note that you are required to provide your draft response by **12/01/2020**.

Please avoid any unnecessary information and stick to answering the questions only.

Be mindful of the tone of your response to patients/relatives, this can escalate a situation further (avoid words such as your perception and defensive words. Don't forget to apologise if needed it goes a long way in responses).

Your response should be returned to [redacted] on the response template attached.

In the meantime, if you have any queries please do not hesitate to contact me on **Ext** [redacted]

Thanks

Emma White
Acute Governance Team
The Maples

Tel: [redacted]
Ext: [redacted]
[redacted]



Clayton, Wendy

From: Glackin, Anthony <[redacted]>
Sent: 19 October 2020 17:57
To: Clayton, Wendy; Haynes, Mark; Young, Michael; ODonoghue, JohnP
Cc: ClientLiaison, AcutePatient; Corrigan, Martina; McMahon, Jenny
Subject: Re: Enquiry Response Required

Wendy
This man could be seen by a Urology CNS in a LUTS clinic for assessment ? need for SPC long term.

I am happy to provide Consultant input as needed.

Tony

Anthony J Glackin MD FRCSI(Urol)
Consultant Urologist
SHSCT
[redacted]

Secretary: Elizabeth Troughton
Telephone [redacted]
[redacted]

From: Clayton, Wendy
Sent: 19 October 2020 17:43
To: Haynes, Mark; Glackin, Anthony; Young, Michael; ODonoghue, JohnP
Cc: ClientLiaison, AcutePatient; Corrigan, Martina
Subject: RE: Enquiry Response Required

Thanks for the update Chrisy.

Dear all – see below MLA query re [redacted]
H&C Number [redacted]

[redacted] is a TURP patient on AOB’s waiting list , can you advise best way to manage this gentleman’s query please?

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

From: ClientLiaison, AcutePatient
Sent: 15 October 2020 16:21
To: Clayton, Wendy
Subject: RE: Enquiry Response Required

Wendy,

I phoned this gentleman and advised he had approximately another 2 years to wait for his TURP procedure.

He explained that his issue is the positioning of his catheter, he has, since it was put in place, developed tremors and is unable to manage it alone.
He has said if he could have it repositioned he would be happy to not have the procedure.

Is there any way this could be an option? Could he be seen by a Consultant to discuss this?

Thanks

Chrisy

From: Clayton, Wendy
Sent: 15 October 2020 13:14
To: ClientLiaison, AcutePatient
Cc: Carroll, Ronan
Subject: RE: Enquiry Response Required

Hi

Mr Personal Information redacted by the USI was added to Mr O'Brien, Consultant Urologist's urgent inpatient waiting list for TURP procedure from the 30 September 2016, currently waiting 211 weeks. Mr O'Brien's urgent inpatient waiting list is 320 weeks.

At present due to covid-19 restrictions and reduced theatre we are only scheduling patients by priority; red flag and then urgent and also chronologically. I apologise for this delay however due to the current covid-19 pandemic situation I am unable to advise when Mr Personal Information redacted by the USI will receive his surgery date.

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

From: ClientLiaison, AcutePatient
Sent: 14 October 2020 15:51
To: Clayton, Wendy
Subject: Enquiry Response Required

Wendy,

Please see attached. This gentleman initially sent an enquiry to us in July, but I have no record of a response or follow-up.
See e-mail below that we need to respond to.

It seems he is simply wanting an update on his care, is he to have a TURP procedure and is there a possibility of his catheter being removed or repositioned?
Are we able to offer him an appointment? **H&C Number** Personal Information redacted by the USI.

He seems so nice :)

From: Personal Information redacted by the USI
Sent: 18 July 2020 09:00
To: Complaints
Subject: NO Reply By Phone

Dear Sir's

This is not really a complaint, I am just trying to find a answer.

I was seen by a Mr O'Brien in Craigavon Hospital a long time ago.
After his testing he told my wife and I in his office I would need a turp operation, which was fair enough but he did say he was snowed on.
I believe that was over 4 years ago, I have spoken to his secretary a few times and she has been a very nice person and passed the messages on to Mr O’Brien thinking he would give me a ring but nothing.

I have a lot of medical problems and disability’s and I am trying to find out what if anything is happening as I now have a bag on and would like it off or for the catheter site to be a pubic one.

There is no point in me ringing because I get no where and after 4 years I don’t think I am being unfair asking for a update.
The time factor was told to me by my spine Doctor in Musgrave park hospital ([redacted]) who I think has written to the department.

As I say all I am looking for a update to see where I am at this time

Thank you for your help in this matter

[redacted]
Personal Information
redacted by the USI

Thanks Wendy

Chrisy

Chrisy Toman
Clinical Governance Officer
The Maples
CAH
SHSCT
Ext: [redacted]
[redacted]
Personal Information
redacted by the USI



Clayton, Wendy

From: Clayton, Wendy
Sent: 12 May 2022 20:05
To: McMullen, Joanne; Haynes, Mark; Haugh, Karen; Morrison, Stephen
Cc: Carroll, Ronan; Parks, Zoe
Subject: RE: Consultant Urologist CAH *URGENT**

Joanne – is there any movement on the advertisement of the Consultant Urologist – “advert detailing such a supported ‘transition’ post to support doctors while they get on the specialist register we may get a larger number of applicants and so a thought through personnel spec for this would be important.”

We urgently need Consultant Urologist and are having no luck with Locums
Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [Redacted]
Mob: [Redacted]

From: Clayton, Wendy
Sent: 04 April 2022 08:07
To: McMullen, Joanne <[Redacted]>; Haynes, Mark <[Redacted]>; Haugh, Karen <[Redacted]>; Morrison, Stephen <[Redacted]>
Cc: Carroll, Ronan <[Redacted]>
Subject: RE: Consultant Urologist CAH *URGENT**

Great Joanne, chat soon

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [Redacted]
Mob: [Redacted]

From: McMullen, Joanne <[Redacted]>
Sent: 03 April 2022 22:37
To: Clayton, Wendy <[Redacted]>; Haynes, Mark <[Redacted]>; Haugh, Karen <[Redacted]>; Morrison, Stephen <[Redacted]>
Cc: Carroll, Ronan <[Redacted]>
Subject: RE: Consultant Urologist CAH *URGENT**

Thanks Wendy

I have a meeting scheduled with our advertising agency to see if they have any suggestions / options of international journals to advertise.

I have also sourced it out to non-contracted agency to see if they what the can source for me.

Will link in with you at the start of the week.

Joanne

From: Clayton, Wendy <[REDACTED]>
Sent: 01 April 2022 17:00
To: Haynes, Mark <[REDACTED]>; McMullen, Joanne <[REDACTED]>; Haugh, Karen <[REDACTED]>; Morrison, Stephen <[REDACTED]>
Cc: Carroll, Ronan <[REDACTED]>
Subject: RE: Consultant Urologist CAH *URGENT**

Hi Joanne / Stephen / Karen

Just chasing up on below Urology consultant recruitment for permanent or if there are any potential locum Urology Consultant CV’s about?

Would you mind giving it another push again next week

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [REDACTED]
Mob: [REDACTED]

From: Haynes, Mark <[REDACTED]>
Sent: 23 March 2022 15:42
To: McMullen, Joanne <[REDACTED]>; Clayton, Wendy <[REDACTED]>; Haugh, Karen <[REDACTED]>; Morrison, Stephen <[REDACTED]>
Cc: Carroll, Ronan <[REDACTED]>
Subject: RE: Consultant Urologist CAH *URGENT**

Thanks Joanne

I think it would be important to have a clear idea of what they need to do and what we need to do such that this can form part of the job plan and be included for appraisal etc.

I am also conscious that if we were to put out an advert detailing such a supported ‘transition’ post to support doctors while they get on the specialist register we may get a larger number of applicants and so a thought through personnel spec for this would be important.

Is there any way we can get clear guidance of what would be needed from a Europe trained urologist to get recognised on the GMC specialist register (and therefore what support and likely timescales would follw)?

Mark

From: McMullen, Joanne <[REDACTED]>
Sent: 23 March 2022 15:37
To: Haynes, Mark <[REDACTED]>; Clayton, Wendy <[REDACTED]>; Haugh, Karen <[REDACTED]>; Morrison, Stephen <[REDACTED]>
Cc: Carroll, Ronan <[REDACTED]>
Subject: RE: Consultant Urologist CAH *URGENT**

Thanks

To my knowledge, if the doctor has completed their medical degree in a English speaking university then this is taken into account and the doctor will not be required to take a separate English test / exam for their GMC registration.

All our temporary Consultant posts have always been advertised with the requirement for the applicant to have at least GMC Specialist registration and to date we have never advertised it any different.

There was an occasion last year where a doctor came through one of the agencies contracted for the International Medical Recruitment project, and we offered her a temporary post x 2 years with the view of her working towards her specialist registration. This was agreed with the Deputy HR Director at the time given circumstances.. (however this doctor ended up declining the offer due to family reasons.)

Just in the last week or so we have identified 2 other doctors suitable for Radiologist posts who do not have specialist registration (this was through a recruitment agency not our own advert). We are hoping to offer the temporary consultant posts x 1 year with a view of them working towards their specialist registration.

However as this outside our normal working practice we will be seeking further approval from the Director of HR / Deputy Director of HR to proceed and if you want I will add this to the list also. Especially when we are planning on advertising these posts outside normal practice.

As you know we have locums who work at consultant level who do not have specialist registration – so this is definitely an option worth exploring if we have potential suitable candidates.

Thanks

Joanne

From: Haynes, Mark <[REDACTED]>
Sent: 23 March 2022 13:30
To: McMullen, Joanne <[REDACTED]>; Clayton, Wendy <[REDACTED]>; Haugh, Karen <[REDACTED]>; Morrison, Stephen <[REDACTED]>
<[REDACTED]>
Cc: Carroll, Ronan <[REDACTED]>
Subject: RE: Consultant Urologist CAH *URGENT**

Hi Joanne

Not got round to replying.

Re the potential applicants they have not done English test. One was educated in new York so not certain if there is an exception for that?

Re adverts in light of no applicants can we look to review the advert etc prior to re-advertising?

RE the ‘2 year consultant post while working towards specialist registration we also need to look at what an advert for this would look like, what requirements are for support etc, create job spec / shortlisting criteria etc.

How is it best for us to do this (both)? Meet and run through?

Is there any examples for other specialities or in other trusts of what the 2 year post advert / spec may look?

Mark

From: McMullen, Joanne <[REDACTED]>
Sent: 23 March 2022 12:09
To: Clayton, Wendy <[REDACTED]>; Haugh, Karen <[REDACTED]>; Morrison, Stephen <[REDACTED]>
Cc: Haynes, Mark <[REDACTED]>; Carroll, Ronan <[REDACTED]>
Subject: RE: Consultant Urologist CAH *URGENT**

Wendy

I emailed Mr Haynes on 14 March 2022 as there was a query re the English test for this doctor who was to check with the doctor and let me know.

I have not progressed with the advert to date as I was waiting on clarity.

Thanks

Joanne

From: Clayton, Wendy <[REDACTED]>
Sent: 23 March 2022 11:05
To: Haugh, Karen <[REDACTED]>; Morrison, Stephen <[REDACTED]>; McMullen, Joanne <[REDACTED]>
Cc: Haynes, Mark <[REDACTED]>; Carroll, Ronan <[REDACTED]>
Subject: FW: Consultant Urologist CAH *URGENT**

Karen – we need to push again for Locum Urology Consultant due to no applicants for the permanent post. Mr Young retires May 2022 which will leave 3.5 permanent vacancies. We do have one locum against this deficit of Urology consultants

Can we put back out asap?

WIT-33398

Joanne – any progress on advert for applicants working towards their GMC, conscious that we are running out of time?

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

From: McClements, Melanie <[redacted]>
Sent: 15 March 2022 15:31
To: McIlkenny, Andrea <[redacted]>; Haynes, Mark <[redacted]>; Glackin, Anthony <[redacted]>; Corrigan, Martina <[redacted]>; Donaghy, Geraldine <[redacted]>; Comac, Jennifer <[redacted]>; Hogan, Kerri <[redacted]>; Andrew Thomas <[redacted]>
Cc: McMullen, Joanne <[redacted]>; McCracken, Lydia <[redacted]>; Clayton, Wendy <[redacted]>; Carroll, Ronan <[redacted]>
Subject: RE: Consultant Urologist CAH

That’s disappointing , thanks Andrea, mel

From: McIlkenny, Andrea <[redacted]>
Sent: 15 March 2022 14:36
To: Haynes, Mark <[redacted]>; Glackin, Anthony <[redacted]>; Corrigan, Martina <[redacted]>; Donaghy, Geraldine <[redacted]>; Comac, Jennifer <[redacted]>; McClements, Melanie <[redacted]>; Hogan, Kerri <[redacted]>; Andrew Thomas <[redacted]>
Cc: McMullen, Joanne <[redacted]>; McCracken, Lydia <[redacted]>; Clayton, Wendy <[redacted]>
Subject: RE: Consultant Urologist CAH
Importance: High

Dear All

May I confirm that the Consultant Urologist post closed today at 12.30pm with no applicants. You can all now release the date saved for interview which was **Tuesday 26th April 2022 between 1pm - 5pm.**

Andrea McIlkenny
Medical HR Officer
HROD Directorate
Southern Health & Social Care Trust
The Brackens
Craigavon Area Hospital
68 Lurgan Road
Portadown
Northern Ireland
BT63 5QQ

[phone icon] [redacted]
[email icon] [redacted]

(Working Hours - Mon to Fri : 9am – 5pm)





From: McIlkenny, Andrea
Sent: 16 February 2022 12:42
To: Haynes, Mark; Glackin, Anthony; Corrigan, Martina
Cc: McMullen, Joanne (Personal Information redacted by the USI); McCracken, Lydia
Subject: RE: Consultant Urologist CAH
Importance: High

Dear Mr Haynes/Mr Glackin

May I confirm that we plan to hold interviews for the above post on **Tuesday 26th April 2022 between 1pm - 5pm.**
Melanie and Geraldine Donaghy (NED) have confirmed their availability.
Could you both confirm if you would be available before I source an Assessor?

Andrea McIlkenny
Medical HR Officer
HROD Directorate
Southern Health & Social Care Trust
The Brackens
Craigavon Area Hospital
68 Lurgan Road
Portadown
Northern Ireland
BT63 5QQ

 (Working Hours - Mon to Fri : 9am – 5pm)
 (Working Hours - Mon to Fri : 9am – 5pm)



From: McIlkenny, Andrea
Sent: 09 February 2022 10:59
To: Haynes, Mark; Glackin, Anthony; Corrigan, Martina; Clayton, Wendy; Kelly, Brigeen
Cc: McMullen, Joanne (Personal Information redacted by the USI); McCracken, Lydia
Subject: Consultant Urologist CAH
Importance: High

Dear All

May I confirm that we are proceeding to advertisement this week with the post of Consultant Urologist again.

This post will close on **Tuesday 15th March 2022 at 12.30pm.**

I will be in touch over the next few days to organise an interview date.

Andrea McIlkenny
Medical HR Officer
HROD Directorate

Southern Health & Social Care Trust
The Brackens, Craigavon Area Hospital

WIT-33400



Personal Information redacted by the USI

Personal Information redacted by the USI

(Working Hours - Mon to Fri : 9am – 5pm)

