



Matthew Tyson
Consultant Urologist
C/O Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

7 June 2022

Dear Sir,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yours faithfully

Personal Information redacted by the USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

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

Chair's Notice

[No 63 of 2022]

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

WARNING

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

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

TO:

Matthew Tyson
Consultant Urologist
C/O Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

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

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 18th July 2022**.

APPLICATION TO VARY OR REVOKE THE NOTICE

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

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 11th July 2022**.

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

Dated this day 6th June 2022

Signed:

Personal Information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry



SCHEDULE
[No 63 of 2022]

General

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

Your position(s) within the SHSCT

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

Urology services

9. For the purposes of your tenure, in April 2008, the SHSCT published the '*Integrated Elective Access Protocol*', the introduction of which set out the background purpose of the Protocol as follows:

1.1 INTRODUCTION

1.1.1 This protocol has been developed to encompass the elective pathway within a hospital environment. The principles can be applied to primary and community settings, however it is recommended that guidance is developed which recognises the specific needs of the care pathway provided in these settings.

1.1.2 The length of time a patient needs to wait for elective treatment is an important quality issue and is a visible public indicator of the efficiency of the hospital services provided by the Trust. The successful management of patients who wait for outpatient assessments, diagnostic investigations and elective inpatient or day case treatment is the responsibility of a number of key individuals within the organisation. General Practitioners, commissioners, hospital medical staff, managers and clerical staff have an important role in ensuring access for patients in line with maximum waiting time guarantees, managing waiting lists effectively, treating patients and delivering a high quality, efficient and responsive service. Ensuring prompt timely and accurate communications with patients is a core responsibility of the hospital and the wider local health community.

1.1.3 The purpose of this protocol is to define those roles and responsibilities, to document how data should be collected, recorded and reported, and to establish a number of good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists. It will be a step-by-step guide to staff, and act as a reference work, for the successful management of patients waiting for hospital treatment.

1.1.4 This protocol will be updated, as a minimum, on an annual basis to ensure that Trusts' policies (*sic*) and procedures remain up to date, and reflect best practice locally and nationally. Trusts will ensure a flexible approach to getting patients treated, which will deliver a quick

response to the changing nature of waiting lists, and their successful management.

1.1.5 This protocol will be available to all staff via Trusts' Intranet.

During your time working in Urology services, was the '*Integrated Elective Access Protocol*' provided to you or its contents made known to you in any way by the SHSCT? If yes, how and by whom was this done? If not, how, if at all, were you made aware of your *role and responsibilities* as a Consultant urologist *as to how data should be collected, recorded and reported ... to establish good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists for the successful management of patients waiting for hospital treatment?*

10. How, if at all, did the '*Integrated Elective Access Protocol*' (and time limits and guidelines, etc., within it) impact or inform your role generally as a Consultant urologist? How, if at all, were the time limits for Urology Services monitored as against the requirements of the protocol? What action, if any, was taken (and by whom) if time limits were not met?
11. What, if any, performance indicators were used within the Urology unit during your tenure? If there were changes in performance indicators throughout your time there, please explain.
12. Do you think the Urology services generally were adequately staffed and properly resourced throughout your tenure? If not, can you please expand noting the deficiencies as you saw them? Did you ever complain about inadequate staffing? If so, to whom, what did you say and what, if anything, was done?
13. Were there periods of time when any staffing posts within the unit remained vacant for a period of time? If yes, please identify the post(s) and provide your opinion of how this impacted on the unit. How were such staffing challenges and vacancies within the unit managed and remedied?

14. In your view, what was the impact of any staffing problems on, for example, the provision, management and governance of Urology services? In your view, did staffing problems present a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples.
15. Did staffing posts, roles, duties and responsibilities change in the unit during your tenure? If so, how and why?
16. Did your role changed during your tenure? If so, did changes in your role impact on your ability to provide safe clinical care, minimise patient risk and practice good governance?
17. Explain your understanding as to how the Urology unit and Urology Services were and are supported by administrative staff during your tenure. In particular the Inquiry is concerned to understand the degree of administrative support and staff allocation provided to you as a Consultant so that you may properly carry out your duties. Accordingly, please set out in full all assistance and support which you receive from administrative staff to help you to fulfil your role.
18. Did you know if there was an expectation that administration staff would work collectively within the unit or were particular administration staff allocated to particular Consultants? How was the administrative workload monitored?
19. Did all Consultants have access to the same administrative support? If not, why not?
20. Have you ever sought further administrative assistance? If so, what was the reason, whom did you ask and what was the response?
21. Did administrative support staff ever raise any concerns with you? If so, set out when those concerns were raised, what those concerns were, who raised them with you and what, if anything, you or anyone else did in response.
22. Did you feel supported by the nursing and ancillary staff in the Unit? Please describe how and when you utilised nursing staff in the provision of clinical care

for Urology patients. Did you consider that the nursing and ancillary staff complement available was sufficient to reduce risk and ensure patient safety?

23. Please set out your understanding of the role of the (a) specialist cancer nurse(s) and (b) Urology nurse specialists, and explain how, if at all, they worked with you in the provision of clinical care. How often and in what way did you engage with those nurses in your role as Consultant? Did you consider that the specialist cancer nurse, and all nurses within Urology, worked well with (Consultants? Did they communicate effectively and efficiently? If not, why not.
24. What was your view of the working relationships between nursing and medical staff generally? If you had any concerns, did you speak to anyone and, if so, what was done?
25. What was your view of the relationships between Urology Consultants and administrative staff, including secretaries? Were communication pathways effective and efficient? If not, why not? Did you consider you had sufficient administrative support to fulfil your role? If no, please explain why, and whether you raised this issue with anyone (please name and provide full details).
26. As Consultant urologist, how did you assure yourself regarding patient risk and safety and clinical care in Urology Services in general? What systems were in place to assure you that appropriate standards were being met and maintained?
27. Who was in overall charge of the day to day running of the Urology unit? To whom did that person answer? Give the names and job titles for each of the persons in charge of the overall day to day running of the unit and to whom that person answered throughout your tenure. Identify the person/role to whom you were answerable.
28. During your tenure did medical managers and non-medical managers in Urology work well together? Whether your answer is yes or no, please explain with examples.

29. Was your role subject to a performance review or appraisal? If so, please explain how and by whom and refer to (or provide, if not provided by the Trust already) any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

30. Were you involved in the review or appraisal of others? If yes, please provide details. Did you have any issues with your appraisals or any you were involved in for others? If so, please explain.

Engagement with Urology staff

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

Governance

32. During your tenure, who did you understand as overseeing the quality of Services in Urology? If not you, who was responsible for this and how did they provide you with assurances regarding the quality of Services?

33. Who oversaw the clinical governance arrangements of the unit and how was this done? As Consultant urologist, how did you assure yourself that this was being done properly? How, if at all, were you as Consultant urologist provided with assurances regarding the quality of urology services?

34. How, if at all, did you inform or engage with performance metrics overseen in Urology? Who was responsible for overseeing performance metrics?

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

36. How did you ensure that governance systems, including clinical governance, within Urology Services were adequate? Did you have any concerns that

governance issues were not being identified, addressed and escalated as necessary?

37. How could issues of concern relating to Urology Services be brought to your attention or be brought to the attention of others? The Inquiry is interested in both internal concerns, as well as concerns emanating from outside the unit, such as from patients. What systems or processes were in place for dealing with concerns raised? What is your view of the efficacy of those systems?
38. Did those systems or processes change during your tenure? If so, how, by whom and why?
39. How did you ensure that you were appraised of any concerns generally within or relating to Urology Services?
40. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register? Please provide any documents referred to (unless provided already by the Trust).
41. What systems were in place for collecting patient data in Urology Services? How did those systems help identify concerns, if at all?
42. What is your view of the efficacy of those systems? Did those systems change over time and, if so, what were the changes?
43. During your tenure, how well do you think performance objectives were set for Consultant medical staff and for specialty teams within Urology Services? Please explain your answer by reference to any performance objectives relevant to Urology during your time (and identify the origin of those objectives), providing documentation (where it has not been provided already) or sign-posting the Inquiry to any relevant documentation.
44. How well did you think the cycle of job planning and appraisal worked within Urology Services and explain why you hold that view?

45. The Inquiry is keen to learn the process, procedures and personnel who were involved when governance concerns, having the potential to impact on patient care and safety, arose within Urology Services. Please provide an explanation of that process during your tenure, including the name(s) and role of those involved, how issues were escalated (if at all) and how concerns were recorded, dealt with and monitored. Please identify the documentation the Inquiry might refer to in order to see examples of concerns being dealt with in this way during your tenure.
46. Did you feel supported in your role by your line management and hierarchy? Whether your answer is yes or no, please explain by way of examples.

Concerns regarding the Urology unit

47. The Inquiry is keen to understand how, if at all, you engaged with the following post-holders:-
- (i) The Chief Executive(s);
 - (ii) the Medical Director(s);
 - (iii) the Director(s) of Acute Services;
 - (iv) the Assistant Director(s);
 - (v) the Associate Medical Director;
 - (vi) the Clinical Director;
 - (vii) the Clinical Lead;
 - (viii) the Head of Service;
 - (ix) other Consultant Urologists.

When answering this question please name the individual(s) who held each role during your tenure. When addressing this question you should appreciate that the Inquiry is interested to understand how you liaised with these post-holders in matters of concern regarding Urology governance generally, and in particular those governance concerns with the potential to impact on patient care and safety. In providing your answer, please set out in detail the precise

nature of how your roles interacted on matters (i) of governance generally, and (ii) specifically with reference to the concerns raised regarding Urology services which are the subject of this Inquiry. You should refer to all relevant documentation (and provide that documentation if not previously provided), dates of meetings, actions taken, etc.

48. Were any concerns ever raised regarding your clinical practice? If so, please provide details.

49. Did you ever have cause for concern, or were concerns ever reported to you regarding:

(a) The clinical practice of any medical practitioner in Urology Services?

(b) Patient safety in Urology Services?

(c) Clinical governance in Urology Services?

If the answer is yes to any of (a) – (c), please set out:

- (i) What concerns you had or if concerns were raised with you, who raised them and what, if any, actions did you or others (please name) take or direct to be taken as a result of those concerns? Please provide details of all meetings, including dates, notes, records etc., and attendees, and detail what was discussed and what action (if any) was planned in response to these concerns.
- (ii) What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?
- (iii) Whether, in your view, any of the concerns raised did or might have impacted on patient care and safety? If so, what steps, if any, did you take to mitigate against this? If no steps were taken, explain why not.

- (iv) Any systems and agreements put in place to address these concerns. Who was involved in monitoring and implementing these systems and agreements? What was your involvement, if any?
- (v) How you assured yourself that any systems and agreements put in place to address concerns were working as anticipated?
- (vi) How, if you were given assurances by others, you tested those assurances?
- (vii) Whether, in your view, the systems and agreements put in place to address concerns were successful?
- (viii) If yes, by what performance indicators/data/metrics did you measure that success? If no particular measurement was used, please explain.

50. Having regard to the issues of concern within Urology Services which were raised by you, with you or which you were aware of, including deficiencies in practice, explain (giving reasons for your answer) whether in your view these issues of concern were -

- (a) Properly identified,
- (b) Their extent and impact assessed properly, and
- (c) The potential risk to patients properly considered?

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

52. Was the Urology Services offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.

Mr. O'Brien

53. If you ever became aware of concerns regarding Mr. O'Brien, in what context did you first become aware? What were those concerns and when and by whom were they first raised with you? Please provide any relevant documents if not already provided to the Inquiry. Do you now know how long these issues were in existence before coming to either your own or anyone else's attention? Please provide full details in your answer.

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

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

If you did not raise any concerns about the conduct/performance of Mr. O'Brien which were known to you, please explain why you did not?

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

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

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

- (i) In what way may concerns have impacted on patient care and safety?
- (ii) When did any concern in that regard first arise?
- (iii) What risk assessment, if any, did you undertake, to assess potential impact? and
- (iv) What, if any, steps did you take to mitigate against this? If none, please explain. If you consider someone else was responsible for carrying out a risk assessment or taking further steps, please explain why and identify that person?

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

59. What, if any, metrics were used in monitoring and assessing the effectiveness of any agreed way forward or any measures introduced to address the concerns? How did these measures differ from what existed before? Who was responsible for overseeing any agreed way forward, how was this done, where was record of the oversight recorded, and how long did this oversight last? Please include any documentation (unless already provided) and/or indicate where the Inquiry may find a record of any oversight.

60. As relevant, how did you assure yourself that any systems and agreements put in place to address concerns (if this was done) were sufficiently robust and comprehensive and were working as anticipated? What methods of review were used? Against what standards were methods assessed? Are there records of you having assured yourself that systems and agreements put in place, to address concerns, were effective?

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

62. Did Mr O'Brien raise any concerns with you regarding, for example, patient care and safety, risk, clinical governance or administrative issues or any matter which might impact on those issues? If yes, what concerns did he raise (and if not with you, with whom), and when and in what context did he raise them?
63. How, if at all, were those concerns considered and what, if anything, was done about them and by whom? If nothing was done, who was the person responsible for doing something? How far would you expect those concerns to escalate through the chain of management?
64. What support was provided by you and the Trust specifically to Mr. O'Brien given the concerns identified by him and others? Did you engage with other Trust staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not.
65. How, if at all, were the concerns raised by Mr. O'Brien and others reflected in Trust governance documents, such as the Risk Register? Please provide any documents referred to, unless already provided. If the concerns raised were not reflected in governance documents and raised in meetings relevant to governance, please explain why not.

Learning

66. Are you now aware of governance concerns arising out of the provision of Urology Services, which you were not aware of during your tenure? Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why.
67. Having had the opportunity to reflect, do you have an explanation as to what went wrong within Urology Services and why?
68. What do you consider the learning to have been from a governance perspective regarding the issues of concern within Urology Services and the unit, and regarding the concerns involving Mr. O'Brien in particular?

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

NOTE:

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



UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice No. 63 of 2022

Date of Notice: 7th June 2022

Note: An addendum amending this statement was received by the Inquiry on 03 November 2023 and can be found at WIT-104212 to WIT-104214. Annotated by the Urology Services Inquiry.

Witness Statement of: MATTHEW TYSON

I, MATTHEW TYSON, will say as follows:-

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

1.1 I was employed by the Trust in two different roles, at different times. Firstly and for the majority of my employment as a Urology Trainee Doctor for the times as listed in my answer to question 5. As a trainee during the times listed I had limited access/ knowledge to any concerns or issues raised in the department beyond those that affected the running of the acute Urology part of the service in the form of understaffing concerns at times on Ward 3 South, which as a trainee I and other trainees were informed was known about and being dealt with.

1.2 Secondly as a Consultant Urologist in the Southern Trust, appointed on the 25th February 2019 and leaving on the 16th July 2019 (Including time taken for annual leave). During this time I was not part of the Oncology MDM team, as my sub-specialist interest in Kidney Stones had me attending the Stone Meeting once a week instead.



Urology Services Inquiry

1.3 My role as a Consultant Urologist was to provide Core Urology and Sub-specialist Urology Stone management. This included new and review clinics, on-call and operating upon Urology patients. Mentoring and training of Urology trainees during day to day practice.

1.4 No issues were raised directly to me in this role regarding the service. I do not recall any notable point within the terms of this enquiry from any Regular Patient Audit meetings, including Team/ Hospital or Regional events I may have been present at during this time period, or any time period as a trainee Doctor.

1.5 I was not aware of any issues in this short period of time, apart from becoming aware that the Trust had long historical waits for Surgery and Outpatient appointments. As a Consultant for only 4 months in the Trust, I undertook a few extra clinics to help with the backlog, as much as one could do in a 4 month period. I left the Trust on the 16th July 2019.

1.6 I have since returned to the Trust upon the 24th October 2021 following working abroad on a planned Urology Fellowship.

- 2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the Urology Services Inquiry (“USI”), except where those documents have been previously provided to the USI by the SHSCT. If you are uncertain about what documents have been provided to the Inquiry please liaise with the Trust’s legal representatives. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.**

2.1 I have no documents in my possession relating to the terms of the enquiry.

- 3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key**



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is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you are in any doubt about the documents previously provided by the SHSCT you may wish to discuss this with the Trust's legal advisors, or, if you prefer, you may contact the Inquiry.

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

4.1 MBBCh, MRCS, FRCS UROL, PGCME

4.2 I Graduated from Cardiff Medical School in 2006

4.3 Completed Foundation Training in Wales Deanery 2009

4.4 Completed Core Surgical Training Wales Deanery 2011

4.5 Research/ Clinical Fellow Birmingham University 2011-2012

4.6 Northern Ireland Urology Training from 2012 – 2019 (NIMDTA), rotating around Urology in Belfast City Hospital, Altnagelvin Hospital and Craigavon Hospital for training in Urology in this time period.

4.7 Commenced employment as Consultant Urologist Southern Trust 24th Feb 2019

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

5.1



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- i. **Aug 2012 –Aug 2013 Training Registrar Urology ST3:** A training position. I received training in the specialty of Urology, undertaking supervised Urology Clinics, On-call and operating on Urology conditions.
- ii. **Aug 2015 – Aug 2016 1 year Training Registrar ST6:** A training position. I received training in the specialty of Urology, undertaking supervised Urology Clinics, On-call and operating on Urology conditions
- iii. **Aug 2016 – October 2017 ADEPT Fellowship through NIMDTA:** 2 days a week clinical in Craigavon Hospital with Mr Young. Personal information redacted by USI
[REDACTED]
[REDACTED] During my Fellowship I undertook a project to identify that ESWL (Extracorporeal Shockwave Lithotripsy) to break down Kidney stones could reduce the number of patients needing to go to the operating room for kidney stone surgery, as well as provide a pathway to expanding to a regional service for Northern Ireland in the future. This has recently now been taken forward to become a regional Urology Stone Service for ESWL towards the end of 2022, this was a quality improvement project through the Leadership and Management Centre for the HSC Belfast in conjunction with NIMDTA.
- iv. **Urology Consultant 24TH Feb 2019 – 16th July 2019:** My role as a Consultant Urologist was to provide Core Urology and Sub-specialist Urology Stone management. This included new and review clinics, on-call and operating upon Urology patients. Mentoring and training of Urology trainee's during day to day practice. I have recommenced this same position as of 24th October 2021.

5.2 The training positions (i-iii) I received a job description on application to the National Selection Process, the description was accurate. The Consultant position (iv) had a Trust published job description, it was accurate. I do not have a copy of either retained.



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

6.1

- i. Aug 2012 –Aug 2013 Training Registrar Urology ST3
- ii. Aug 2015 – Aug 2016 1 year Training Registrar ST6
- iii. Aug 2016 – October 2017 ADEPT Fellowship through NIMDTA

6.2 For the above roles (i-iii) my Line Managers were Mr. Michael Young (Consultant Urologist Team Lead) and Martina Corrigan (Management Head of Urology Service). I had no responsibility as a Line Manager to oversee anyone else. I was not a manager of any department, service, or system in these roles.

- iv. Urology Consultant 24th Feb 2019 – 16th July 2019:

6.3 My Line Managers were Mr. Michael Young (Consultant Urologist Team Lead) and Martina Corrigan (Management Head of Urology Service). I had responsibility for the training of Urology Registrars when they attended any theatre/ on-call or clinics for those sessions which I was named consultant for. I had no responsibility as a Line Manager to oversee anyone else. I was not a manager of any department, service, or system in these roles.

- 7. With specific reference to the operation and governance of Urology Services, please set out your roles and responsibility and lines of management, including your lines of management in respect of matters of clinical care, patient safety, administration and governance**

7.1 I have had two different positions in Craigavon, as a Urology Trainee and then as a Urology Consultant. My direct lines of Management in respect to



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clinical care, patient safety, administration and governance were to the Clinical Lead Mr. Young and service Manager Martina Corrigan for both.

7.2 In both roles during clinical care (ward rounds, clinics, theatre), patient notes were made as per the standard, letters dictated in a timely fashion and patients booked for theatre as per Trust booking protocol by filling the appropriate booking form. Patient safety is paramount, and I was aware a DATIX could be used to report if any clinical incident was to arise.

7.3 As a Urology Trainee (see time periods set out in answer to question 5) I was invited to the audit meetings (patient safety meeting) and I would present the morbidity and mortality data on a rolling Rota with the other Urology trainees during the periods specified at i and ii in answer to question 5. As a trainee I was not part of the consultant meetings in relation to the running/issues of the service.

7.4 My time as a consultant in the Southern Health and Social Trust was brief, from only 24th February 2019 to 16th July 2019 (including annual leave). My role at the time included no extra roles beyond the sub-specialist work of kidney stones and core urology.

7.5 As a Urology Consultant I was involved in the quality improvement of treatment of day case stone patients in the form of ESWL in conjunction with Mr Young Urology Consultant and Clinical lead, we had a research grant for the investigation of outcomes into ESWL (Shockwaves to break up kidney stones), which has led to the successful regionalization of the service, planned to commence late 2022.

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



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8.1 I refer to my answer to question 7 to my role, and I reported to line managers for the positions listed in answer to question 5 to Mr Young Urology Lead and Martina Corrigan Urology Manager. My role was to undertake clinical care as a Urology Trainee and subsequently as a Urology Consultant to a set working week from the Urology Lead Mr Young and attend monthly audit (Patient safety meeting).

8.2 From a governance perspective my role overlapped in undertaking a quality improvement project with Mr. Young into the provision of ESWL to treating Kidney stones.

9. Urology services

For the purposes of your tenure, in April 2008, the SHSCT published the 'Integrated Elective Access Protocol', the introduction of which set out the background purpose of the Protocol as follows:

1.1 INTRODUCTION

1.1.1 This protocol has been developed to encompass the elective pathway within a hospital environment. The principles can be applied to primary and community settings, however it is recommended that guidance is developed which recognises the specific needs of the care pathway provided in these settings.

1.1.2 The length of time a patient needs to wait for elective treatment is an important quality issue and is a visible public indicator of the efficiency of the hospital services provided by the Trust. The successful management of patients who wait for outpatient assessments, diagnostic investigations and elective inpatient or day case treatment is the responsibility of a number of key individuals within the organisation. General Practitioners, commissioners, hospital medical staff, managers and clerical staff have an important role in ensuring access for patients in line with maximum waiting time guarantees, managing waiting lists effectively, treating patients and delivering a high quality, efficient and responsive service. Ensuring prompt



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timely and accurate communications with patients is a core responsibility of the hospital and the wider local health community.

1.1.3 The purpose of this protocol is to define those roles and responsibilities, to document how data should be collected, recorded and reported, and to establish a number of good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists. It will be a step-by-step guide to staff, and act as a reference work, for the successful management of patients waiting for hospital treatment.

1.1.4 This protocol will be updated, as a minimum, on an annual basis to ensure that Trusts' policies (*sic*) and procedures remain up to date, and reflect best practice locally and nationally. Trusts will ensure a flexible approach to getting patients treated, which will deliver a quick response to the changing nature of waiting lists, and their successful management.

1.1.5 This protocol will be available to all staff via Trusts' Intranet. During your time working in Urology services, was the 'Integrated Elective Access Protocol' provided to you or its contents made known to you in any way by the SHSCT? If yes, how and by whom was this done? If not, how, if at all, were you made aware of your role and responsibilities as a Consultant urologist as to how data should be collected, recorded and reported ... to establish good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists for the successful management of patients waiting for hospital treatment?

9.1 I was not provided with a copy, or any reference made to this document for my role as a Urology Trainee or Urology Consultant.

9.2 Upon commencing work as a Consultant for the Trust in 24th Feb 2019 I was informed by Mr Young and Mr Haynes and Urology Manager Martina Corrigan on how to undertake triage of GP referrals (online ECR and paper referrals) and



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code to appropriate time to be seen. In relation to listing patients for theatre I was informed on what categories each operation type needed to receive in order to be addressed in the appropriate manner.

10. How, if at all, did the '*Integrated Elective Access Protocol*' (and time limits and guidelines, etc., within it) impact or inform your role generally as a Consultant urologist? How, if at all, were the time limits for Urology Services monitored as against the requirements of the protocol? What action, if any, was taken (and by whom) if time limits were not met?

10.1 For the period of time I was there from 24th February 2019 to 16th July 2019 (including annual leave) I do not recall whether or not the Urology team received feedback in relation to whether time limits were being met, but I strongly suspect this feedback would be given to the department from management on the basis of the integrated Elective Access Protocol time limits and guidelines to guide resources to achieving waiting times, and where not meeting this should be raised as concern up the line management system.

10.2 I became aware of the fact that waiting times for routine review of Urology patients for the Trust were excessive and I undertook some extra clinics and review of long waiters (April – June 2019) for some of the patients under named Consultants who had left the Trust (Personal information redacted by USI Mr. Suresh), as much as one could do for a 4 months tenure for this period.

10.3 With annual leave taken into consideration I was there as a Consultant for 4 months only for this time period.

11. What, if any, performance indicators were used within the Urology unit during your tenure? If there were changes in performance indicators throughout your time there, please explain

11.1 I believe length of time to be seen in clinic and length of time to have an operation were used as indicators of performance for the department.



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11.2 With annual leave taken into consideration I was there as a Consultant for 4 months only for this time period, I do not recall any significant changes to any performance indicators.

12. Do you think the Urology services generally were adequately staffed and properly resourced throughout your tenure? If not, can you please expand noting the deficiencies as you saw them? Did you ever complain about inadequate staffing? If so, to whom, what did you say and what, if anything, was done?

12.1 I make these observations regarding the time in question, for the time 24th February 2019 to 16th July 2019 as a Urology Consultant in the Trust, and times preceding as a Urology Trainee rotating through the Trust.

12.2 Urology services were/are not adequately staffed given the long waiting lists to be seen in clinic or receive an operation from a Consultant perspective.

12.3 The Urology Ward was at times under staffed from the perspective of skilled Urology Nurses or relying on agency Nurses, and Urology patients were often placed on other non-Urology wards, making ward rounds longer.

12.4 I remember voicing my concern regarding the above at a Urology Team meeting with the Urology Consultants and Urology Manager present, sometime between March 2019 and June 2019. I do not recall the answers given, but understood/was informed these concerns were known and management were working on the issues.

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

13.1 I am only aware of the x1 Consultant post at the time in question, which was unfilled for many years and was filled by appointing Locum Consultants. The impact to the vacancy was minimal since the position was filled with a Locum.



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14. In your view, what was the impact of any staffing problems on, for example, the provision, management and governance of Urology services? In your view, did staffing problems present a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples.

14.1 I do not recall any clinical incidents related to low staffing during my time employed by the Trust.

14.2 Low staffing however from a Nursing and Doctor Perspective leads to a tired and stressed work force and increases the probability of 'things going wrong' from a clinical perspective. An understaffed resource also likely makes it harder to recruit and retain staff and thus provide a safe and effective service.

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

15.1 For the time in question I was aware of no changes.

16. Did your role changed during your tenure? If so, did changes in your role impact on your ability to provide safe clinical care, minimise patient risk and practice good governance?

16.1 I had left the Trust as a Urology trainee in October 2017 and returned as a Consultant Urologist on 24th February 2019, leaving on the 16th July 2019.

16.2 My role did not change my ability to provide safe clinical care and provide good clinical governance in line with the 7 pillars, however low staffing, and having patients distributed throughout the hospital does make it more challenging. The Trust having long waiting lists for outpatient patient appointments, along with long waits for urgent and routine operations does provide the obvious challenge to providing timely care.

17. Explain your understanding as to how the Urology unit and Urology Services were and are supported by administrative staff during your tenure. In particular the Inquiry is concerned to understand the degree of administrative support and staff allocation provided to you as a Consultant



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so that you may properly carry out your duties. Accordingly, please set out in full all assistance and support which you receive from administrative staff to help you to fulfil your role.

17.1 The service provided secretary support to each consultant, audio typist help for large volume of letters dictated, along with administration staff to record referrals received.

17.2 In relation to 24th February 2019 and 16th July 2019, I received secretarial support from Teresa Loughran for typing of letters, to book operating lists, to ensure results were followed up, and to allow access for communication from other specialities, GPs and patients. There were no issues related to this arrangement.

17.3 There were also audio typists to aid the secretarial work load on typing patient's letters due to the large volume.

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

18.1 Each consultant had a dedicated secretary to their practice, I worked with Teresa Loughran. I was unaware of how the administrative workload was monitored, but would have expected to be informed if there were any backlog or delays.

19. Did all Consultants have access to the same administrative support? If not, why not?

19.1 I would not know.



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20. Have you ever sought further administrative assistance? If so, what was the reason, whom did you ask and what was the response?

20.1 Yes.

20.2 To provide adequate assistance to the Urology Stone Service, otherwise it would have been too much work for Mr Young's secretary to perform along with her role as secretary to Mr Young, with the request to and also from Mr Young to the Administration and Management team.

20.3 During the time in question (24th February 2019 to 16th July 2019) for the request suitable assistance was only able to be funded through a successful research grant application, the work load would otherwise have been too great to have been given to the incumbent secretary, on top of their previous and ongoing duties.

21. Did administrative support staff ever raise any concerns with you? If so, set out when those concerns were raised, what those concerns were, who raised them with you and what, if anything, you or anyone else did in response.

21.1 No concerns raised

22. Did you feel supported by the nursing and ancillary staff in the Unit? Please describe how and when you utilised nursing staff in the provision of clinical care for Urology patients. Did you consider that the nursing and ancillary staff complement available was sufficient to reduce risk and ensure patient safety?

22.1 Yes, I felt supported as in general it is a good team working atmosphere to do the best for every patient.

22.2 Nursing staff were utilised for clinics/ wards/ theatre activity to provide care.

22.3 At times the Urology Ward relied on Agency Nurses to fill shortages.



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23. Please set out your understanding of the role of the (a) specialist cancer nurse(s) and (b) Urology nurse specialists, and explain how, if at all, they worked with you in the provision of clinical care. How often and in what way did you engage with those nurses in your role as Consultant? Did you consider that the specialist cancer nurse, and all nurses within Urology, worked well with (Consultants? Did they communicate effectively and efficiently? If not, why not.

23.1 Cancer Nurses help provide insight and support to the patient and their family to their diagnosis, sign posting to extra resources and being an easy accessible contact to the service and their follow-up.

23.2 Urology Nurse Specialist can include a Cancer Nurse Specialist role and also include specialist areas of interest/skills such as providing a biopsy of flexible cystoscopy service or seeing and consulting patients in clinics.

23.3 During this time I had limited interaction with these Nurses as I was mainly involved in Urology Stones and not Cancer during this time in question.

23.4 I was not aware of any issues between the nursing staff and consultants.

24. What was your view of the working relationships between nursing and medical staff generally? If you had any concerns, did you speak to anyone and, if so, what was done?

24.1 There was a good working relationship for the time period I was there. There was recognition that staffing levels could be low at times (as discussed above needing Agency Nurses), but a determination to do the best for each patient and maximise what we did have.

24.2 I had no concerns beyond low staffing levels at times, which management were aware of and beyond raising the issue as stated in answer to question 12.

25. What was your view of the relationships between Urology Consultants and administrative staff, including secretaries? Were communication



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pathways effective and efficient? If not, why not? Did you consider you had sufficient administrative support to fulfil your role? If no, please explain why, and whether you raised this issue with anyone (please name and provide full details).

25.1 There appeared to be a good working relationship. For the time period in question I raised no concerns and had sufficient support, especially via the research grant to the Stone Unit.

26. As Consultant urologist, how did you assure yourself regarding patient risk and safety and clinical care in Urology Services in general? What systems were in place to assure you that appropriate standards were being met and maintained?

26.1 As a consultant for the time period of 24th February 2019 to 16th July 2019 I relied on the systems already in place to record patient events (ECR) and secretarial support (Teresa Loughran) to place patients upon waiting lists for theatre or follow-up appointments.

26.2 In relation to patient's results I relied upon the Electronic Care Records (ECR) to view and sign off results and action in a timely manner, along with the secretary as back-up to ensure all results were seen and acted upon.

26.3 For any patient related safety issues there is the DATIX system and I was assured by the monthly audit meeting (patient safety meeting).

27. Who was in overall charge of the day to day running of the Urology unit? To whom did that person answer? Give the names and job titles for each of the persons in charge of the overall day to day running of the unit and to whom that person answered throughout your tenure. Identify the person/role to whom you were answerable.

27.1 Day to day running of the unit was by Mr Young Urology Consultant and Martina Corrigan Urology manager. I was answerable to both, whilst they would be best placed to inform who for what part of their roles they were answerable to.



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28. During your tenure did medical managers and non-medical managers in Urology work well together? Whether your answer is yes or no, please explain with examples.

28.1 As a Urology Consultant from 24th February 2019 to 16th July 2019 I was not aware of any issues between medical and non-medical management.

28.2 During my 4 months as a Consultant for this time period it appeared to be the case of good working relationship.

29. Was your role subject to a performance review or appraisal? If so, please explain how and by whom and refer to (or provide, if not provided by the Trust already) any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal

29.1 I was a Consultant in the Trust from 24th February 2019 to 16th July 2019. For this 4 month period I am awaiting it to be linked to my current appraisal cycle and am awaiting the up to date meeting, as this appraisal process has only recommenced since returning to the Trust from 24th October 2021.

29.2 I did not need to undertake appraisal from 16th July 2019 until 24th October 2021 as I no longer worked for a Trust in the UK and Northern Ireland

29.3 My objectives have now been formally set on my return since 24th October 2021 on the online Job Planner and will be added to my Appraisal.

30. Were you involved in the review or appraisal of others? If yes, please provide details. Did you have any issues with your appraisals or any you were involved in for others? If so, please explain

30.1 No

Engagement with Urology staff



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

31.1 Weekly: Urology Stone Meeting. Staff present varied between myself/ Mr Young (Consultant)/ Mr O'Donoghue (Consultant)/ Ms McAuley (Staff Grade)/ a rotation of a Nurse from Urology Outpatients and a member of the administrative team (either Paulette Dignam or Leanne Browne). The Urology stone Meeting lasted 2-3 Hours and related to new and follow-up stone patients. Patient clinical outcomes are recorded from this meeting only and related to plans for stone treatment or further investigation for stones.

31.2 Monthly: Urology Audit (Patient safety meeting), around 2 – 3 hours.

31.3 All Urology Doctors/ Nursing representative/ Urology Manager attended.

31.4 The Urology Audit (Patient safety meeting) included discussion of Morbidity and Mortality and any audit presentations from the department.

31.5 I have no minutes to any of these meetings or any copies of presentations.

Governance

32. During your tenure, who did you understand as overseeing the quality of Services in Urology? If not you, who was responsible for this and how did they provide you with assurances regarding the quality of Services?

32.1 Quality of Urology Service was appraised in part by the monthly Audit Meeting (Patient safety meeting), the filling and presentation of DATIX reports or complaints and compliments from patients presented at the meeting.

32.2 For the 4 months as a Consultant (24th February 2019 to 16th July 2019), myself and Mr Young started a prospective audit for ESWL treatment success and complications. This has recently been completed and due publication, but demonstrates the ESWL stone service meets treatment success rates and has no adverse complication rates.



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32.3 As regards to the overall quality of a service I understand that this would have been overseen by the Head of the Service Martina Corrigan and by the Clinical Lead Mr Michael Young then moving up to the Head of Acute Services and Deputy Medical Director then to the Medical Director and the Chief Executive and Trust Board. Given I was there from 24th of February 2019 to 16th July 2019 I did not ask for any assurances regarding quality of service for this period, but did work very hard to see and help as many patients as I could in this limited 4 month time period.

33. Who oversaw the clinical governance arrangements of the unit and how was this done? As Consultant urologist, how did you assure yourself that this was being done properly? How, if at all, were you as Consultant urologist provided with assurances regarding the quality of urology services?

33.1 Clinical governance arrangements would have been overseen by the Urology Lead Mr Young and the Head of Service Martina Corrigan.

33.2 I was assured that a degree of oversight to quality and clinical governance provision was provided for by the monthly audit (Patient Safety Meeting) for the time period I was there as a Consultant from 24th February 2019 to 16th July 2019.

34. How, if at all, did you inform or engage with performance metrics overseen in Urology? Who was responsible for overseeing performance metrics?

34.1 I was involved in decreasing the long waiting list for patients to be seen in Stone Clinic by jointly instigating the Urology Stone Meeting (similar to those conducted in the Edinburgh Stone Service and other UK Stone Services) with Mr Young, which reviewed virtually new and follow-up urology stone patients (in particular ureteric and complex stones) and directed to the correct clinical pathway (conservative/imaging/ treatment/ review) in keeping with recommendations for stone patients. This demonstrated a quick decrease in the



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number of patients needing to be seen in clinic and thus reducing clinic waiting times for Urology Stone Patients.

34.2 I was not involved in any other performance metrics for the department beyond this and attending the Urology Audit (Patient safety meeting) from 24th February 2019 to 16th July 2019.

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

35.1 I assured myself through the tool of the Monthly Audit meeting (patient safety meeting), where any patient morbidity or mortality which needed presentation was discussed, along with any complaints or complements for the department.

35.2 In relation to standards and maintenance of these to Urology Stone Treatment with ESWL I commenced a prospective audit before leaving on the 16th July 2019 to demonstrate safe and effective treatments of Kidney Stones with ESWL in the Stone Unit.

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

36.1 Being there for a short time only as a Consultant from 24th February 2019 to 16th July 2019 I was assured by the fact there was monthly audit (Patient Safety Meeting) and the Hospital had an incident reporting system (DATIX). I had no concerns that governance issues were not being identified, addressed or escalated, but given I was a consultant from 24th February 2019 to 16th July 2019 this was a limited time to be aware if there was anything not being addressed.

37. How could issues of concern relating to Urology Services be brought to your attention or be brought to the attention of others? The Inquiry is



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interested in both internal concerns, as well as concerns emanating from outside the unit, such as from patients. What systems or processes were in place for dealing with concerns raised? What is your view of the efficacy of those systems?

37.1 Concerns could be raised to any member of the team and depending on the concern escalated as required up the Hospital Chain of Command, as in any healthcare setting. Concerns in a hospital system can be raised using the DATIX form or directly from a patient or relative. I believe concerns would be passed on to the complaints team and the senior medical and management positions, with departments or person involved informed and to comment.

37.2 I could not comment on the effectiveness of the processes for concerns raised as I was there for a short period of time 24th February 2019 to July 2019.

38. Did those systems or processes change during your tenure? If so, how, by whom and why?

38.1 No.

39. How did you ensure that you were appraised of any concerns generally within or relating to Urology Services?

39.1 I would have assumed they would be raised at the Audit (Patient Safety Meeting), for the time 24th February 2019 to 16th July 2019, and during this time I did not feel I needed to go beyond this meeting for reassurances to being appraised of any concerns.

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

40.1 I was not aware of any significant concerns during my time from 24th February 2019 to 16th July 2019 beyond the known staffing issues (as above) for the Urology Ward which should be present in the minutes for an Audit Meeting (Patient safety meeting) sometime between March 2019 and June 2019, and I



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was unaware how these would have been reflected in a Trust Documents beyond this for this time period.

41. What systems were in place for collecting patient data in Urology Services? How did those systems help identify concerns, if at all?

41.1 The Data systems I was aware of included:

- A. Electronic Care Records; Recording patient activity/ results/ letters.
- B. Waiting List for operations system; from here you can see the priority code given to a patient and length of wait, and provided as an EXCEL spreadsheet if requested.

41.2 The system in place could identify the long wait for especially routine operations in the Trust for Urology.

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

42.1 During my time there they performed the role they were designed to do, and no changes were made during my time there.

43. During your tenure, how well do you think performance objectives were set for Consultant medical staff and for specialty teams within Urology Services? Please explain your answer by reference to any performance objectives relevant to Urology during your time (and identify the origin of those objectives), providing documentation (where it has not been provided already) or sign-posting the Inquiry to any relevant documentation.

43.1 I was there for only 4 months as a Consultant from 24th February to 16th July 2019 and as such cannot make a valid comment on such a small period of time for the question asked. I am also unable to comment as I recall no meeting in relation to the question.

43.2 For the time as a trainee Doctor we were not involved in the performance objectives for the service.



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

44.1 Since I was not there long enough to complete a cycle of job planning between 24th February 2019 and 16th July 2019 I cannot give an answer based on any fact.

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

45.1 The process would have been by raising any concern, often using a DATIX form, to your line manager, in this case Mr Michael Young as Clinical Urology Lead and Manager Martina Corrigan Head of Urology Service, who I would believe would then escalate as required, such a patient harm or process at risk of harm. Any DATIX should be discussed at the Urology Audit meeting (Patient Safety Meeting). The other ways to raise concerns would include patients or relatives being able to raise a concern through the complaints team for the Trust, thus communicated back to the team, and escalated via management structure as needed.

45.2 I was aware of no significant issues raised beyond the known staffing issues at times for the Urology Ward, for which I hold no documentation.

45.3 I have no further example I could provide.

46. Did you feel supported in your role by your line management and hierarchy? Whether your answer is yes or no, please explain by way of examples



Urology Services Inquiry

46.1 I did feel supported. Mr Young was an excellent mentor and starting as a new consultant in February 24th 2019 he was always either at hand or a telephone away for how any part of the service functioned or any questions a new Consultant may have.

46.2 Martina Corrigan as head of Service had an open door policy, making the team feel supported, and I believe was championing the need to reduce the Trust's Waiting times, especially for Routine Urology Services.

47. The Inquiry is keen to understand how, if at all, you engaged with the following post-holders:-

(i) The Chief Executive(s); Shane Devlin: No engagement

(ii) the Medical Director(s); Dr Maria O'Kane No engagement

(iii) the Director(s) of Acute Services; Melanie McClements No engagement

(iv) the Assistant Director(s); Ronan Carrol No direct regular engagement beyond welcome to the department 24th February 2019

(v) the Associate Medical Director; Mr Mark Haynes Engaged mainly telephone or in-person otherwise email.

(vi) the Clinical Director; Mr Edward McNaboe Engaged to help set up job plan via email

(vii) the Clinical Lead; Mr Michael Young, Telephone or in-person

(viii) the Head of Service; Martina Corrigan, Telephone, in-person otherwise email.

(ix) other Consultant Urologists: Mr Mark Haynes, Mr Tony Glackin, Mr John O'Donoghue, Mr Aidan O'Brien, Mr Derrick Hennessey. (24th February 2019 to 16th July 2019)



Urology Services Inquiry

47.1 In addition Mr David Connolly, Mr Ajay Pahuja, Personal information redacted by USI, Mr Ram Suresh, Mr Robin Brown as a Urology Trainee for times listed in my answer to question 5.

47.2 During my time as a consultant 24th February 2019 to 16th July 2019 I mainly interacted with Mr Young as head of service for day to day questions as a new consultant, and with Mr Mark Haynes for my job plan for the 4 months. I interacted with Mr Young and Mr O'Donoghue as part of the Urology Stone Team in relation to the management of Urology Stone Patients. Interactions with the rest of the Urology Team was mainly at the monthly Urology Audit Meetings (Patient Safety Meetings in person). Interactions with Martina Corrigan in person or email or telephone for the few extra clinics I undertook for the long waiters for outpatients for patients listed under Mr Suresh and Mr Jacob during this 4 month time period of 24th February 2019 and 16th July 2019.

47.3 During my time as a Urology Trainee (Refer to question 5)), as with all trainees we interacted with Consultants all listed above for training in the settings of the wards, theatre and on-call for the daily management of patient on a daily basis.

48. Were any concerns ever raised regarding your clinical practice? If so, please provide details.

48.1 No.

49. Did you ever have cause for concern, or were concerns ever reported to you regarding:

(a) The clinical practice of any medical practitioner in Urology Services?

49.1 No.

(b) Patient safety in Urology Services?

49.2 No.

© Clinical governance in Urology Services?



49.3 No.

If the answer is yes to any of (a) – (c), please set out:

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

(ii) What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?

(iii) Whether, in your view, any of the concerns raised did or might have impacted on patient care and safety? If so, what steps, if any, did you take to mitigate against this? If no steps were taken, explain why not.

(iv) Any systems and agreements put in place to address these concerns. Who was involved in monitoring and implementing these systems and agreements? What was your involvement, if any?

(v) How you assured yourself that any systems and agreements put in place to address concerns were working as anticipated?

(vi) How, if you were given assurances by others, you tested those assurances?

(vii) Whether, in your view, the systems and agreements put in place to address concerns were successful?

(viii) If yes, by what performance indicators/data/metrics did you measure that success? If no particular measurement was used, please explain.

50. Having regard to the issues of concern within Urology Services which were raised by you, with you or which you were aware of, including



Urology Services Inquiry

deficiencies in practice, explain (giving reasons for your answer) whether in your view these issues of concern were -

50.1 I was aware of no concerns nor were any raised with me or notified to me to be aware of.

50.2 I was there as a consultant from 24th February 2019 to July 2019 in relation to this.

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

51.1 Since I was not aware of the concerns, I was not aware of support being needed for the time I was there from 24th February 2019 to 16th July 2019.

52. Was the Urology Services offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.

52.1 I was not aware of any other support offered or taken up by the department beyond my example below.

52.2 A quality improvement project was undertaken between Aug 2016 and October 2017 to look at the potential to utilise Extracorporeal Shockwave Lithotripsy (ESWL, Shockwave treatment to Kidney stones, not requiring a general anaesthetic) and the cost analysis of using this service. The unit was the only Urology unit in Northern Ireland with its own Lithotripter.

52.3 It was found that the Urology Service had an On-site lithotripter which was only used 3 sessions a week (1.5 days) and that the service, if funded for further sessions per week, could help the pressures of waiting lists for surgery for kidney stones and reduce the cost of kidney stone treatments when compared to surgery.



Urology Services Inquiry

52.4 This was presented to the Senior Management Team by myself (Urology Trainee at the time) and Mr Young Urology Consultant in 2017.

52.5 A copy of the presentation is enclosed as a PowerPoint (*the relevant document can be located at S21 63 of 2022 Attachments 1. ADEPT PROJECT STONE Presentation Finance meeting jan – Copy*)

52.6 The outcome was that no extra funding to achieve the quality improvement identified was given.

Mr. O'Brien

53. If you ever became aware of concerns regarding Mr. O'Brien, in what context did you first become aware? What were those concerns and when and by whom were they first raised with you? Please provide any relevant documents if not already provided to the Inquiry. Do you now know how long these issues were in existence before coming to either your own or anyone else's attention? Please provide full details in your answer.

53.1 I was aware of no concerns regarding Mr O'Brien in my time as a trainee or Urology Consultant 24th February 2019 to 16th July 2019.

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

54.1 I did not raise any concerns, as I had no concerns to raise, or were any brought to my attention.

(a) Outline the nature of concerns you raised, and why they were raised?

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

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

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



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If you did not raise any concerns about the conduct/performance of Mr. O'Brien which were known to you, please explain why you did not?

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

55.1 I did not raise any concerns, as I had no concerns to raise, nor were any brought to my attention. I was not involved in any meetings related to concerns about Mr O'Brien.

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

56.1 I did not raise any concerns, as I had no concerns to raise, nor were any brought to my attention.

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

57.1 I did not raise any concerns, as I had no concerns to raise, nor were any brought to my attention.

57.2 I was a consultant from 24th February 2019 to 16th July 2019. I have since returned from abroad to work for the trust as of 24th October 2021

(i) In what way may concerns have impacted on patient care and safety?

(ii) When did any concern in that regard first arise?



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(iii) What risk assessment, if any, did you undertake, to assess potential impact? and

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

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

58.1 The issues referred to were/are not within my knowledge to comment upon.

59. What, if any, metrics were used in monitoring and assessing the effectiveness of any agreed way forward or any measures introduced to address the concerns? How did these measures differ from what existed before? Who was responsible for overseeing any agreed way forward, how was this done, where was record of the oversight recorded, and how long did this oversight last? Please include any documentation (unless already provided) and/or indicate where the Inquiry may find a record of any oversight.

59.1 The issues referred to were/are not within my knowledge to comment upon.

60. As relevant, how did you assure yourself that any systems and agreements put in place to address concerns (if this was done) were sufficiently robust and comprehensive and were working as anticipated? What methods of review were used? Against what standards were methods assessed? Are there records of you having assured yourself that systems and agreements put in place, to address concerns, were effective?



Urology Services Inquiry

60.1 I was not aware of any systems and agreements put in place to address concerns in relation to Mr O'Brien. I was a Consultant 24th February 2019 to 16th July 2019 in relation to this time period and not privy to the concerns.

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

61.1 I was not aware of any systems and agreements put in place to address concerns in relation to Mr O'Brien. I was a Consultant 24th February 2019 to 16th July 2019 in relation to this time period and not privy to the concerns.

62. Did Mr O'Brien raise any concerns with you regarding, for example, patient care and safety, risk, clinical governance or administrative issues or any matter which might impact on those issues? If yes, what concerns did he raise (and if not with you, with whom), and when and in what context did he raise them?

62.1 Mr O'Brien did not raise concerns with myself.

63. How, if at all, were those concerns considered and what, if anything, was done about them and by whom? If nothing was done, who was the person responsible for doing something? How far would you expect those concerns to escalate through the chain of management?

63.1 I was not aware of any systems and agreements put in place to address concerns in relation to Mr O'Brien. I was a Consultant 24th February 2019 to 16th July 2019 in relation to this time period and not privy to the concerns.

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

64.1 I was not aware of any support agreements put in place to address concerns in relation to Mr O'Brien. I was a Consultant 24th February 2019 to 16th



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July 2019 in relation to this time period and not privy to the concerns or any support agreements.

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

65.1 I do not know about the concerns raised by Mr O'Brien and others or therefore how they were handled during the time I was employed.

Learning

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

66.1 I was a consultant between 24th February 2019 and 16th July 2019 including annual leave. I restarted working for the Trust on 24th October 2021.

66.2 I am now aware of the following governance concerns

66.3 I have been made aware that there was administrative issues of triage not being returned in a timely manner and that the administration team now ensures they have accounted for all referrals and that the triaging Doctor returns the outcomes in a timely manner. I had no triage concerns during 24th February 2019 to 16th July 2019 as my triage was always undertaken and returned during the on-call week.

66.4 The significant waiting times (Outpatient and Surgery) for Urology, from becoming aware that the Trust had long waiting list times for outpatient routine appointments and routine surgery as of 24th February 2019 to the 16th July 2019 as a Consultant, which were known to management team and the Urology department. I have been since informed this was indeed on the risk register in 2019 from discussion with Mr Young in May 2022, and the number of patients



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awaiting surgery and outpatient appointments greater than I would have expected.

66.5 I have been informed of the recommendations from a department meeting from 31st March 2022 (I could not attend meeting due to clinical commitments) referring to SAI Recommendations MDT Action Plan. Please see attached *(relevant documents can be located in S21 63 of 2022 – Attachments 2. 20220331 question 8 Urology Team Meeting NOTES 31.03.2022 (002) and 3. 20220331 question 8 Urology Team Meeting NOTES 31.03.2022 A1)*. I was provided with a copy on 01/08/2022.

66.6 Wendy Clayton Urology Manager has provided assurance that any Urology Governance Concerns are now discussed at Head of Service Meetings.

66.7 The head of service (Wendy Clayton) now provides a weekly update to the Urology team on a Thursday 12:15pm each week, providing any Urology enquiry updates, team performance and including waiting list times and initiative work to external providers. Vacant Urology Consultant posts x2, impacting on the delivery of Urology Waiting Lists.

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

67.1 What appears to have gone wrong is failings in a process. A process of ensuring that concerns of staff shortages from a Doctor and Nursing perspective are addressed to provide suitable care. A process of ensuring that regular audit of processes is undertaken and disseminated to the department. Audit is a cycle, not a single occasion event, and resources and time to the provision must be provided.

67.2 Performance based on waiting times: if waiting times were noted to be long then addressing and ensuring suitable provision to a service is required (I note x2 new Urology Consultants have been appointed to address the shortage in part). If not able to be provided, then ensuring patients receive consult and treatment externally to the Trust (which I note is now happening).



Urology Services Inquiry

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

68.1 Learning is to the administrative and governance processes, I note these have been looked into and the process made more robust in relation to:

- a. Referral and recording of Cancer MDM. (I note a new role has been created for Cancer MDT Administrator to focus on audit of MDT outcomes which should identify any deviation from agreed actions for patients)
- b. Audit of sign-off of results with the SPLUNK system to monitor and ensure results are actioned from ECR.
- c. Triage administration on the requirement to ensure all triage is accounted for by the Trust.
- d. A weekly Urology department meeting to improve communication

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

69.1 Given I was there as a Consultant during this period in question from 24th February 2019 to 16th July 2019 (including annual leave) I would not be able to apportion blame either fairly or proportionally or if people or departments had fully engaged with the problems within the service. A longer period of time would have been required to make any such assertions as well in depth knowledge to any concerns and how and if these were escalated and what action was taken.

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



Urology Services Inquiry

what could have been done differently/better within the arrangements which existed during your tenure?

70.1 I was not involved in handling the concerns identified and was only aware of the general concern voiced and raised I believe by most Doctors and Nurses and myself relating to staffing issues in the Urology Ward and needing to use Agency Nurses to fill these roles, as well as the long waiting times to be seen for routine Outpatients and Surgery.

70.2 Without the knowledge of how these concerns were then actioned up the chain of command beyond Mr Young, Mr Haynes and Martina Corrigan Head of Urology Service I would not be able to comment how others handled the concerns raised, and if mistakes were made.

70.3 What could have been done differently during 24th February 2019 to 16th July 2019 as a Urology Consultant and any time prior (See answer to question 5) as a Urology trainee would have been a weekly Urology meeting, with updates of any concerns raised, with all the Urology Team informed and if further action required if there had been a failure for any concerns to be suitably addressed. This has been now instigated to the credit of Wendy Clayton and is of great utility and assurance to the department.

70.4 It is difficult to say if governance process were utilised to maximum effect or were actually lacking or there was a failure in a process. I would have to be able to review the evidence of how these processes were used to give a fair answer, being a consultant there for a short time in 2019 from 24th February to 16th July 2019 including annual leave.

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

71.1 Do I think governance arrangement were fit for purpose? I would have to say it would appear there were short comings given the long waiting time for



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routine surgery and outpatient appointments and need to staff at times a Urology ward with agency nurses.

71.2 I had no concerns during my time as a Consultant for the 4 months in 2019 related to governance beyond the well-known low staffing levels to the Urology Ward at times, the fact there was a long waits for routine outpatient and surgery and was made aware of no concerns beyond this. I raised my concerns regarding the above to the Urology Team at a Team Meeting sometime between March 2019 and June 2019. I was there for a too short a period as a consultant in 2019 (24th February to 16th July 2019 including annual leave) to gain any reassurance that the process were robust and concerns of long waiting lists and the need at times to staff Urology Ward with agency nurses would be addressed.

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

72.1 There is nothing else I am aware of or could add my comments.

Statement of Truth

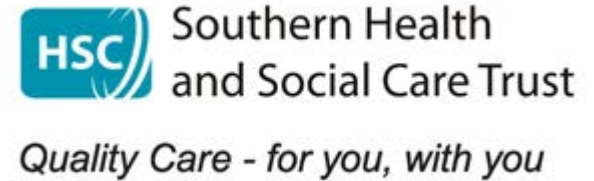
I believe that the facts stated in this witness statement are true.

Signed: Matthew Tyson

Date: 12 August 2022

Section 21 Notice Number 63 of 2022**Witness Statement: Matthew Tyson****Index**

Attachment	Document Name
1	ADEPT PROJECT STONE Presentation Finance meeting jan - Copy
2	20220331 question 8 Urology Team Meeting NOTES 31.03.2022 (002)
3	20220331 question 8 Urology Team Meeting NOTES 31.03.2022 A1



ADEPT PROJECT

Southern Trust

Stone Treatment Centre

Project

1. To meet the demand for the Extra Corporal Shockwave Lithotripsy (ESWL) service for elective and emergency renal and ureteric stone treatment for the Southern Trust
2. Provide stone treatments recommended by NICE, BAUS and EAU
3. Provide patients with informed choice

To meet the demand for the Extra Corporal Shockwave Lithotripsy (ESWL) service for elective and emergency renal and ureteric stone treatment for the Southern Trust



- On-site ESWL
- Southern Trust 372926
- Stone service 472000
- + Referrals from South Eastern, Northern

Aims

- Decrease waiting list times for elective ESWL treatment to 2 weeks
- To provide emergency ESWL provision for upper and distal ureteric stones
- To decrease the cost of renal and ureteric stone treatment

Change of Practice 2017

- Referral pathway agreed (Urology/Radiology/A+E)
- Urology MDT since December 2017
- Decreased Nursing paperwork
- Improved treatment safety and effectiveness
- Improved pain relief
- E-discharge
- Improved patient follow-up pathway
- Data collection to demonstrate improvement
- Audit/ research and development

ESWL Day of Treatment

- Radiographer and Nurse led
- Currently 3 treatment a session
- 3 sessions a week
- 9 patients a week

Waiting List

- ESWL 233 PATIENTS JAN 2018
 - 108 Patients Jan 2017
 - **116% increase in 1 year!!**
- Ureteroscopy and laser to Stone 174
(December 2017)

URS

Craigavon Urology Theatre **for elective ureteroscopy**

- As an elective day case £1608
- As an elective case with average inpatient stay £2747

Craigavon Urology Theatre **for emergency ureteroscopy**

- Long stay inpatient £2862 per patient
- Short stay inpatient £2376 per patient

ESWL

Craigavon Stone Treatment Centre for **elective ESWL**

- **£363** per **elective outpatient** patient, as of February 2017.
- **This is based on a morning session with 3 patients, giving a total session cost of £1092**
- A time and motion study conducted at the Stone Treatment Center, December 2016, noted a possible 4 patients could be treated in the same time period, thus lowering the cost further per sessions and per patient.
- **Inpatient ESWL** £627 per patient as of February 2017

Compare

One session of elective ureteroscopy with no stay is equivalent to 4.4 sessions of ESWL.

One session of emergency ureteroscopy with a short stay is equivalent to 3.9 sessions of ESWL

Costs ESWL Waiting List

With the new pathway followed:

- If 233 patients needed on average 1.5 treatments then 318 treatments needed.
- Cost of £126868

Costs ESWL Waiting List

- Currently 9 patients per week treated
- If sessions increased to 9 per week,
 $3 \times 9 = 27$ patients/per week
- Therefore 16.6 weeks need to clear waiting list
- Funded for 2.5 sessions per week currently,
therefore **£81675** needed to over run and
clear excessive waiting list.

MDM

- If 233 patients on waiting list had been discussed at MDM, placed on a current treatment and imaging follow-up pathway then a **new and follow-up OPD might be saved**

OPD COST OF 233 PATIENTS =

- $233 \times (250 \text{ (NEW)} + 170 \text{ (Follow-up)}) = £97860$
- Note: £81675, is required to potentially clear the list

Waiting List- All adult patients

- 108 Patients Jan 2017
- 233 Patients Jan 2018 (116% INCREASE)

Per month added to waiting list

- June 32 patients
- July 22 patients
- August 20 patients
- September 37 patients
- October 37 patients
- November 43 patients
- December 26 patients

Waiting time

- Currently booked patients for elective ESWL for January 2018, from patients booked May 2017.
- **8 month wait**

Emergency Stone Guidelines

‘For symptomatic ureteric stones, primary treatment of the stone should be the goal (LE 1b) and should be undertaken within 48h of the decision to intervene’

British Association of Urological Surgeons standards for management of acute ureteric colic

A. Tsiotras, R Daron Smith, I Pearce, K O’Flynn, O Wiseman

Journal of Clinical Urology 2018. Vol. 11 (1) 58-61

Projected Session (All adult patients)

- Once waiting list cleared:
- 217 Patients added June to December 2017
- Average of 31 patients per month
- Average of 8 (7.75) patients per week

ESWL session multiplier of x1.5

- Therefore 12 (11.6) patients per week
- Therefore $12/3 = 4$ sessions per week

If multiplier of x2

- Therefore 16 patients per week
- Therefore $16/3 = 5.3$ average sessions per week
(range 5 – 7 sessions per week)

South Eastern patients

- 49 patients in 7 months
- 49 X2 treatment multiplier = 98
- Therefore 14 patients per month
- Average of 3.3 patients per week
- Therefore 1 sessions per week to meet demand, with no Southern Trust emergency patients treated, with x4 patients per session

Projected week

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
am	ESWL	ESWL (South Eastern Trust)	ESWL	MDM	ESWL

Current funding for x2.5 sessions per week (7.5 patients)

Southern Trust need 5 sessions per week (3 patients per sessions)

South Eastern Trust x1 session per week (4 patients per session)

Need x6 sessions

Waiting list likely to increase when waiting list time decreases, patients may move over from URS list to ESWL. Extra sessions therefore add to account for this possibility, mindful extra session in future needed as population increases, age and obesity rises as will stone presentations.

Therefore x7 sessions needed, extra funding for x4.5 per week needed (with the South Eastern paying for x1)

(x2.5 funded at present)

Staffing

- Session needs,
 - X1 Staff nurse, Health Care Assistant, Radiographer
 - Based on 7 sessions, dedicated staff to unit,
 - Sister dedicated to Stone Treatment Centre
 - X2 Staff Nurse (flexible to work in Thorndale unit)
 - X2 Health Care Assistant (flexible to work in Thorndale unit)
 - X 1 dedicated radiographer to Stone treatment Centre
- And continued rotation of x3 radiographers as required
- Or x2 dedicated radiographers

Future

- Stone Treatment Centre
 - ESWL waiting time of 2 weeks elective and daily (mon-fri) emergency ESWL available
 - Dedicated nursing staff to the unit
 - Nurse specialist for long term follow-up/high risk stone formers
 - Dietician clinic for high risk formers and dietary modification

Future

- Sessions available for dedicated trust use other than the Southern Trust, with payment to the Southern Trust
- Cross border working
- Dedicated team to the Stone Treatment Centre, with teaching, training and research opportunities, giving a **Highly skilled and dedicated staff, providing highly effective ESWL treatment and follow-up to renal and ureteric stone patient.**

Many thanks

This is a team project,

Involving:

Mr Young and Consultant Team

Martina Corrigan, Laura McAuley, Paulette Dignam,

Hazel McBurney, Bronagh OShea, Bernadette

Mohan, Wayne Heatrick

Nuala Mulholland, Mairead Leonard, Justin


McCormick, Kate McCreesh, Martina O'Neil



Urology Team Departmental Meeting Thursday 31st March 2022 at 12:45

Notes of meeting

Present: Wendy Clayton, Sarah Ward, Michael Young, Jenny McMahon, Leanne McCourt, Jeventine Asingei, John O'Donoghue, Sabahat Hasnain, Anthony Glackin, Laura McAuley, Kisanin, Hafs, Fiona Griffin, Susie Call

Apologies	Kate O'Neill
Covid update	Level 4 North & South covid outbreak Currently 31 covid inpatients and no patients in ICU
Public Inquiry update	<ul style="list-style-type: none"> Being monitored keep on Agenda each month – meeting tonight at 5 p.m. Wendy will keep everyone updated Family interviews beginning in June Work to be completed in relation to Section 21 questions Better guidance on what is required and how we can support
NIECR sign off for speciality doctors	<ul style="list-style-type: none"> Patient 91 – SAI action plan complete Patient 107 – General Surgeons difficult to answer phone, juniors to get handover but nothing to handover. Needed for ward round – Wendy will speak with Amie 3 South – juniors are not advised if bloods taken no FY1 Susie Cull – discussed training possibly as causing problems re. handover. Protected review slots – Ronan circulated a recommendation re having a procedure for protected review slots (PR's). Each consultant has PR slots on their clinics, majority are used for MDM pts (cancer and stones) or pts returning after being seen at the HOT clinics However, everyone's clinics different depending on service
Elective/Outpatient activity update	<p>Hermitage</p> <ul style="list-style-type: none"> Saba requested to be sent a list of TURP patients that were not sent to Hermitage for TURP Saba will then confirm suitable as LVH day case – Sabahat will speak with Michael <p>Kingsbridge – good Contract but having some amendments 352 – successful – ok for next financial year</p> <p>Flex cyst contract – Wendy to investigate the possibility of a new flex cyst contract to include procedure, imaging, review, cystodiathermy</p> <p>Susie Cull – slow turnaround in the emergency theatre has been experienced over the last number of week. Mr Glackin also voiced concerns regarding communication problems – pathway needs to be clearly understood Wendy will speak with Emma Jane</p>
<p>Governance</p> <p>a. MDT Improvement plan/Urology SAI recommendations (Sarah Ward)</p>  <p>MDT SAI recommendations w</p> <p>b. SAI action plans</p>	<ul style="list-style-type: none"> Sarah gave an overview of the MDT improvement recommendations as per attached document Tumour sites – 11 in total Discussed MDT SAI recommended work plan Working alongside Mary Haughey – hoping to have finished Mary or June at latest Sarah invited staff to look over and advise if they have queries (continued work being done)

i.	<p>SAI Action plan</p> <p>Wendy included other SAI's sheet</p> <ul style="list-style-type: none"> - Discussed SEC action plans 30/3/ c. Wendy to meet with Joanne regularly, these are discussed at patient safety meetings <p>Complaints / Complements</p> <ol style="list-style-type: none"> 1 JH – waiting times 2 SD – waiting times (Enniskillen patients)
Staffing	<p>Staffing – concerning – recruitment ongoing for Urology Consultant, once Mr Young retires will be down to 3.5 permanent consultants and 1 locum</p> <p>Wendy to chase up recruitment with HSC elocum and Medical staffing teams</p>
Urology CNS Update	<ul style="list-style-type: none"> • Leanne & Mary Haughey - working with National Cancer Control Programme Dublin re. prostate review clinic – share experience • Typing backlog and lack of staff causing issues – need for solution as this will get worse – Catherine works 18 ¾ hrs Becky was typing – backlog to 28/2 • Lux service – Leanne will keep team updated • Jenny/Saba – female & male LUTS meetings – rearrange admin meeting re. PAS • Red beds/contact wards <ul style="list-style-type: none"> - Turnaround is slow - Emergency theatre is slow - Communication problem in recovery/theatre/ward – lack of communication – re covid status not communicated from ward and pathway
AOB	None
Next meeting	Thur 7/4/22 at 12:45pm

MDT SAI Recommendations Work Plan

Rec	From SAI Report
1	The Southern Health and Social Care Trust must provide high quality urological cancer care for all patients.
	How This Will Achieved From SAI Report
	This will be achieved by - Urology Cancer Care delivered through a co-operative multi-disciplinary team, which collectively and inter-dependently ensures the support of all patients and their families through, diagnosis, treatment planning and completion and survivorship.
Rec	From SAI Report
2	All patients receiving care from the SHSCT Urology Cancer Services should be appropriately supported and informed about their cancer care. This should meet the standards set out in Regional and National Guidance and meet the expectation of Cancer Peer Review.
	How This Will Achieved From SAI Report
	This will be achieved by - Ensuring all patients receive multidisciplinary, easily accessible information about the diagnosis and treatment pathway. This should be verbally and supported by documentation. Patients should understand all treatment options recommended by the MDM and be in a position to give fully informed consent.
Rec	From SAI Report
3	The SHSCT must promote and encourage a culture that allows all staff to raise concerns openly
	How This Will Achieved From SAI Report
	This will be achieved by - Ensuring a culture primarily focused on patient safety and respect for the opinions of all members. The SHSCT must take action if it thinks that patient safety, dignity or comfort is or may be compromised. Issues raised must be included in the Clinical Cancer Services oversight fortnightly agenda. There must be action on issues escalated.
Rec	From SAI Report
4	The Trust must ensure that patients are discussed appropriately at MDM and by the appropriate professionals.
	How This Will Achieved From SAI Report
	This will be achieved by - All MDMs being quorate with professionals having appropriate time in job plans. This is not solely related to first diagnosis and treatment targets. Re-discussion of patients, as disease progresses is essential to facilitate best multidisciplinary decisions and onward referral (e.g. Oncology, Palliative care, Community Services).
Rec	From SAI Report
5	The Southern Health and Social Care Trust must ensure that MDM meetings are resourced to provide appropriate tracking of patients and to confirm agreed recommendations / actions are completed
	How This Will Achieved From SAI Report

MDT SAI Recommendations Work Plan

	This will be achieved by - Appropriate resourcing of the MDM tracking team to encompass a new role comprising whole pathway tracking, pathway audit and pathway assurance. This should be supported by fail-safe mechanisms from laboratory services and Clinical Nurse Specialists as Key Workers A report should be generated weekly and made available to the MDT. The role should reflect the enhanced need for ongoing audit / assurance. It is essential that current limited clinical resource is focused on patient care.
Rec	From SAI Report
6	The Southern Health and Social Care Trust must ensure that there is an appropriate Governance Structure supporting cancer care based on patient need, patient experience and patient outcomes.
	How This Will Achieved From SAI Report
	This will be achieved by - Developing a proactive governance structure based on comprehensive ongoing Quality Assurance Audits of care pathways and patient experience for all. It should be proactive and supported by adequate resources.This should have an exception reporting process with discussion and potential escalation of deficits. It must be multidisciplinary to reflect the nature of cancer and work with other directorates.
Rec	From SAI Report
7	The role of the Chair of the MDT should be described in a Job Description, funded appropriately and have an enhanced role in Multidisciplinary Care Governance.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	From SAI Report
8	All patients should receive cancer care based on accepted best care Guidelines (NICAN Regional Guidance, NICE Guidance, Improving Outcome Guidance).
	How This Will Achieved From SAI Report
	This will be achieved by - Ensuring the multi-disciplinary team meeting is the primary forum in which the relative merits of all appropriate treatment options for the management of their disease can be discussed. As such, a clinician should either defer to the opinion of his / her peers or justify any variation through the patient's documented informed consent.
Rec	From SAI Report
9	The roles of the Clinical Lead Cancer Services and Associate Medical Director Cancer Services should be reviewed. The SHSCT must consider how these roles can redress Governance and Quality Assurance deficits identified within the report.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	From SAI Report
10	The families working as "Experts by Experience" have agreed to support implementation of the recommendations by receiving updates on assurances at 3, 6 and 12 monthly intervals.

MDT SAI Recommendations Work Plan

	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report
Rec	From SAI Report
11	The Southern Health and Social Care Trust should consider if assurance mechanisms detailed above, should be applied to patients or a subset of patients retrospectively.
	How This Will Achieved From SAI Report
	Not specifically set out in the recommendation of the overarching report