

Katherine Robinson  
Referral and Booking Manager  
C/O Southern Health and Social Care Trust  
Craigavon Area Hospital,  
68 Lurgan Road, Portadown,  
BT63 5QQ

23 September 2022

Dear Madam,

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

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

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

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

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

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

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

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

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

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

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and/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 79 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:

Katherine Robinson  
Referral and Booking Manager  
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 21<sup>st</sup> October 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 14<sup>th</sup> October 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 23<sup>rd</sup> September 2022

Signed:

Personal Information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry

**SCHEDULE**  
**[No 79 of 2022]**

**SECTION 1 – GENERAL NARRATIVE**

**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 or by you, meetings you attended, 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”). 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. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust’s Solicitor, or in the alternative, the Inquiry Solicitor.
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 and, as far as possible, to address your answers in a chronological format.

If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

### **Your role**

4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.
5. 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. If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.
7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?
8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.
9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?

10. What performance indicators, if any, are used to measure performance for your role?
11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?
12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.
13. What systems of governance do you use in fulfilling your role?
14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.
15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?
16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?
17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?
18. Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.

**Urology services**

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.
20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.
21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?
22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?
23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?
24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:
- (i) Waiting times
  - (ii) Triage/GP referral letters
  - (iii) Letter and note dictation
  - (iv) Patient care scheduling/Booking
  - (v) Prescription of drugs

- (vi) Administration of drugs
- (vii) Private patient booking
- (viii) Multi-disciplinary meetings (MDMs)/Attendance at MDMs
- (ix) Following up on results/sign off of results
- (x) Onward referral of patients for further care and treatment
- (xi) Storage and management of health records
- (xii) Operation of the Patient Administrative System (PAS)
- (xiii) Staffing
- (xiv) Clinical Nurse Specialists
- (xv) Cancer Nurse Specialists
- (xvi) Palliative Care Nurses
- (xvii) Patient complaints/queries

## Concerns

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.
26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, *or any other matter* regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.
27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.

28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?
29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?
30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?
31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.
32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?
33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?
34. 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, whether at Departmental level or otherwise? Please provide any documents referred to.
35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?

**Staff**

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?
37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

**Learning**

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.
39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?
40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?
41. 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. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.

If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

42. 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?

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically 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?

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

**NOTE:**

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

## **UROLOGY SERVICES INQUIRY**

**USI Ref:** Notice 79 of 2022

**Date of Notice:** 23 September 2022

---

**Witness Statement of:** Katherine Robinson

---

I, Katherine Robinson, will say as follows: -

### **SECTION 1 – GENERAL NARRATIVE**

#### **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 or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.**
- 1.1 From 2007 I have had responsibility for the Medical Records Department and the Appointments office and later the Referral and Booking Centre. The Referral and Booking Centre was set up as a centralised booking office for the entire Trust (2009). From 2013 I have had responsibility for secretaries, audio typists and other administrative staff, e.g. Cardiac Investigation admin team as well. I no longer have responsibility for Medical Records at this time. These are support services working within the Acute Services Directorate. We have close links with specialty Heads of Service (HOS) and clinical colleagues.

- 1.2 Urology is one of many specialties whereby the RBC (Referral and Booking Centre) book the outpatient appointments and the secretarial staff provide a secretarial support service to Consultants and schedule patients for surgery. Three issues are very relevant to the Urology Enquiry:
- 1.3 **Triage of referrals.** This has been a longstanding issue with Mr O'Brien in particular although there were periods when it was completed on time and there were no issues. However, in April 2014 approximately Mr O'Brien was not doing triage timely and therefore we were permitted to use the GP priority code for triage. The HOS gave us this instruction and the AD was also aware. Evidence outlined in questions 12 and 13.
- 1.4 **Non-dictation of clinic letters.** This was brought to our attention in Dec 16. Evidence Q 12. This issue should have been highlighted on backlog reports submitted by secretaries monthly.
- 1.5 **DARO coding issue.** This is a code which is used on our PAS (Patient Administration System) which shows a patient is waiting for investigative tests. Mr O'Brien did not agree with the recording of this. He wanted patients listed on a review waiting list whether they had tests returned or not. This was against Trust guidance. See evidence outlined in Question 12.
- 1.6 I have never been involved in specific Urology specialty meetings except on one occasion in approx. Feb 2015 where process issues were discussed re triage etc. I was interviewed by Dr Neta Chada as part of an investigation in May 2017. I sat on some SAI (Serious Adverse Incident) meetings over the years.
- 1.7 All issues would have been escalated to my AD (Assistant Director) Mrs Anita Carroll and to the HOS, (Head of Service, Mrs Martina Corrigan).

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”). 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. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust’s Solicitor, or in the alternative, the Inquiry Solicitor.

- 2.1 All documents which have been referenced in this statement can be located in folder ‘S21 79 of 2022 – Attachments’

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 and, as far as possible, to address your answers in a chronological format.

- 3.1 I have answered all the questions in this Notice.

If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

#### **Your role**

4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.

## 4.1 The roles held by me include the following:

| Date                | Post  |
|---------------------|---|
| 2000 - 2013         | Medical Records Manager   |
| June 2013 - present | Head of Acute Referral and Booking Centre and Secretarial admin |

5. **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.**

## 5.1:

|  |                      |
|--|----------------------|
| Mrs Louise Devlin, Head of Health Records  | 2006/07 – 2009       |
| Mrs Catherine Weaver, Head of Health Records,<br>Mrs Helen Forde Head of Health Records, |                      |
| Mrs Anita Carroll Assistant Director of FSS  | June 2013 to present |

## 5.2 Time Line for Service Administrators:

| MonthYear | Names |
|-----------|-------|
|-----------|-------|

|                   |                   |  |
|-------------------|-------------------|--|
| <b>2013</b>       |                   | <b>Maria Conway, Michelle McClelland</b>       |
|                   |                   | <b>Marie Evans</b>                             |
| <b>2014</b>       |                   | <b>Marie Evans</b>                             |
| <b>Feb 2015</b>   | <b>March 2015</b> | <b>Andrea Cunningham</b>                       |
| <b>March 2015</b> | <b>June 2015</b>  | <b>Lucia Cunningham caretaker, Andrea</b>      |
|                   |                   | <b>Covered Christine LTS</b>                   |
| <b>June 15</b>    | <b>Jan 17</b>     | <b>Andrea Cunningham (from Oct 16 to Jan</b>   |
|                   |                   | <b>Got an acting up to do both areas)</b>      |
| <b>Jan/Feb 17</b> | <b>Nov 17</b>     | <b>Marie Evans, Andrea returned Gynae</b>      |
| <b>10/1/17</b>    |                   |  |
| <b>Nov 17</b>     | <b>Jan 19</b>     | <b>Colette McCaul some overlap with Marie</b>  |
| <b>Jan 19</b>     | <b>March 19</b>   | <b>Colette McCaul and Marie job share</b>      |
| <b>March 19</b>   | <b>May 19</b>     | <b>Lucia Cunningham care taker</b>             |
| <b>May 2019</b>   | <b>Sept 2019</b>  | <b>Nicola Terris and Marie Evans job share</b> |
| <b>Sept 19</b>    | <b>Nov 2019</b>   | <b>Marie Evans part time</b>                   |
| <b>Nov 19</b>     | <b>Nov 2020</b>   | <b>Orla Poland and Marie Evans</b>             |
| <b>Nov 2020</b>   | <b>Present</b>    | <b>Orla Poland</b>                             |

- 5.3 As Medical Records Manager my main role was to ensure the issue, storage and retrieval of patient charts in line with legal requirements for the storage of charts. I was also responsible for the Appointments Office, where I ensured all clinics were booked, suspended, cancelled as appropriate and the general

management of that office. I was responsible for CAH, (Craigavon Area Hospital), STH (South Tyrone Hospital), and BBPC (Banbridge Polyclinic).

- 5.4 The introduction of the centralised RBC (Referral and Booking Centre) in 2009 was a regional initiative whereby all Trusts were strongly encouraged to ensure all booking on all sites within Trusts were equitable to all patients regarding waiting times, etc. There was a huge emphasis on reducing waiting times and meeting specific government targets. This involved lots of system changes to booking i.e. Partial Booking system. Also, no appointment information /scheduling was allowed to be held manually on spreadsheets or diaries anywhere throughout the Trust, the information had to be held on PAS.
- 5.5 The IEAP (Integrated Elective Access policy) was introduced around 2008 which influenced the way referrals were received and appointments were booked in order to reduce DNAS etc (Did not Attend). Patient referrals had to be registered within 24 hrs, triaged by a clinician, entered onto a waiting list and subsequently patients were written to asking them to make contact to book an appointment (Partial booking process).
- 5.6 The whole emphasis in the Trust at that time was very much meeting government targets to reduce waiting times. The adherence to the IEAP was strictly monitored. Partial booking (patients were given choices of dates) was introduced and patients were not allowed to be booked by directly sending an appointment out in the post in order to reduce the DNA rate.
6. **If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.**
  - 6.1 I carry out this role by attending a HOS meeting (Head of Service) within FSS (Functional Support Services) chaired by my AD, Mrs Anita Carroll. At these meetings, HR issues, governance, finance issues are the main agenda items. All other key operational issues are discussed. I also have a 1:1 with my AD and an annual PDP (Personal Development Plan). I then replicate this model

with my team. In my area I am supported by having a SA (Service Administrator) for every specialty area, ie Medicine, IMWH, Surgical (includes Urology) and a Booking Manager for the RBC (Referral & Booking Centre). I hold formal quarterly meetings with my team. I am physically located beside most of my SAs so this helps with day to day management. I also have an open door policy and always available on the phone to deal with any issues/queries. *Please see:*

*1. 20220825 KSF PDR FORM KR*

*2. 20160614 Notes of Joint Service Admin Mtg*

*3. 20170615 Notes of SAa Mtg*

*4. 20180508 Notes of SAs Mtg*

*5. 20211111 Agenda and Notes of SAs Mtg)*

*6. 20220406 Notes of SAs Mtg*

**7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?**

- 7.1 I work to my job description and undertake a Professional Development Plan (PDP) annually. My role has a series of things that help govern eg the IEAP (Integrated Elective Access Policy). All staff are aware of this policy. I also depend on the HOS for specialty areas to inform my team if clinicians are on annual leave, study leave etc in order that clinics are reduced or cancelled accordingly. The IEAP sets the targets around the booking of patients. I would have provided information on performance and demand and capacity at Dr Rankin's (Director of Acute Services) meetings on Tuesday mornings. In the Trust monitoring also is carried out by the OSLs (Operational Support Leads) and the Performance Team led by Lynn Lappin, Head of Performance and any pertinent issues would be raised with me to address.

- 7.2 In relation to the secretarial element of my job as I have advised I have SAs report to me and they in turn manage the groupings of staff. The reassurance that tell us that we are doing things correctly are reports and spot checks.
- 7.3 The Data Quality department send out several reports which helps inform how well our staff are recording information, eg OP with no attendance code etc
- 7.4 The SAs also run reports to ensure scheduling for inpatients is on track. The SA have a list of daily, weekly and monthly tasks that they complete, eg DARO report, daily tasks etc. Spot checks of patients' pathways is undertaken periodically. *Please see:*

#### *7. SA task lists*

- 7.5 Backlog reports, these reports detail out what a secretary has to type, what needs dictated and what results are waiting on signature etc. The HOS and clinicians also receive this report which is supposed then to prompt action.
- 7.6 I also had monthly 1:1s with my AD (Assistant Director) and HOS meetings within FSS (Functional Support Services) where all matters regarding Human Resources, governance issues, ie. datixs, complaints etc and Finance were discussed.
- 7.7 If I receive a datix or complaint regarding an admin issue I would investigate fully, engage with the relevant SA and if necessary a member of staff. This may involve changing/strengthening a process, retraining a member of staff and evaluating what learning we can get from these.

- 8. **Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.**

- 8.1 My role is subject to a work plan which is agreed each year with my AD (Anita Carroll)

- 8.2 I also have a PDP carried out annually and I have to work towards ensuring mandatory training is up to date. See evidence at Q6.1
- 8.3 I have a 1:1 every few weeks with my AD (Anita Carroll) and ad hoc meetings, telephone conversations are arranged inside of this timeframe as and when required. *Please see:*

*8. 2021.22 Key Priorities KR*

*9. 20220323 Notes from KR 1to1*

9. **Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?**

- 9.1 I am responsible for providing a support service with regard to outpatient booking and secretarial services. Frequently we are invited to meetings with regard to new services or changes to service, we then meet with various managers to map out the processes in relation to administration.
- 9.2 I would have regular contact with the Data Quality Manager, the Information Manager and the OSLs. There would be some negotiation between us with regard to allocation of work, for example Elective process during covid, meetings with SA, OSL (Operational Support Lead) and we drew up flow chart and Standard Operating Procedures (SOPs). The SA, Data Quality Manager, and I would work on processes and documentation for SOPS/Technical guidance (Standard Operating Procedures). Sometimes my admin. Team are not always kept informed with regard to processes or a plan for the Specialty: a recent example is CT biopsies sent to the IS (Independent Sector) and our staff not being informed resulting in my team also contacting the same patients to be seen by our Trust.
- 9.3 We rely on the HOS from the Specialty areas to inform us of any changes to policy and updates from them with regard to services. Sometimes this

information is slow to reach us, eg. changes to covid testing for inpatients, very vague information reached us so that we had to chase the HOS and AD (Assistant Director) for that area in order to get standard letters out to patients including new information re covid testing.

9.4 The IEAP (Integrated Elective Access policy) which is a regional policy covers rules around booking and management of outpatients and inpatients, the OSLs manage the performance element of inpatient and outpatient scheduling now. Up to 2013 I managed most of the performance issues with regard to targets for outpatients but the HOS were still responsible. The Trust has a scheduling team for some inpatients (mainly Gynae, Trauma and Orthopaedics and all scopes) but secretaries also do a significant amount of scheduling of the patients for Surgery. The Urology Secretaries do their own scheduling, for example Trust biopsy, removal of stents and flexible cystoscopy.

9.5 Any written SOPs (Standard Operating Procedures) would be shared with SAs they in turn inform their staff, eg. Qfit processes. This is a process surrounding bowel preparation being sent to patients before an appointment at a clinic.

*Please see:*

#### *10. QFIT Process*

9.6 Externally, if there was anything relevant to me then I would usually be invited to meetings. An example is Ophthalmology being centralised regionally where I was part of the working group. Other policy updates etc come via global emails and from my AD via HOS meetings in Functional Support Services, for example Data Protection, IT security etc.

10. **What performance indicators, if any, are used to measure performance for your role?**

10.1 In the main the IEAP measures our performance.

- 10.2 2007/08 PTLs (Primary target lists) would have been run regularly which showed what stage/dates patients were booked at, and waiting, etc. I also supplied Demand/capacity analysis during the government initiated target days.
- 10.3 Waiting list report (PTL) with no waiting list code entered would list those patients who had not been triaged yet. When a patient is triaged they are added to a waiting list with a code. If a patient does not have a code it shows they have not been triaged.
- 10.4 From 2013 the OSLs and the performance team monitored SABA (Service and Budget Agreement) chronological management and any concerns would have been brought to my attention.
- 10.5 The RBC Manager and supervisors try to ensure all appointments are booked. A diary system is used for listing all the clinics on all the sites daily and any changes to this, eg. a clinic being cancelled is listed to ensure every single slot for booking is then filled.
- 10.6 Data Quality reports also demonstrate how well we are recording information and following SOPS (Standard Operating Procedures).
- 10.7 A spot check mechanism was set up in 2013 by myself whereby the SAs choose a specific secretary and audit their work. They do this by going into NIECR/PAS (Northern Ireland Electronic Care Record/Patient Administration System) and ensuring that the patient has been followed up and is on an inpatient waiting list if relevant, or on a review waiting list if that is appropriate.
- 10.8 Backlog Reports are used by the SAs and myself to ensure clinics are being typed, that the DARO (Discharge Awaiting Results) report is being actioned, results are typed/dictated etc. We rely on the honesty of the secretaries for completion of this report and it is also their opportunity to raise any issues. I expect Secretaries to declare if their Consultant has not actioned results or dictated clinics.

- 10.9 HOS/Consultants would contact my team and me also if there are any issues. We then review these and address. For example, lack of secretarial support, backlogs and emailing of ENT referrals. *Please see:*

*11. 20220914 Es f CH and Ors Secretarial Support*

*12. 20220613 E LD to LC and KR Backlog*

*13. 20211014 Es f WC and Ors Emailing of ENT Referrals*

- 10.10 We ensure that all corporate mandatory training is carried out especially Information Governance, Cyber Security. We are monitored on this and have to manage this training then of all our staff.

- 11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?**

- 11.1 As above and I would have escalated all issues re performance, triage issues, capacity issues to the OSL and HOS for specialty areas.

- 11.2 All human resource issues, finance and governance issues would have been discussed with my AD either informally, at HOS meetings or 1:1 meetings.

- 12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.**

- 12.1 Within the IEAP the target for triage is 72 hours. As this is very difficult to meet our Trust agreed that a week or so was acceptable for triage to be returned. However, Mr O'Brien failed to meet this target frequently. All

specialties largely adhered to this but Mr O'Brien was consistently an outlier. This meant there was a build-up of referrals not triaged and created a pressure for the RBC. I can recall issues being discussed by staff in the Medical Records / Appointments team as far back as the early 1990s long before targets were introduced. To the best of my recollection a 'GP default' was put in place around 2014 whereby when he did not triage the RBC were permitted to use the GP priority indicated on the referral letter to add patients to the waiting list. The HOS (Martina Corrigan) advised the RBC (Referral and Booking Centre) of this arrangement by telephone call between Christine Rankin, Leanne Brown and myself. However, the RBC still continued to send the referrals to Mr O'Brien for triage. This information was visible on all the PTLs as each patient who had not got a referral actually triaged had a comment written 'MTNL', (missing triage no letter) or if there was no comment then the patients would not have a waiting list code entered beside their name. By the RBC using the 'GP default' position it demonstrates there was a workaround but it was also a bypass of the system.

- 12.2 Secretarial – Backlog reports. It was essential that secretaries would be open and honest with regard to completing this and an up-to-date position would always be given and concerns would be raised. In December 2016 the secretary informed her Line Manager, Service Administrator, Mrs Andrea Cunningham that her consultant Mr O'Brien had not dictated on certain clinics. We had no way of getting this information except for the secretary advising. This concerned me. I advised my AD, Mrs Anita Carroll, and the HOS, Mrs Martina Corrigan. Andrea Cunningham and I had a meeting with Noleen Elliott (Mr O'Brien's secretary) and an email was sent out to all secretaries in relation to this. From this incident Mr O'Brien's practice with regard to dictation was monitored by the HOS Martina Corrigan. This incident demonstrates that the secretary had been bypassing systems, ie. by not recording this explicitly on the backlog report.
- 12.3 DARO is the accepted method of recording of patients on the PAS (Patient Administration System) of patients awaiting having tests. DARO is a discharge code on PAS which tells us the patient is discharged while waiting

on tests. Mr O'Brien disagreed with this on the basis that if he wanted a patient reviewed and to have tests at the same time he wanted the patient to be placed on a review waiting list and not in DARO. This was risky as far as we were concerned. Patients could not be recoded with 2 episodes at the same time on PAS at that time due to data quality issues/guidance. This has now recently been resolved regionally with the use of another code, DTR – Diagnostic Test Received. We needed the patient to be in DARO so that when the DARO report was run we could chase results if a patient should have had a test in a certain timescale. Review lists always ran behind so there was every chance a patient could get lost to follow up without having tests carried out in a reasonable timeframe. *Please see:*

*14. 20161216 E KR to AC&Ors Backlog Reports*

*15. 20190130 to 20190207 Es from CMcC, AOB, MH and KR DARO*

**13. What systems of governance do you use in fulfilling your role?**

- 13.1 For RBC the IEAP is used and PTLS are run. This provides information about how patients are booked and where we are booked up to, chronological order etc. The booking manager also runs a 'missing triage report' fortnightly and asks the Supervisors to chase up referrals that are not triaged. Triage was always a significant issue in Urology with Mr O'Brien consistently not adhering to policy. As advised at Q12 I can recall issues being discussed by staff in the Medical Records / Appointments team as far back as the early 1990s, however from the best of my recollection it was not until approximately 2000 that I was made aware of issues as part of my management role.
- 13.2 There is also a comprehensive induction programme which aims to let staff train in all aspects of the partial booking process in a systematic way, eg. all staff start off with registration then move to adding to waiting list, processing triage referrals electronically.
- 13.3 Triage: 2009 – 2013 -IEAP issues and demand and capacity would have been discussed every Tuesday morning at Dr Rankin's performance meeting (09 –

13). These meetings meant that everyone was clear about what they had to do in order to ensure referrals were triaged and what additional clinics were needed in order for the Trust to meet targets.

- 13.4 2013 – 2015 - When Dr Rankin (Director of Acute Services) left (2013) and D Burns (Director of Acute Services) took up post there was a restructuring and secretaries/audio typists and other admin staff from Directorates were transferred to my management responsibility. The idea was to allow the OSLs more time to concentrate on performance issues and SABA (Service and Budget Agreement). The RBC continued to raise issues with non-compliance of triage and on 21/11/13 I escalated to the HOS who in turn escalated to her Director. On 19/12/13 there was an email to advise that Mr O'Brien's triage would be undertaken by Mr Michael Young. Due to continued issues with non-return of referrals for triage Debbie Burns put in a new process in Feb 2014. In March 2014 the RBC were copied into an email from the HOS to Mr O'Brien asking him to look at his triage. Following a phone call from the HOS we were then advised to start using the 'GP default' position for triage. See relevant emails 15/4/14, 16/6/14 and 21/10/14. The RBC continued however to chase triage in the hope that it would be returned to ensure the patient was on the correct waiting list. This applied to all specialties but in the main Urology. This was clearly visible on PTLS.
- 13.5 2015 – 2017 - In February 2015 a new formalised process was put in place whereby triage was to be left in the Thorndale unit daily. This followed a meeting that admin staff were invited to with the Urology consultants which resulted in an agreement that whoever was on call was to do the triage. A new clinic outcome form was also implemented. In November 2015 my AD wrote to all her AD colleagues with regard to triage explaining that there was a risk that by going by GP priority waiting lists would be much longer. On 6/11/15 Anita emailed ADs regarding triage issues. On 30/11/2015 I emailed Martina Corrigan HOS stating that we were continuing to book per GP triage when triage was not returned. *Please see:*

## 16. Triage Process

*17. 20140415 Es LB and AC Missing Triage*

*18. 20140616 Es f LB and AC Missing Triage*

*19. 20141021 E KR to MC Missing Triage*

*20. 20151106 to 20151118 Es f SG, HT, AC and Ors Triage*

*21. 20151127 to 20151202 Es KR and MC Untriaged Letters*

- 13.6 In 2015 Maria Wright from the HSCB carried out a review and outcome report. In this report the processes of the RBC were found to be generally robust but the report did make reference to Urology and the longstanding issue with Mr O'Brien. The report recommended that GP priority be used for triage if the standard of turnaround for triage was not being met. My AD sent an email to all her AD colleagues on 6 November 2015 referring to this categorisation of urgency. The risk to patients was highlighted as waiting lists now were getting longer. *Please see:*

*22. 20151106 E AC to ADs Categorisation of Urgency*

- 13.7 In 2017 E triage was implemented with Mr O'Brien, this made the system much more visible for specialty teams and prevented the RBC having to scan referrals to consultants. There were some limitations to the system, eg. OC referrals (referrals from other consultants) and ED (Emergency Care) referrals still had to be scanned manually.
- 13.8 Datixs would be completed and reviewed for any incidents that occurred or in relation to issues of risk to patients and administrative processes would be investigated and processes amended if necessary. Trends would be noted and followed up.
- 13.9 Complaints, if there were specific complaints with regard to staffing attitude or anything in relation to administrative processes, these would be fully investigated involving the SA and the member of staff. This then would be forwarded to my AD for approval before final submission back to the Complaints team.

- 13.10 Data Quality reports are sent to us regularly these let us know if we have recording issues and if SOPS are not being followed etc. We then interrogate these reports and try to address any issues.
- 13.11 Backlog reports keep all relevant personnel informed of where each specialty is with regard to typing backlogs, dictation backlogs. The Digital Dictation System G 2 analytical element also provides the SA with a guide of what quantity of typing needs done per secretary/typist and we can also measure secretarial performance. Any issues with results not being actioned are meant to be highlighted on this report.
- 13.12 If a clinician raised issues with the specialty HOS then that HOS would raise them with me. We then would go through the processes and see where and if something needed to be strengthened.
- 13.13 SAs all have a list of daily, weekly and monthly tasks to carry out and the list helps with giving guidance to ensure the work gets done. See evidence at Q7.4
- 13.14 Finally there are general policies for all staff to help with governance in fulfilling one's role, ie. Data Protection, IT security policy, Policy on Transportation of charts, etc.
- 13.15 It is my understanding that is my role to manage my areas day to day and escalate any specialty specific issues to the appropriate HOS for them to act on and escalate further. It is also for the HOS in specialty areas to place items on the risk register that are relevant to their service. Anything relevant to my own staff I would escalate to my AD.
14. **Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.**
- 14.1 I do not recall being offered any other support.

**15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?**

15.1 My understanding is that my role is that of a support service and therefore I would not be responsible for the quality of services. My understanding is this would be carried out by the HOS, AD, Director and Clinical Director.

**16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?**

16.1 This is not within my remit but my understanding is it's the Director, AD, HOS Clinical Director of Surgery.

**17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?**

17.1 Capacity in Urology was always an issue and patients wait longer for appointments and operations due to this, demand outstrips supply so this presents a risk to patient care but this is outside our control. However, apart from that I did feel able to fulfil the requisite service and support to Urology, in relation to the RBC we had adequate staffing levels. For secretarial support Consultants are only allocated 0.5 whole time equivalent funding from the Department of Health. This is insufficient although in Urology we were slightly better staffed than that. However, overall I think our biggest challenge is the inadequate amount of staffing for Service Administrators. If we had more staffing to audit secretarial work, eg. spot checks or DARO report, we would be able to pick up errors earlier and patient care would not be improved. This would greatly enhance governance.

17.2 I did bring this to the attention of my AD in 2018 and we did get a band 4. However, in hindsight this resource was not enough as we continually use this member of staff to act as a 'float' for crisis areas.

18. **Did you feel supported by staff within urology in carrying out your role?  
Please explain your answer in full.**

18.1 I did feel supported by the HOS in Urology when I escalated continually about triage there was a 'work around' put in place. While this did not address the issue fully it was an attempt.

18.2 I felt supported by Mr M Haynes (Consultant Urologist) when I escalated an issue re the usage of the DARO code.

18.3 I also felt supported when there was an issue of non-dictation in December 2016. This was immediately addressed and the consultant monitored.

### **Urology services**

19. **Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.**

19.1 I am in charge of the RBC and Urology is one of 26 specialties. This department has a day-to-day manager, and supervisors for each team. Each team has various specialties to look after. It is my responsibility to ensure patients are booked chronologically and in line with the IEAP guidelines (Partial Booking) to clinics and that no slots are left unoccupied.

19.2 The 2<sup>nd</sup> part of my job involves managing the secretaries to consultants, audio typists, investigation booking staff and other admin staff. These disciplines are all managed day to day by a Service Administrator. It is my job to ensure that the secretaries provide a secretarial service again under IEAP policy for booking inpatient theatre sessions, ensuring follow up of patients, recording

patients on PAS, chasing results and generally ensuring that GPS are kept informed all along the patient pathway (typing). It is also my responsibility to provide SOPS for any new services/processes that happen, eg. QFit, (bowel prep to be sent to patients before an outpatient appointment).

19.3 We have some reports that help us manage (backlogs, DARO) and I also set up a spot check system in 2013. This involves the SA randomly choosing a secretary and monitoring their work. The way we did this was by going into a clinic on Patient Centre, reading the typed letter on NIECR and ensuring that all follow up is done etc. This is effective but in hindsight we have limited checking of work as there simply isn't the manpower.

19.4 I have no clinical remit whatsoever.

20. **With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.**

20.1 In the main if I have a specialty specific issue I would raise with the HOS for Urology. Other issues relating to eg typing backlogs or staff performance issues I would liaise with my AD.

20.2 2007 – 2013: all issues relating to all specialties would have been raised at the Tues am meeting with Dr Rankin. These meetings were attended by HOS, OSLs for each specialty. All matters re performance were discussed, triage, demand and capacity and need for additional clinics.

20.3 2013 – 2015: Debbie Burns (Director of Acute Services) also held performance meetings where the above was discussed. These meetings were not as rigid regarding targets and were not as formal as Dr Rankin's although each Specialty was still held to account with their performance.

- 20.4 2015 – 2019/20: Esther Gishkori (Director of Acute Services) did hold some meetings but with not as much emphasis on performance, the emphasis was more on SABA, (Service and Budget Agreement). This meant the Services were held to account if they were meeting capacity for their commissioned levels of activity.
- 20.5 From 2013 performance issues became less of my role as I was now doing the management of secretaries etc.
- 20.6 During all of these years I would have liaised with the HOS for Urology continually, called up to her office, phone calls, emails etc. I did not put everything in writing and I did a lot of liaising face to face, I would have brought specific things to her attention and gave her the opportunity to address. I would have raised issues on a monthly basis.
21. **In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?**
- 21.1 Operationally I am responsible for the team that manages appointments and for the secretarial support services. My teams would fulfil their remit with reference to the guidance of the IEAP and Data Quality reports. There is no clinical aspect to my job.
22. **What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?**
- 22.1 With regard to the RBC I feel our processes are efficient although the RBC manager could do with more support. However, with regard to the secretarial end, our governance processes need to be strengthened: we simply do not have the manpower to do enough auditing/spot checking of work.

**23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?**

23.1 The Information Department produce a range of data quality reports for us. These reports highlight recording issues, eg. new patients added to review lists. This is then sent to the staff to be corrected and for learning. Our consultants use a system called G2 for digital dictation. There are some analytics from this system that we use to help with assessing backlogs, workload issues regarding typing etc. In 2016 Mr O'Brien was not using digital dictation so we relied on his secretary to provide this information by a backlog report. However, there are no reports to show us if follow up of patients has actually been progressed but the DARO report helps. There is nothing to show us that something has been completely missed. Our only way of doing this is by 'spot checking' and the SA only gets to this periodically due to pressure from competing demands. Datixs and complaints also help us learn from mistakes.

**24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:**

- (i) **Waiting times**
- (ii) **Triage/GP referral letters**
- (iii) **Letter and note dictation**
- (iv) **Patient care scheduling/Booking**
- (v) **Prescription of drugs**
- (vi) **Administration of drugs**
- (vii) **Private patient booking**

- (viii) **Multi-disciplinary meetings (MDMs)/Attendance at MDMs**
- (ix) **Following up on results/sign off of results**
- (x) **Onward referral of patients for further care and treatment**
- (xi) **Storage and management of health records**
- (xii) **Operation of the Patient Administrative System (PAS)**
- (xiii) **Staffing**
- (xiv) **Clinical Nurse Specialists**
- (xv) **Cancer Nurse Specialists**
- (xvi) **Palliative Care Nurses**
- (xvii) **Patient complaints/queries**

24.1 Waiting Times: From 2006 – 2013 the RBC would have escalated any issues re waiting times and of not being able to meet targets. We produced demand and capacity figures weekly. From 2013 this became the responsibility of the OSLs and HOS as I took up the responsibility for managing the secretarial service.

24.2 Triage/GP Letters: The RBC continually escalated issues of non-triage with Mr O'Brien in particular. This was raised many times over several years, in writing, verbally and face to face in particular with the HOS of Urology. A default position was put in place approx. April 2014 which meant the RBC had to use the GP categorisation.

24.3 Letter and note dictation: After every clinic attendance a letter should be dictated and typed and sent to the GP. Secretaries are required to document any issues regarding this on the backlog reports. However, in December 2016 we discovered that there were a large number of clinics not dictated on by Mr O'Brien. This was taken very seriously and I reported to my AD and the HOS for Urology. The HOS then dealt with the consultant. There was also a meeting on 15 December 2016 with the secretary Noleen Elliott, and Andrea Cunningham Service Administrator and at this meeting I reiterated to Noleen

the importance of being open and honest in the completion of backlog reports.  
*Please see:*

*23. 20161215 Notes of Mtg KR, AC and NE*

24.4 Patient care scheduling/booking: From 2013 the scheduling of inpatients for Urology transferred with the secretary. The IEAP was there to be followed for rules of booking etc, however this was performance managed by the OSLs and the Directorate of Performance. The RBC were responsible for the booking of OPD appointments in line with the IEAP.

24.5 Private Patient Booking: In my role as Manager for secretaries I had no role in PP booking, however I was aware this was undertaken by some secretaries. Periodically secretaries were reminded that PP work was not be done in NHS time and that there were codes for recording of patients transferring from PP to NHS. *Please see:*

*24. 20201104 E KR to LC and Ors Private Work*

*25. 20201201 E KR to LC and Ors Private Work*

24.6 Follow up of results/sign off of results: The DARO report is run each month by the SA and sent to the secretaries for validation. Patients who are waiting on tests should be discharged with the code DARO and so the report tells us which patients are still waiting on tests. If a patient is due a test, eg., for USS (ultrasound scan), the secretary should be aware of the waiting times for that test and know then that the patient should have had their test by a certain timescale. As part of the validation of this report the secretary should report any issues on the backlog report. The SAs also reviews this report.

24.7 Onward referral of patients for further care and treatment: The secretarial staff are aware that if patients are to be referred to another service for treatment they are responsible for registering the referral on PAS to the referring specialty (ORE). The letter/referral is then sent to the RBC who check the details on PAS and forward the letter/referral for triage to the

referring clinician. This is covered by an SOP for OC Referrals (other consultant)

- 24.8 Operation of the Patient Administration System (PAS): All RBC staff and secretaries use this system to record episodes of care. Staff are trained on this system by the System Trainers. SOPS and other guidance is written up and given to all staff if relevant.
- 24.9 Staffing: I have responsibility for the RBC staff who deal with appointments for Urology outpatient appointments. I also have responsibility for the secretaries in this specialty and audio typists. These staff report to a Line Manager (SA) in the first instance who then report to me who in turn reports to the AD for FSS.
- 24.10 Patient Complaints/queries: Any complaints relating to urology which involves admin processes or staffing I would investigate. This then would be sent to my AD before finally passing to the Complaints Department. Any learning from complaints, staff are spoken to or an email is sent out.

## Concerns

25. **Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.**
- 25.1 Any concerns about a specific specialty issue should in the first place be raised with the HOS. Any concerns re staffing issues etc would be channelled through my AD. The Datix system should also be used to highlight any 'near misses' for patients. The risk register should also be used to highlight any risks specifically in relation to my own area, ie. admin issues, eg. I have a 'risk' on our risk register that states, "Backlogs in typing are a risk to patient care". Whistleblowing policy is also there for staff to use.

26. **Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, or any other matter regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.**

26.1 In relation to Urology I had concerns over non-triage and these would have been regularly escalated to the HOS. See previous answers, I was satisfied at the time of using the 'GP default' position not fully realising the true impact this may have had on patients. However, we did continue to escalate this. Mr O'Brien's triage did go through periods of being done regularly but always dropped off again.

26.2 In December 2016 after being notified of clinics not being dictated on I became very concerned. This was raised with my AD and the HOS for Urology. Following this incident, the HOS for Urology monitored the dictation by Mr O'Brien. All Secretaries were met with by myself and issues like this were discussed at a Secretaries Governance Meeting. However, we still are waiting on a report which will clearly show which patients have no letter dictated on them. IT are working on this. *Please see:*

*26. 2021 and 2022 Notes from Secs Gov Mtgs*

26.3 The use of the DARO code was the accepted method to be used for patients awaiting tests even if they had to be reviewed again. This was agreed following an admin review by Dr Rankin in 2010 approximately. Mr O'Brien instructed his secretary not to use this method.

26.4 I was concerned with regard to this non-adherence to the guidance. I was always afraid that that patients would be on the review waiting list for so long that by the time they got called for an appointment, it would be too late if their test/result had been missed and had indicated something untoward.

26.5 See evidence at Q12.4

**27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.**

27.1 I would have had concerns with regard to non-triage, DARO issues and generally the entire way the admin work was being carried out because the office appears disorganised and full of charts. However, these issues were all raised with the HOS and I was not concerned regarding the performance of the admin work. There were workarounds put in place and after some consultation with the secretary Noleen Elliott re the DARO issue she did then begin to use this code. In relation to the non- dictation of clinics, this was closely monitored by the HOS and has not happened since.

27.2 In 2017 there was a review carried out on practices of Mr O'Brien led by Dr Neta Chada, all issues relating to non-dictation of clinics and triage were discussed at this. I provided a statement.

**28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?**

28.1 The main impact at the time of Mr O'Brien's practice with regard to non- triage was the amount of man hours it took my staff to continually chase him and his secretary, and the constant scanning of referral letters. There was a lot of frustration from RBC staff over this. This was unique to Mr O'Brien and there was a work around put in place.

28.2 With regard to his non-dictation of clinics, this was even more concerning with regard to patients and GPs not being informed of their pathway/follow up etc.

Once this was raised with the Urology HOS, the HOS asked my team to monitor the dictation of Mr O'Brien's clinics. All Secretaries were reminded to report any issues on the Backlog Report. I have not been advised of any issues since.

28.3 The Trust's IT Department is currently trying to develop a report in conjunction with the supplier to show clinics that have taken place and no letters dictated against them.

28.4 The issues with the use of the DARO code were also frustrating and worrying. The secretary was spoken to on a least 2 occasions to say that she should be following instructions from her Line Manager and not her consultant re admin processes, although I have no log of these interactions. I do acknowledge this was difficult for her and the management of consultant secretaries is not easy due to their relationship and yet being managed by a different group of people. On this basis this issue was escalated to Mr M Haynes the Clinical Director and this was reinforced. The secretary then did comply.

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

29.1 Once a concern was known, eg. non-triage issue, I was advised by the HOS to put in place the 'GP default' position. I have no idea if this was risk assessed. In relation to the non-dictation of clinics, when this came to light steps were taken to remedy this. I have no idea if this was risk assessed. With regard to the DARO issue I engaged with Mr M Haynes, CD who reinforced the reasoning behind the use of this code etc. I probably should have risk assessed this issue formally at that time as this risk sat with us. At our monthly HOS meetings with our AD we do address any issues of risk.

**30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?**

30.1 I would have considered patient safety in that there was the potential for delays with patients' treatment plans. This was why issues would have been raised with the HOS Urology and workarounds put in place. These risks sat with the Urology service.

**31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.**

31.1 In December 2016 when the secretary declared that there were clinics that were not dictated a system of oversight was put in place whereby the HOS asked us to keep a close eye to ensure all clinics were dictated on. The SA kept a close eye on this and reported through to the HOS. The secretary was advised again that it was her responsibility to advise us of this via the backlog report.

31.2 Also Trudy Reid as Head of Governance approx. Oct 16/17 started to put in place a 'delays action plan' following some SAls (Series Adverse Incidents). This referred to work I was already doing, however Trudy Reid may have had other pieces of work I was not aware of. *Please see:*

*27. 20161017 to 20170307 Es f TR and Ors Delays Action Plan*

**32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?**

32.1 Following internal audits a table of recommendations would be sent to my AD from various audits carried out and we would work our way through them.

However, if I discovered something from a SAI or a DATIX that was relevant to my own staff I would inform staff via each SA by email for learning.

**33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?**

33.1 I would only be privy to the issues concerning my area and I assumed all issues would have been discussed with Urology staff by the HOS.

**34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.**

34.1 I would not see governance minutes or Risk Registers for other areas however if there was anything relevant to my area my AD would have shared with me. I did not indicate the risk surrounding the use of the DARO code on the FSS risk register and in hindsight this should have been done. I have a risk identified in relation to the backlogs of typing.

**35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?**

35.1 I believe I already deal with concerns adequately by investigating issues fully and then any learning from these making sure all my staff are informed. My AD would also be aware of any issues and would be involved in discussions with me with regard to this. However, to increase the effectiveness of my role I need to be more proactive and less reactive. To do this though I need more

staff to audit day-to-day work so that errors can be picked up before anyone comes to harm.

- 35.2 Also there is no governance forum within the Trust where Admin Managers can engage with Clinicians about administrative issues and this should be encouraged. Administrative processes need to be seen as systematic ways to prevent harm and the importance of them realised. In absence of this we would have tried to engage with clinicians and my AD sent emails re admin issues.  
*Please see:*

*28. 20151221 E AC to ADs Admin Issues*

## **Staff**

36. **As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?**

- 36.1 I have no reason to believe there were any difficulties between urology staff and other Trust staff. Yes, I believe I had a good relationship with everyone I interacted with within Urology.

37. **In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.**

- 37.1 I would have no way of knowing this but I presumed all staff worked well together and I have never heard anything to the contrary.

**Learning**

**38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.**

38.1 I am only aware of issues regarding administrative process already mentioned.

**39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?**

39.1 I am not privy to all of the governance issues but from what I do know I believe there were attempts to manage Mr O'Brien however it was not robust enough.

**40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?**

40.1 From an admin point of view more monitoring needs to take place regarding pathways of patients. This would help show at an early stage if there is a problem with, eg. non-dictation of clinic letters. When a consultant does not follow processes then datixs should be generated as well as the usual reporting to Line Managers, Services etc. I believe we escalated appropriately but things didn't always get dealt with and we had no 'power' to actually change anything.

41. **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. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.**

**If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.**

- 41.1 I am not sure but I believe there were attempts to manage Mr O'Brien but I am not sure where exactly this fell short.

42. **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?**

- 42.1 I do not believe I made mistakes as I escalated appropriately. I do believe admin services could have done things better though if we had greater resources. More auditing is a must going forward. I tried my best with limited resources to put a spot-check mechanism in place etc to try and ensure governance but this was not effective enough. There was a lot of focus in the Trust on targets, performance and bed management, I believe these issues distracted from governance issues and therefore governance was not always the primary focus.

43. **Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically 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?**

43.1 In hindsight the organisation was too focused on performance, bed waits and ED (Emergency Department) waits rather than governance issues. I did not raise anything specific.

44. **If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.**

44.1 No further comments.

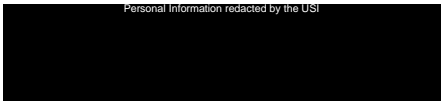
**NOTE:**

**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.**

**Statement of Truth**

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

Personal Information redacted by the USI

A large black rectangular box redacting the signature area.

Signed: \_\_\_\_\_

Date: \_\_\_\_18/10/2022\_\_\_\_\_

**S21 79 of 2022****Witness statement of: Katherine Robinson****Table of Attachments**

| <b>Attachment</b> | <b>Document Name</b>                                   |
|-------------------|--|
| 1                 | 20220825 KSF PDR FORM KR                               |
| 2                 | 20160614 Notes of Joint Service Admin Mtg              |
| 3                 | 20170615 Notes of SAs Mtg                              |
| 4                 | 20180508 Notes of SAs Mtg                              |
| 5                 | 20211111 Agenda and Notes of SAs Mtg                   |
| 6                 | 20220406 Notes of SAs Mtg                              |
| 7                 | SA task list   |
| 8                 | 2021.22 Key Priorities KR                              |
| 9                 | 20220323 Notes from KR 1to1                            |
| 10                | QFIT Process   |
| 11                | 20220914 Es f CH and Ors Secreterial Support           |
| 12                | 20220613 E LD to LC and KR Backlog                     |
| 13                | 20211014 Es f WC and Ors Emailing of ENT records       |
| 14                | 20161216 E KR to ACandOrs Backlog Reports              |
| 15                | 20190130 to 20190207 Es from CMcC, AOB, MH and KR DARO |
| 16                | Triage Process   |
| 17                | 20140415 Es LB and AC Missing Triage                   |
| 18                | 20140616 Es f LB and AC Missing Triage                 |
| 19                | 20141021 E KR to MC Missing Triage                     |

|    |   |
|----|---|
| 20 | 20151106 to 20151118 Es f SG, HT, AC and Ors Triage     |
| 21 | 20151127 to 20151202 Es KR and MC Untriaged Letters     |
| 22 | 20151106 E AC to ADs Categorisation of Urgency          |
| 23 | 20161215 Notes of Mtg KR, AC and NE                     |
| 24 | 20201104 E KR to LC and Ors Private Work                |
| 25 | 20201201 E KR to LC and Ors Private Work                |
| 26 | 2021and 2022 Notes from Secs Gov Mtgs                   |
| 27 | 20161017 to 20170307 Es f TR and Ors Delays Action Plan |
| 28 | 20151221 E AC to ADs Admin Issues                       |

**Part A**

**KSF PERSONAL DEVELOPMENT REVIEW FORM**

**Post Title, Pay Band:** Head of BCC

**Staff Number:** Personal Information  
redacted by the USI

**Is Professional Registration up to date?** \_\_\_\_\_

| <b>KEY ISSUES &amp; OUTCOMES</b>   | <b>COMMENTS</b>  |
|--|--|
| <p><b>Have you read and understood your Post Outline?</b><br/> <b>Post Outlines can be accessed via Trust Intranet (KSF link)</b></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>Have Post Outline levels been achieved:</b></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>If no, record below what action to be taken:</b></p><br><br><br><br><br><br><br><br><br><br> | <div style="background-color: black; height: 350px; width: 100%;"></div> |
| <p><b>Objectives for Next Year:</b></p> <div style="background-color: black; height: 150px; width: 100%;"></div>   |  |

**Reviewee Staff Name (Print)** Katherine Robinson

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Reviewer Manager/Supervisor (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part B

## ANNUAL PERSONAL DEVELOPMENT PLAN

For training requirements specific to your staff group refer to Trust Intranet Training Link

Staff Number: \_\_\_\_\_

Personal Information  
redacted by the USI

| Training type  | Identified learning need                                       | Date Training Completed | Agreed Action                            |
|--|--|-------------------------|--|
| Corporate Mandatory Training<br><b>ALL STAFF</b>   | Corporate Induction  |                         | Personal Information redacted by the USI |
|  | Departmental Induction/Orientation                             |                         |  |
|  | Fire Safety  |                         |  |
|  | Record Keeping/Data Protection                                 |                         |  |
|  | Manual and Handling  |                         |  |
| Corporate Mandatory Training<br><b>ROLE SPECIFIC</b>   | Infection Prevention Control                                   |                         |  |
|  | Safeguarding People, Children & Vulnerable Adults              |                         |  |
|  | Waste Management   |                         |  |
|  | Right Patient, Right Blood (Theory/Competency)                 |                         |  |
|  | Control of Substances Hazardous to Health (COSHH)              |                         |  |
|  | Food Safety  |                         |  |
|  | Basic ICT  |                         |  |
|  | MAPA (level 3 or 4)  |                         |  |
| Essential for Post   | Professional Registration                                      |                         |  |
|  | Information Governance   |                         |  |
|  | Equality, Good Relations and Human Rights: Making a Difference |                         |  |
| Best practice/<br>Development<br>(Coaching/Mentoring)<br><b>(Relevant to current job role)</b> |  |                         |  |
|  |  |                         |  |
|  |  |                         |  |

Reviewee Staff Name (Print) \_\_\_\_\_ katherine robinson \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Reviewer Manager/Supervisor (Print) anita carroll Signature 25/8/22  
Date \_\_\_\_\_

**PLEASE SEND COMPLETED PART B TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ**

**OR EMAIL TO: -**

Personal Information redacted by the USI

## - Joint Service Admin Meeting

**Date : Tuesday 14 June 2016**  
**Venue : Committee Room 1, DHH**

**Time :2.00pm**

Present : Kate Watters, Carmel O'Hanlon, Lauri Rafferty, Helen McCaul, Irene Hewitt, Lucia Cunningham, Christine Rankin, LeeAnne Browne, Sinead Corr, Helen Forde

| No | Agenda Item   |   |
|----|---|---|
| 1  | Apologies -   | Katherine, Ciaran, Andrea   |
| 2  | Kate Cunningham - update on NIECR   | DNA   |
| 3  | New Admin & Clerical model - pilot  | <p>Issues Raised:</p> <p>Will they be offered shifts or know they have to work shifts and weekends?</p> <p>What happens if a Band 3 post comes up - who is eligible to apply - will this be normal EOI?</p> <p>Work across sites - at the outset make them aware of this.</p> <p>Mandatory training completed when they start</p>   |
| 4  | <p>Information Governance audits</p> <ul style="list-style-type: none"> <li>• Security of charts in offices</li> <li>• Locked doors</li> <li>• Confidentiality of records</li> <li>• Staff awareness</li> </ul> | <p>Concerns raised re the security of charts in offices and the need for doctors to have access to the office when the secretary isn't there.</p> <p>ACTION -Helen F to query re cost of keypads and swipes for offices.</p> <p>Information Governance will be carrying out audits on security and confidentiality of information - staff to be reminded of security and confidentiality issues. ACTION - everyone ensure staff aware of security and confidentiality of all patient and staff information.</p> |

|   |   |  |
|---|---|--|
| 5 | <b>Data Quality Validation Reports</b> <ul style="list-style-type: none"> <li>Disposal Report</li> <li>PAD No outcome</li> <li>Any issues?</li> </ul>   | <p>Disposal Report - run on an Ad hoc basis. Lucia confirmed recording had improved.</p> <p>PAD Not Outcome - Lucia running once a fortnight - improvement</p> <p>Lucia raised issue with CDCC and outcomes not being notified to the secretary - Sinead and Lucia to liaise to sort out issues.</p> <p>Wards - some patients being admitted via FLOW and nurses not picking up the PAD.</p>   |
| 6 | <b>Mandatory Training</b> <ul style="list-style-type: none"> <li>Fire, Manual Handling, Data Protection, Records Management, Data Quality, Infection Control</li> <li>Data Protection newsletter</li> </ul> | <p>Staff responsible to keep their mandatory training up to date. ACTION - Managers to raise with staff.</p> <p>Fire must be kept up to date - yearly.</p> <p>Mandatory training being monitored by AD, Katherine and Helen have to report numbers trained to Barry.</p> <p><u>Data Protection &amp; Rec Mgmt newsletter</u> sent out on a yearly basis to Records, ED, Ward Clerks, IS as a reminder on top of the 3 year training - this is detailed in the Controls Assurance.</p> <p>ACTION - Katherine's managers to consider doing the same.</p> |
| 7 | <b>Complaints</b>   | <p>General complaint - patients complaining about waiting times</p> <p>It has to be noted that there are very few complaints in comparison to the numbers that we deal with so which is very good.</p>   |
| 8 | <b>Working Time Directive</b> <ul style="list-style-type: none"> <li>Enhancements</li> <li>Second jobs</li> </ul>   | <p>WTE re pay discussed.</p> <p>WTE re second job - as per global e-mail all staff must inform their manager if they have another job either in or outside of the Trust.</p>   |

|    |                               |  |
|----|-------------------------------|--|
| 9  | Bare Below the Elbow          | Ward Clerks must be bare below the elbow and no false nails, nail polish.  |
| 10 | AOB                           | <p>Lucia raised issue with a patient discharged from orthopaedic ward and come back for 6/52 to Fracture, but they didn't receive their letter.<br/>ACTION - Sinead to check where ward clerk sends which queue the appointment letter is being sent to as.</p> <p>ACTION : Lucia to send details of the patient. to Sinead.</p> <p>Has happened in gynae when Carmel printed letters.</p> <p>DEAW handwriting discharge letters for surgical rather than using e-discharge.</p> <p>EDT - some of the consultants not happy with EDT going out after 5 days, but they need to be taking this up through their routes.</p> <p>ECHR - new system to be implemented in the next few years - by 2030 it will be a cradle to grave electronic system. This will result in changes in our working practices in the future.</p> <p>DPU - Lauri raised the issue re filing of inpatient information in the DHH charts - very poor.</p> <p>ACTION - Kate to send the DHH filing protocol to SA and Lauri to raise with Lorraine Meredith.</p> <p>ACTION - Carmel to follow up with Sharon Glenny re scan clinic in DHH being put under consultant on PAS.</p> <p>Problems with getting toner for MFD - all experiencing delays.</p> |
| 11 | Date and Time of Next Meeting | <p>Tues 13 Sept 16 - 2pm - Boardroom, CAH</p> <p>Jennifer Taylor for Health &amp; Safety to attend</p>   |

**SERVICE ADMINISTRATORS MEETING****15/6/17****Notes**

| <b>Agenda Item</b>                     | <b>Action</b>  |
|--|--|
| <b>Apologies</b>                       | None, Christine not booked to this meeting, Katherine will address issues with her individually  |
| <b>Recruitment</b>                     | <p>Still waiting on a few posts being passed by new scrutiny arrangements.</p> <ul style="list-style-type: none"> <li>• Neur A/T</li> <li>• Rheu A/T</li> <li>• Nimats clerk</li> <li>• G Surg A/T</li> <li>• C, Burke M/L</li> <li>• Gynae Reception</li> </ul> <p>It was discussed how time lapses in scrutiny arrangement are impacting our service and causing a lot of operational diffs.</p> <p>Also noted that Gladys Allen retirement at band 4 equated to 50 hrs band 2, Karen Stewart has taken most of these hours.</p> |
| <b>Update of Covering Annual Leave</b> | Lucia going off 19/6/17 for 2 weeks, leave/cover all sorted for staff. Shared drive has info, though diaries would be more accessible for those SA covering. Each SA to do a handover when going off.  |
| <b>KSF</b>                             | Started, Marie hoping to have hers completed in Surg over next couple of weeks. Hope to see improvement over next few weeks.   |
| <b>Workloads</b>                       | Everyone to continue working on workload analysis to ensure equity for all staff. Kr to be informed of any issues.   |
| <b>Workplans</b>                       | During summer continue if poss to work on SOPs and process mapping in all our areas.   |
| <b>Escalations</b>                     | <p>Any areas/issues of concern keep raising with me and I will escalate further. Andrea v concerned re unsigned results, she confirmed HOS/AD etc aware.</p> <p>Mr Manos v behind with results dictation (been</p>   |

|  |   |
|--|---|
|  | <p>escalated) Now sorted 16/6/17<br/> Dr Moriarty awaiting him to action results etc,<br/> escalated to HOS, she is to meet with him.<br/> Ward clerks DHH, still an issue with multiple errors.</p>  |
| <b>Update on Agency, Bank, Staff in post lists</b> | All SA advised to update these on shared drive.   |
| <b>Absenteeism</b>                                 | <p>Update <small>Personal Information redacted by the USI</small> 4 wks depression<br/> <small>Personal Information redacted by the USI</small> car accident<br/> <small>Personal Information redacted by the USI</small> ill health retirement<br/> <small>Personal Information redacted by the USI</small> 4 more weeks, chronns disease<br/> <small>Personal Information redacted by the USI</small> stress<br/> <small>Personal Information redacted by the USI</small> OHD next Thursday<br/> <small>Personal Information redacted by the USI</small> OHD 27/6/17<br/> <small>Personal Information redacted by the USI</small> OHD Aug, (shoulder surgery)<br/> <small>Personal Information redacted by the USI</small> chronns disease</p> <p><b>Maternity leave</b><br/> <small>Personal Information redacted by the USI</small> due to go off in 2 weeks need P<br/> Wegner back from Obs/Gynae Recep to sustain service.</p> <p>All SA reminded to keep a tight eye on sick leave.</p> |
| <b>Induction programme</b>                         | <p>Tick list developed. As more guidance SOPs come in they are being added to this. SA's confirmed.</p>   |
| <b>Any Other Business</b>                          | <p>Andrea would like help or clarification of why her staff have to do all the work for Subject Access requests as its very time consuming. KR to check out.</p>  |

## Service Administrator Meeting

8/5/18 3.30pm

### NOTES

**1 DARO**

All SA's reminded to go through DARO line by line as a matter of urgency.

**2 Staff in post**

All SA's reminded to go through this line by line and update me.  
Anything untoward bring to my attention even if not their own area.

**3 Nurse Led Clinics** in each specialty area, need a list of these

This exercise to be completed in a table format and sent to me by 22/5/18

**4 Data Quality**

Each SA to take this more seriously and look in particular at Preadm CNC report and all SA's to check that staff are completing this exercise.

**5 E Triage**

E Triage still being rolled out, next specialty is Neurology.

**6 EDT (Verification)**

All SA's to look at this and see if there is any improvement, checks must be run weekly. Any issue to report back to me for example letters cannot be verified timely because consultants take so long to sign etc.

**7 GDPR**

Email I sent regarding this to be looked at by us all and inform our staff of new guidelines.

**8 Health & Safety**

Katherine to resend Risk Assessment to be updated re safety in offices etc. V important that this is actioned and taken seriously.

**9 B/F System**

It was agreed that we all need to get better at this instead of me being chased about actions and in turn my SA's being chased. The Calendar and diary method of B/F were discussed. Everyone asked to do out a check list for themselves weekly and monthly in order to prevent duties being forgotten. See below for list of reports as an example.

**10 Part time band 4 support person (Tests and admin support)**

It was explained that a Part time band 4 person proposal has been put forward to Anita to mainly assist those areas where staff work autonomously ie investigations. This person would also help out with admin work with SA's and HOS.

**AOB**

KSFs – much improvement noted and everyone advised to keep doing this as really needed to be done on an ongoing basis.

**Recruitment**

Various issues were discussed.

Your weekly reports, monthly reports, spot checks

**Weekly Reports**

Attendances

PTLS including Nurse Led

Stone Treatment, Geriatrics, RACP, Sleep Service, Nurse led card

Spot Checks of secretaries work & record this on shared drive

**Monthly**

DARO (line by line validation)

Absenteeism, maternity leaves etc

Disposals

Inpatients (Collette chronological checking

Outpatients (Christine, stragglers)

Secretarial backlog reports (fortnightly, escalate areas of concern)

Check mandatory training position each month and chase up.

## **SERVICE ADMINISTRATOR MEETING**

**11 November 2021 via Zoom**

### **A G E N D A**

- 1      Update from SAs on recruitment, staff in post, no overpayments etc.
- 2      Accommodation issues
- 3      Verification rates on EDT, are we checking reports and chasing up
- 4      Triage – Christine
- 5      PP report, are we running this?
- 6      Spot checks what are we working on?
- 7      G2 failsafe for dictation under wrong specialty
- 8      SAS docs report, are we running etc?
- 9      Governance meetings – who all has still to be met with?
- 10     Training KSF, where are we?
- 11     Casenote tracking any issues
- 12     List of all reports that SAs have to look at weekly monthly etc needs updated with daily tasks, weekly tasks etc
- 13     Any Other Business

RecruitmentOrla

No issues recruitment.

Lucia

AT for Gashw - sorted

Ger sec out HRPTS

ILD - FOI post.

Irrelevant information redacted by the USI

not enough admin in Sleep

Beshi - no sec

Lauri Gashw + DHH/DIAH rose

OK

Gáran

Few s/L issues, no ins

Irrelevant information redacted by the USI

Irrelevant information redacted by the USI

AnneMarie3 posts - just waiting on 7<sup>th</sup>.

Personal Information redacted by the USI

Joanne Kove may be able - help A. Marie.

Christine

30hr temp post. coming

3 agency &amp; converted. 4. + 3.

Valida J.D needs looked at to backfill

P/T Supervisor. &amp; recruited

will look' other rec in dept

- stuff in past.
- everyone checking.
- no overpayments
- Alex - 1 day. maybe.

## ② Accommodation

no issues

Smell gone from Magovern

Ciwan - Phase 1, we / going - poss loose 2 office

## ③ Verification Rates -

everyone - check.

## ④ PP report, has investigated individually if they / taken out of him. \* check what.

## ⑤ Monica, spot checks

E dis - card

Rheum, Dem, follow up unit

EWT 2 sites.

do Maternity as well

Ciwan - lots of attendances issue  
audits using outlook calendar  
we / bookings - diff date on PAS.

Gracie Murphy has - sort this.

Dem. S handy virtual clinic  
still awaiting outcomes

7. G2.

Is u running 2 report? yes.

Ger./Gmed can be an issue

8. SAS.

Orla yes.

Lucia NO

Gavan NO

A-Mare yes.

Run 2

9. Governance Meetings.

Lucia Derm

New

Genetics

Z of DHH + STH

A-Mare OK.

Orla. gathering loose ones up.

get dates.

23/11/ 2 day  
DHH

10. Training 0-

K57's. - 6 done, Orla

Cavan

harr

A-Mare - need - come back - 7.

Irrelevant information redacted by the  
USI

11. Casework Tracking 0-

Maternity did - Big piece of work.

2 sorted

12. SA's.

- do list -  
Orla.

13. Any Other Business

U. busy.

not sure 2 duties / appreciated

lots of new stuff, U. hard - keep eye on  
ball with training

lack of time.

help with training

- Monica + J. Ann will help with  
Training

**SA Meeting 06/04/2022**

**Present:** Katherine Robinson  
 Christine Rankin  
 Lucia Cunningham  
 Orla Poland  
 Anne-Marie McAlinden  
 Lauri Rafferty  
 Ciaran McCann

Christine – Waiting on WFA and couple more put out

Lauri – Sinead Murphy Renal – 15hrs  
 Still waiting on Renal Ward WFA

Lucia – 2 secretaries to sort,  
 Derm and Rheum EOI out  
 Waiting on WFA for investigations office  
 Grainne Mallon – HR issue – can't do A/T

Orla – 2 A/T – can't get B2's, Specialty Scheduler

**OHD** – slow, Lucia chasing – Dan McCaughan

Wendy McShane – contacted Lucia regarding global email not getting EOI's sent out

Anne-Marie – WFA, Back office, escalate issues to Anita

Ciaran – Area OK

**PDP's** - Get some done, not too bad – get my own SA's done

**Staff Meetings** - Not officially – no rooms, not all have zoom, working from home etc but constant contact continues, just need SA to keep notes of any conversation they have and keep better records of these (file, save in staff electronic file)

Lucia raised issues of trying to find a room to speak privately with staff, have advised that my room can be used at any time.

**Magowan Building** – leak in Christine's roof, coming from flats above, Tell Anita, has already been reported (2 tiles down)

**EDT** – All ok, meeting the required percentage

**SAS Activity** – Reminder to run monthly as sometimes forgotten

**Data Quality** – doing what we can, Rheum – Sinead's Team

**C.I.** – Been a problem, backlog now cleared, need more staffing and management. Another request for 200 to go to SET

**Backlogs** - Lucia – Backlog reports can't be done – CI, rheum & Derm. Lucia to follow up regarding place for charts for tracking to and from AMU, need space.

Surgical Discharges for Paeds – what do we do with them

**Non CCG referrals** – what is to be done with these, Amie did not respond

**Surgical Rota** – still not getting sent to Orla/Lauri

**Amie** – needs to get access for Leon Jennings and Debbie Rogers for the Ambulatory shared calendar

**Anne-Marie** – Lack of staffing

**Results found** - Mr Khan, found in drawer, not on backlog report, escalated to HOS

Ciaran – OK

**Clinics RBC** - Christine – Short notice of clinics needing booked/cancelled, ridiculous. Instruction needs to come from OSL/HOS as currently getting requests from everyone ( ecs/cons)

**G2** – Reminder to get secs to check any they have 'suspended by me' and any old dictations

**Spot Checks** – Open OP REG's not being done at the minute. Spot checks need recorded on shared drive. Some not good at doing. Rheum – Jane Whitman emailed about OP REGS in PHARMACY – Lisa McAreavey

**Triage** – behind in reports due to work pressures, nothing major

**PTN Report** – all ok, checking patients are recorded properly, added as new not review and not being taken out of turn.

**Typing SOP** – check and balance, any clinic that is typed should have the same number of dictation to number of patients at clinic. Any missing dictations need to be escalated. Derm explained.

**New DARO SOP** – coming out soon – awaiting codes to be set up by Connor

**Validations** – most want to remain on list

**Text Messages** – Lucia will address re CI after Easter

**IEAP** – Summary Document needed and recirculated as interviews highlight lack of knowledge

**DAILY TASKS**

- Check all areas have adequate cover, phones covered etc
- Any sickness leave recorded on HRPTS and Sick Leave spreadsheet, refer to OH where required
- Log in HRPTS and EProcurement
- Record and approve annual leave requests
- Carry out spot checks ensuring follow up actioned – especially with new staff
- Sign off agency forms
- Print off GP letters for those showing on daily EDT email and SEND OUT

**WEEKLY TASKS**

- Check Theatre lists are being filled by accessing the scheduling drive, create a list of staff and tick off.
- Run Total waiting list report and save on shared drive
- Run planned waiting list report and save on shared drive
- Run Suspended waiting list report and save on shared drive
- Visit staff at their areas and check all is being actioned
- Run QFIT waiting list report and check for outstanding results, send on to secretaries
- Send out Outpatient Appointments with no Attendance code recorded report to relevant areas
- Check working from home rota to ensure there is enough staff on site for the following week
- Spot check DARO report as it is returned from staff, email any queries to them and highlight on spreadsheet so you know to check when report re-run

**MONTHLY TASKS**

- Run DARO report, check against previous month, and chase any queries with staff. Send report out to all staff
- Request all backlogs and compile on spreadsheet, query anything unusual, typing going back too far, filing etc.
- Ensure all absenteeism is recorded on HRPTS and send spreadsheet to Katherine
- Run AAD report and send to staff with date that it is to be completed by. Chase up with staff once date passes if you have not received an update.
- Run SAS Activity report and send to all staff with date it is to be completed by. Chase up with staff once date passes if you have not received an update
- Run activity reports for each speciality to see who could use typing support
- Update training manuals if required
- Check what mandatory training is out of date and email staff
- PP Report
- Check & Balance report re: every patient has letter

- Check Waiting list Inpatient report for method of admission. SA being recorded where R7 involved
- G2 – Audit – Ensure no dictation is in wrong box

**Katherine - Key Priorities 2021/22**

| Service                                     | SMART Objective   | Responsibility                          | Completion Date | Progress Update  |
|---|---|---|-----------------|--|
| RBC   | Review all specialty rules around booking/problems etc/communicate with HOS and consultants <b>How will this be done or happen?</b> | K Robinson & C Rankin                   | Dec-21          | <b>Meet with Christine and all RBC supervisors and go through rules/issues specialty by specialty.</b> |
| Secretarial/Admin                           | Review each areas work particular rules around scheduling/assess need for charts <b>Is this not just normal business?</b>           | K Robinson & Service Administrators     | Dec-21          | yes but lots of changes over the last year   |
| Secretarial/Admin                           | Meet with all secretaries in specialties re governance/code of conduct  | K Robinson & Service Administrators     | Sep-21          | ongoing, most of Surgical and Medicine areas in CAH complete   |
| Recording Guidance for validation & virtual | Review guidance, compile specific sharepoint section on 'how to' for different specialties <b>Is linked to 1</b>                    | K Robinson & Conor Murphy               | Dec-21          | fair point   |
| All staff                                   | Accommodation - ensure enough seating for all staff, look at all areas try and sort specialties together                            | K Robinson & Anita Carroll              | Sep-21          | ongoing  |
| Dermatology Admin                           | Work with service re photo triage project   | K Robinson, C Rankin & Lucia Cunningham | Dec-21          | New initiative involving new processes for our admin staff   |
| Surgical Admin                              | Work with Service and Region on Q fit processes/CCG/Etriage   | K Robinson & O Poland                   | Aug-21          | ongoing  |
| Sleep Service                               | Move booking from PAS to Tomcat   | K Robinson & L Cunningham               | Aug-21          |  |

**Katherine Robinson 1:1**  
**23<sup>rd</sup> March 2022**

1. KSF / PDP
2. Safe use of valproate in woman of childbearing years / 0.45wte Band 4 post
3. Risk Register – Heart Failure may need added
4. Regional expansion of Derm photo triage pathway – any update / being worked on
5. Staff for vaccination centres – is it Just Julie Anne & Monica – now back
6. Workflow ward clerk to secretary –list of consultants received
7. Big report on case note tracking – Katherine to pull together and feedback to Anita – o/s
8. Regional eTriage Group minutes – OC reg issue – emailed to Lindsay O'Neill – something soon
9. Key priorities from workplan
10. Typing / dictation reports Katherine to advise any issues – no major concerns – same as before – all ok – Gastro issue – dealt with – ok – few issues but under control
11. Triage Report – Review in 2 weeks (2.12.20) – work in progress – better position. KR to send some info re input – pushing up the line
12. Quality assuring all day to day operational work is covered, all queries/issues arising daily are sorted including all pathways and processes looked at for many areas where things can be slicker. No except secretarial moves.

Data Quality                    anything AC needs to know / issues

12. PDPs – 22 more done – progress being made and mandatory training and also Cyber Security. Being progressed – List sent to HOS – Being pushed – any progress

13.

Personal Information redacted by the USI

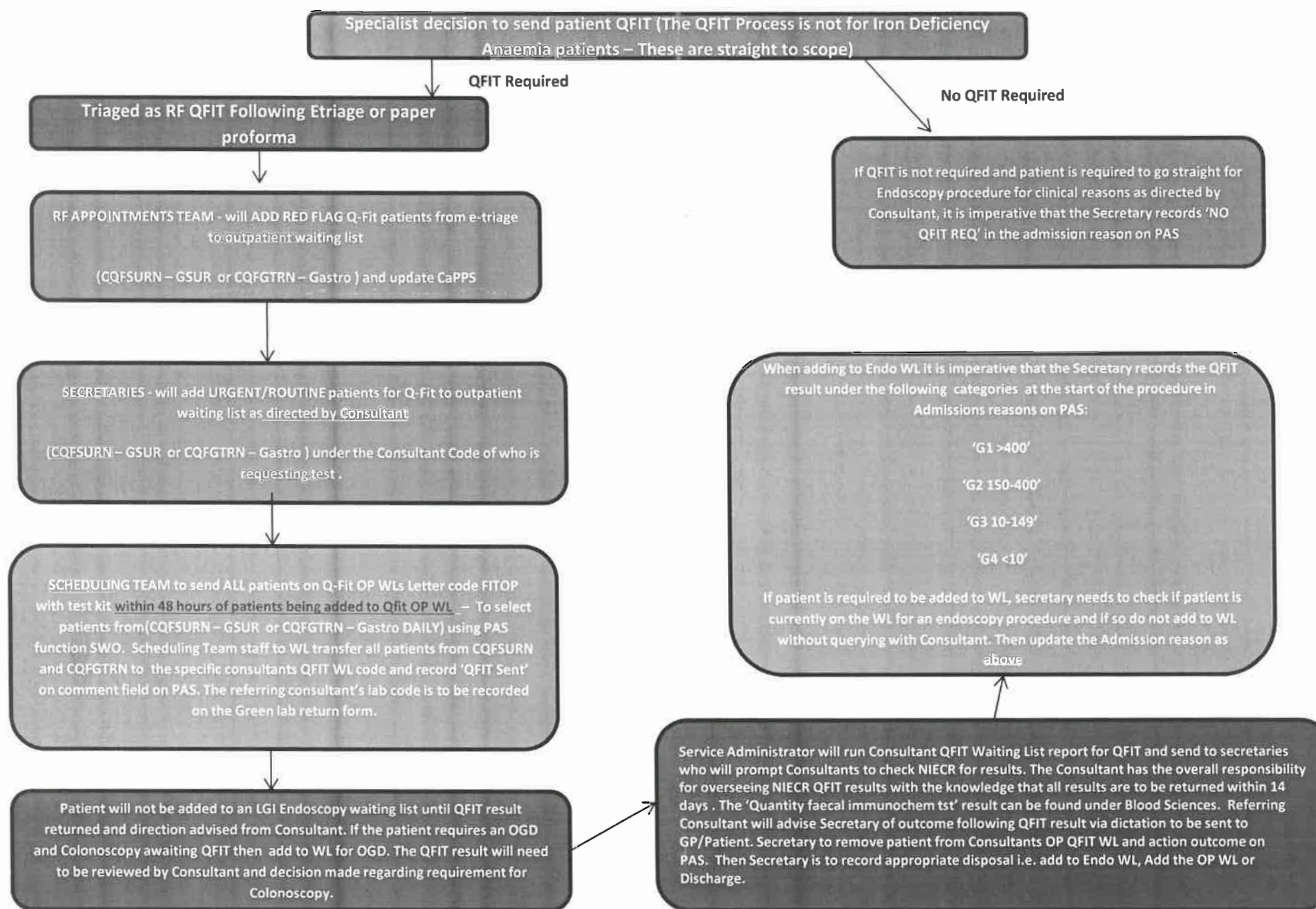
14. Oral Surgery – some issues – Katherine to email  
 MC Hewitt secretary – now Nicola McCann – anything further  
 Janice Hewitt – now another secretary

Irrelevant information redacted  
by the USI

(PTO)

DARO – anything to do with results, (Discussed KR said no issues) RACP issues/queries etc., OP REG issue

- Urology – progressing PI work
- New build – 60 staff – 30 staff identified from MEC and Estates Tower Block
- Gastro – no further issues
- Backlogs creeping up in some areas – where?
- Secretaries – governance issues – reminders re Private patients - progress? 1 more o/s



**This Process will be a short term arrangement until arrangements are made for the QFIT to be issued and Managed by GP surgeries prior to LGI referral being made**

**From:** Harrington, Chris <[redacted]>  
**Sent:** 14 September 2022 16:01  
**To:** Cunningham, Lucia <[redacted]> Devlin, Louise  
 <[redacted]>; Robinson, Katherine  
 <[redacted]>  
**Subject:** RE: Secretarial support

I know and I appreciate that everyone is working very hard. Nicola although new to Gastro has been very good and is very much up to speed

However, having a backlog of 3 months in the letters is not good and this will only get worse unless more hours are allocated to this role

Chris

**From:** Cunningham, Lucia <[redacted]>  
**Sent:** 14 September 2022 15:51  
**To:** Devlin, Louise <[redacted]>; Robinson, Katherine  
 <[redacted]>  
**Cc:** Harrington, Chris <[redacted]>  
**Subject:** RE: Secretarial support

Hi

Summer is almost always problematic with staff in and out of leave. Backlogs are currently greater than normal in Gastro, and all the girls are working extra to try and get this back to a more manageable level (including Nicola). Nicola is also new to the post so still learning. I do note your backlog is June 22 and 171 documents (thankfully only 7 urgent) will try and get this a bit more up to speed. A few other Consultant work also behind a bit, but the girls are all working hard.

I have been keeping an eye on this and will continue to do so. Gastro is actually one of my best staffed departments at the moment – full admin team.

Regards

*Lucia*

**Lucia Cunningham**  
**Service Administrator - Medicine & Unscheduled Care**  
 Admin Tower Block, Craigavon Area Hospital  
 Email: [redacted]  
 Tel x [redacted] External : [redacted]  
 Mobile: [redacted]

**From:** Devlin, Louise <[REDACTED]>  
**Sent:** 14 September 2022 15:38  
**To:** Cunningham, Lucia <[REDACTED]>; Robinson, Katherine  
 <[REDACTED]>  
**Cc:** Harrington, Chris <[REDACTED]>  
**Subject:** FW: Secretarial support

Thanks Chris

All consultants have 0.5wte secretary. Depending on the volume of work generated this is sometimes supplemented with audio typing support.

Katherine/Lucia (copied) manage the secretaries and therefore may be able to advise on what support is available.

Regards

*Louise Devlin*

Head of Service

Gastroenterology, Rheumatology, Neurology, Diabetes & Endocrine  
 Medicine & Unscheduled Care



**Mobile:**

[REDACTED]  
 Personal Information redacted  
 by the USI



**Email:**

[REDACTED]  
 Personal Information redacted by the USI



**From:** Harrington, Chris <[REDACTED]>  
**Sent:** 13 September 2022 09:44  
**To:** Devlin, Louise <[REDACTED]>  
**Subject:** Secretarial support

Louise

I was speaking to my new secretary Nicola yesterday. She only works part time hours and while she is very good there is a huge backlog on my letters with non urgent letters sometimes taking longer than 3 months to be typed. Needless to say this is far from ideal.

I would really need a full time secretary. Do other consultants have full time secretaries and if so why can't I?

Thanks  
 Chris

**From:** Devlin, Louise <[Personal Information redacted by the USI]>  
**Sent:** 13 June 2022 14:29  
**To:** Cunningham, Lucia <[Personal Information redacted by the USI]>; Robinson, Katherine  
 <[Personal Information redacted by the USI]>  
**Subject:** FW: Diabetic/Endocrinology Backlog - May 2022

Hi

I know it has been highlighted a number of times -the backlog in Dr McConnell's area and I appreciate that you have tried to give additional support in this area. Please see extract from an email which Dr McConnell has sent to me. It probably appears that Dr McConnell generates more letters but it is due to the fact that the SPRs mainly attend her clinic as no rooms at Dr Bradley/Todds clinic – I have asked for another room so that we can spread the SPRs but the same amount of work will be generated just across them all.

On a separate note – I have been sent the listings for SpRs for next year – there are 2, 1 of whom is Jayna ([Personal Information redacted by the USI]). As you know this year I took the SpRs all year, as well as Araz which meant that at its peak until Joanne got some help, I had a typing backlog of nearly 500 letters. She still has a backlog of nearly 200 (even with all the help she was given more recently) compared to low 20s for Una and none for Anna, from Julie Ann Hills recent email.


Regards

*Louise Devlin*

Head of Service

Gastroenterology, Rheumatology, Neurology, Diabetes & Endocrine  
 Medicine & Unscheduled Care

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

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



**From:** Hill, JulieAnne <[Personal Information redacted by the USI]>  
**Sent:** 09 June 2022 10:03  
**To:** Abdelaal, Yassir <[Personal Information redacted by the USI]>; Bradley, Una  
 <[Personal Information redacted by the USI]>; Zia-UlHussnain, Hafiz Muhammad  
 <[Personal Information redacted by the USI]>; McConnell, Mae <[Personal Information redacted by the USI]>;  
 Shakeel, Muhammad <[Personal Information redacted by the USI]>; Sharpe, Peter  
 <[Personal Information redacted by the USI]>; Todd, Anna <[Personal Information redacted by the USI]>  
**Cc:** Carroll, Anita <[Personal Information redacted by the USI]>; Cunningham, Lucia  
 <[Personal Information redacted by the USI]>; Devlin, Louise  
 <[Personal Information redacted by the USI]>; McVey, Anne <[Personal Information redacted by the USI]>;  
 Murphy, Seamus <[Personal Information redacted by the USI]>; Robinson, Katherine  
 <[Personal Information redacted by the USI]>  
**Subject:** Diabetic/Endocrinology Backlog - May 2022

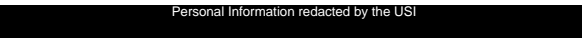
Dear All,

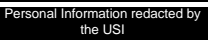
Please find attached Backlog Report for Diabetic/Endo up to 31.05.22.

Please refer any queries back to [Lucia Cunningham](#).

Kind Regards

*Julie-Anne Hill*  
*Information/Training Support officer*  
*Craigavon Area Hospital*

e:  Personal Information redacted by the USI

t:  Personal Information redacted by the USI

| Consultant/<br>Service                          | No of<br>discharges<br>awaiting<br>Dictation<br>(do not<br>include e-<br>discharges) | No of<br>discharges<br>for typing | No of<br>endocrine<br>clinic<br>charts to<br>be dictated | No of<br>Endocrine<br>Clinic<br>Charts to<br>be typed | Oldest date<br>to be typed | Diabetic<br>Clinic<br>Charts to<br>be signed<br>off by Doc | Oldest<br>to be<br>action<br>ed | No of<br>results to<br>be<br>matched to<br>chart | No of<br>results to<br>be dictated | Oldest<br>results to<br>be dictated | Results<br>to be<br>typed | Old<br>est<br>resu<br>lts<br>for<br>typi<br>ng | Date of<br>last<br>DARO<br>validatio<br>n | Filing backlog<br>& other<br>comments   |
|---|--|-----------------------------------|--|---|----------------------------|--|---------------------------------|--|------------------------------------|-------------------------------------|---------------------------|--|---|---|
| STH - Dr<br>Sharpe                              | n/a  | n/a                               | n/a  | n/a   | n/a                        | 13   | 20/05/<br>2022                  | 1  | 0                                  | n/a                                 | 0                         | n/a  | n/a                                       | nil   |
| Dr Bradley<br>(Diab+<br>Endo) +<br>virtual ltrs | 0  | 2                                 | 0  | 19  | 17/05/2022                 | 11   | 27/05/<br>2022                  | 15   | 20                                 | May-22                              | 21                        | 23/0<br>5/20<br>22                             | working<br>on<br>25.4.22<br>list          |   |
| Dr Mc<br>Connell<br>(Endo+Dia)                  | 0  | 0                                 | 0  | 63  | 15/04/2022                 | 42   | 04/05/<br>2022                  | 00/01/1900                                       | 47                                 | Apr-22                              | 109                       | Apr-<br>22                                     | currently<br>working<br>on                | Dr McConnell<br>completed<br>diabetic<br>clinics for<br>May end of<br>last week - to<br>be sorted and<br>printed this<br>week- virtual<br>clinic letters<br>to be<br>reviewed to<br>check for any<br>outstanding<br>results<br>dictation as<br>reg now off<br>on maternity<br>leave |
| Dr Todd<br>(Endo+Dia)                           | 0  | 0                                 | 0  | 0   | -                          | 8  | 20/05/<br>2022                  | 0  | 10                                 | 24/05/2022                          | 1                         | 30/0<br>5/20<br>22                             | MAY'22                                    | Still to type 2<br>x referrals<br>(30/05/22)<br>and 4 x<br>virtuals<br>(30/05/22)   |
| DR MAJEED                                       | 0  | 0                                 | 0  | 0   | 0                          | 0  | 0                               | 0  | 0                                  | 0                                   | 0                         | 0  | 03/05/20<br>22                            | 30  |
| DR ZIA  | 0  | 19                                | 0  | 6   | 19/05/2022                 | 0  | 0                               | 0  | 0                                  | 0                                   | 8                         | 16/0<br>5/20<br>22                             | 03/05/20<br>22                            | 45  |
| Dr Abdelaal<br>- Endo +<br>Diab                 | 0  | 10                                | 0  | 5   | 26/05/2022                 | 5  | 24/05/<br>2022                  | 0  | 0                                  | 0                                   | 2                         | 16/0<br>5/20<br>22                             | 03/05/20<br>22                            | 50  |
| Dr Muckian<br>- Diab                            | 0  | 0                                 | 0  | 0   | 0                          | 20   | 24/05/<br>2022                  | 0  | 0                                  | 0                                   | 0                         | 0  | 03/05/20<br>22                            | 20  |
|   | 0  | 31                                | 0  | 93  |                            | 99   |                                 | 16   | 77                                 |                                     | 141                       |  |   |   |

**From:** Leyden, Peter <[Personal Information redacted by the USI]>  
**Sent:** 14 October 2021 16:54  
**To:** Robinson, Katherine <[Personal Information redacted by the USI]>; Clayton, Wendy  
 <[Personal Information redacted by the USI]>; Rankin, Christine  
 <[Personal Information redacted by the USI]>  
**Cc:** Carroll, Ronan <[Personal Information redacted by the USI]>; Poland, Orla  
 <[Personal Information redacted by the USI]>; Gurunathan, Ramesh  
 <[Personal Information redacted by the USI]>; Korda, Marian  
 <[Personal Information redacted by the USI]>; McCaul, David <[Personal Information redacted by the USI]>;  
 McNaboe, Ted <[Personal Information redacted by the USI]>; Reddy, Ekambar  
 <[Personal Information redacted by the USI]>  
**Subject:** RE: Emailing of ENT referrals

Thanks Catherine,  
 Just want to add my thanks for this development.  
 Inaccurate cross matching of data to patient is a major form of error with medics, rather than just  
 misreading the data, which of course is also problematic.  
 This will make the situation a lot safer and something we had been pressing for with our secretaries.  
 Much appreciated.  
 Kind regards,  
 Peter Leyden

From: Robinson, Katherine  
 Sent: 14 October 2021 15:34  
 To: Clayton, Wendy; Rankin, Christine  
 Cc: Carroll, Ronan; Poland, Orla; Gurunathan, Ramesh; Korda, Marian; Leyden, Peter; McCaul, David;  
 McNaboe, Ted; Reddy, Ekambar  
 Subject: RE: Emailing of ENT referrals

This will be very time consuming for the RBC team but we will give it a trial period and see how we  
 go.

Regards

K

Regards

*Mrs Katherine Robinson*

Head of Acute Booking and Secretarial Services  
 Admin Tower Block  
 2<sup>nd</sup> Floor  
 Craigavon Area Hospital

[Personal  
 Information  
 redacted by the]

From: Clayton, Wendy  
 Sent: 14 October 2021 12:38  
 To: Robinson, Katherine; Rankin, Christine  
 Cc: Carroll, Ronan; Poland, Orla; Gurunathan, Ramesh; Korda, Marian; Leyden, Peter; McCaul, David;

McNaboe, Ted; Reddy, Ekambar  
Subject: Emailing of ENT referrals

Dear Katherine and Christine

It was raised at the ENT patient safety meeting regarding emailing of ENT referrals. It was collectively agreed that for patient safety and to ensure no patients are missed and seen in a timely manner that each referral to be scanned individually with the HCN number in the subject box.

I appreciate this may be more time consuming for your team however at present there are numerous referrals in the one scanned email which increases the chance of missing patients.

Regards

*Wendy Clayton*

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

Ext: Personal Information

Mob: Personal Information redacted by the USI

**Robinson, Katherine**

---

**From:** Robinson, Katherine <[REDACTED]>  
**Sent:** 16 December 2016 11:08  
**To:** Cunningham, Andrea; Cunningham, Lucia; Evans, Marie; Rankin, Christine  
**Subject:** Backlog Reports

Will you ask all secretaries to be mindful to escalate any issues with clinics on their backlog reports? For example if a consultant does not use the clinic outcome sheet or any other mechanism of highlighting outcomes from a clinic that this is raised on the backlog report. This is particularly important if a consultant does not dictate on a regular timely basis so that we are aware that there may be patients who will be referred on to another consultant or indeed need added to inpatient waiting lists. This then will be escalated through the HOS for that specialty.

In this way we are all clear of the issues and they are documented.

Many thanks

K

*Mrs Katherine Robinson  
Booking & Contact Centre Manager  
Southern Trust Referral & Booking Centre  
Ramone Building  
Craigavon Area Hospital*

t: [REDACTED]  
e: [REDACTED]

**Stinson, Emma M**

---

**From:** Robinson, Katherine [Personal Information redacted by USI]  
**Sent:** 07 February 2019 14:48  
**To:** Carroll, Anita  
**Subject:** FW: Patients awaiting results

Realised I should have copied you into this.

*Mrs Katherine Robinson  
 Booking & Contact Centre Manager  
 Southern Trust Referral & Booking Centre  
 Ramone Building  
 Craigavon Area Hospital*

t: [Personal Information redacted by USI]  
 e: [Personal Information redacted by USI]

---

**From:** Robinson, Katherine  
**Sent:** 07 February 2019 10:00  
**To:** Haynes, Mark; O'Brien, Aidan; McCaul, Collette  
**Cc:** Young, Michael; Glackin, Anthony; ODonoghue, JohnP; 'derek.hennessey' [Personal Information redacted by the USI] Corrigan, Martina  
**Subject:** RE: Patients awaiting results

Folks

Can I just back this up by saying that Dr Rankin introduced this process trust wide many years ago due as a result of safety issues with patients. It actually increases secretarial work load due to extra checks but this is in the best interest of patients. I am aware Mr O'Brien that your secretary in particular does not use DARO in all cases and will put patients directly on the review waiting list as per your instruction. I have expressed my concern with her not implementing the DARO process fully.

Collette McCaul is the Line Manager to Urology, ENT, Ophthalmology and Oral Surgery, it is her responsibility to follow directives and remind staff of processes that are in place. Collette was merely doing her job.

Regards

Katherine

*Mrs Katherine Robinson  
 Booking & Contact Centre Manager  
 Southern Trust Referral & Booking Centre  
 Ramone Building  
 Craigavon Area Hospital*

t: [Personal Information redacted by USI]  
 e: [Personal Information redacted by USI]

**From:** Haynes, Mark  
**Sent:** 07 February 2019 06:24  
**To:** O'Brien, Aidan; McCaul, Collette; Robinson, Katherine  
**Cc:** Young, Michael; Glackin, Anthony; ODonoghue, JohnP; 'derek.hennessey' Personal Information redacted by the USI Corrigan, Martina  
**Subject:** RE: Patients awaiting results

Morning

The process below is not a urology process but a trust wide process. It is intended, in light of the reality that patients in many specialities do not get a review OP at the time intended (and can in many cases take place years after the intent), to ensure that scans are reviewed and in particular unanticipated findings actioned. Without this process there is a risk that patients may await review without a result being looked at. There have been cases (not urology) of patients imaging not being actioned and resultant delay in management of significant pathologies. As stated this is a trust wide governance process that is intended to ensure there are no unactioned significant findings. There is no risk in the process described.

If the patient described has their scan in May, the report will be available to you and can be signed off and the patient planned for review in June, there is no delay to the patients care. The DARO list is reviewed regularly by the secretarial team and would pick up if the scan has been done but you hadn't received the report, if the scan hasn't been done etc.

It may be ideal that such a patient described would be placed on both the DARO list and a review OP WL but PAS does not allow for this.

I have no issue (as a clinician or as AMD) with the process described as it does not risk a patient not being seen and acts as a safety net for their test results being seen.

Mark

---

**From:** O'Brien, Aidan  
**Sent:** 06 February 2019 23:33  
**To:** McCaul, Collette  
**Cc:** Young, Michael; Glackin, Anthony; Haynes, Mark; ODonoghue, JohnP; 'derek.hennessey' Personal Information redacted by the USI Corrigan, Martina  
**Subject:** FW: Patients awaiting results  
**Importance:** High

Dear Ms. McCaul,

I have been greatly concerned, indeed alarmed, to have learned of this directive which has been shared with me, out of similar concern.

The purpose of, the reason for, the decision to review a patient is indeed to review the patient.

The patient may indeed have had an investigation requested, to be carried out in the interim, and to be available at the time of review of the patient.

The investigation may be of varied significance to the review of the patient, but it is still the clinician's decision to review the patient.

One would almost think from the content of the process that you have sought to clarify, that normality of the investigation would negate the need to review the patient, or the clinician's desire or need to do so.

One could also conclude that if no investigation is requested, then perhaps only those patients are to be placed on a waiting list for review as requested, or are those patients not to be reviewed at all?

Secondly, if all patients who have had an investigation requested are not to be placed on a waiting list for review, as requested, until the requesting clinician has viewed the results and reports of all of these investigations, when do you anticipate that they will have the time to do so?

Have you quantified the time required and ensured that measures have been taken to have it provided?

Thirdly, you relate that it is by ensuring that the results are 'seen' by the consultant that patients will not be missed. I would counter that it is by ensuring that the patient is provided with a review appointment at the time requested by the clinician that the patient will not be missed.

Perhaps, one example will suffice.

The last patient on whom I operated today is a Personal Information redacted by USI who has been known for some years to have partial duplication of both upper urinary tracts.

She has significantly reduced function provided by her left kidney.

She also has left ureteric reflux.

However, she also has had an enlarging stone located in a diverticulum arising by way of a narrow infundibulum from the upper moiety of her right kidney.

She has been suffering from intermittent right loin and flank pain, as well as left flank pain when she has a urinary infection.

Today, I have managed to virtually completely clear stone from the diverticulum after the second session of laser infundibulotomy and lithotripsy.

She is scheduled for discharge tomorrow.

I planned to have a CT scan repeated in May and to review her in June.

The purpose of reviewing her is to determine whether her surgical intervention has relieved her of her pain, reduced the incidence of infection, and as a consequence, reduced the frequency and severity of her left flank pain.

Review of the CT images at the time of the patient's review will inform her review.

It will evidently not replace it.

Lastly, I find it remarkable that your process be clarified with secretarial staff without consultation with or agreement with consultants who, by definition, should be consulted!

I would request that you consider withdrawing your directive as it has profound implications for the management of patients, and certainly until it has been discussed with clinicians.

I would also be grateful if you would advise by earliest return who authorised this process,

Aidan O'Brien.

---

**From:** Elliott, Noleen  
**Sent:** 01 February 2019 13:17  
**To:** O'Brien, Aidan  
**Subject:** FW: Patients awaiting results  
**Importance:** High

---

**From:** McCaul, Collette  
**Sent:** 30 January 2019 12:33  
**To:** Burke, Catherine; Cooke, Elaine; Cowan, Anne; Daly, Laura; Hall, Pamela; Kennedy, June; McCaffrey, Joe; Mulligan, Sharon; Nugent, Carol; Wortley, Heather; Wright, Brenda; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; Loughran, Teresa; Neilly, Claire; Robinson, NicolaJ; Troughton, Elizabeth  
**Cc:** Robinson, Katherine  
**Subject:** Patients awaiting results  
**Importance:** High

Hi all

I just need to clarify this process.

If a consultant states in letter " I am requesting CT/bloods etc etc and will review with the result. These patients ALL need to be DARO first pending the result **not** put on waiting list for an appointment at this stage. There is no way of ensuring that the result is seen by the consultant if we do not DARO, this is our fail safe so patients are

not missed. Not always does a hard copy of the result reach us from Radiology etc so we cannot rely on a paper copy of the result to come to us.

Only once the Consultant has seen the result should the patient be then put on the waiting list for an appointment if required and at this stage the consultant can decide if they are red flag appointment, urgent or routine and they can be put on the waiting lists accordingly.

Can we make sure we are all following this process going forward

**Collette McCaul**

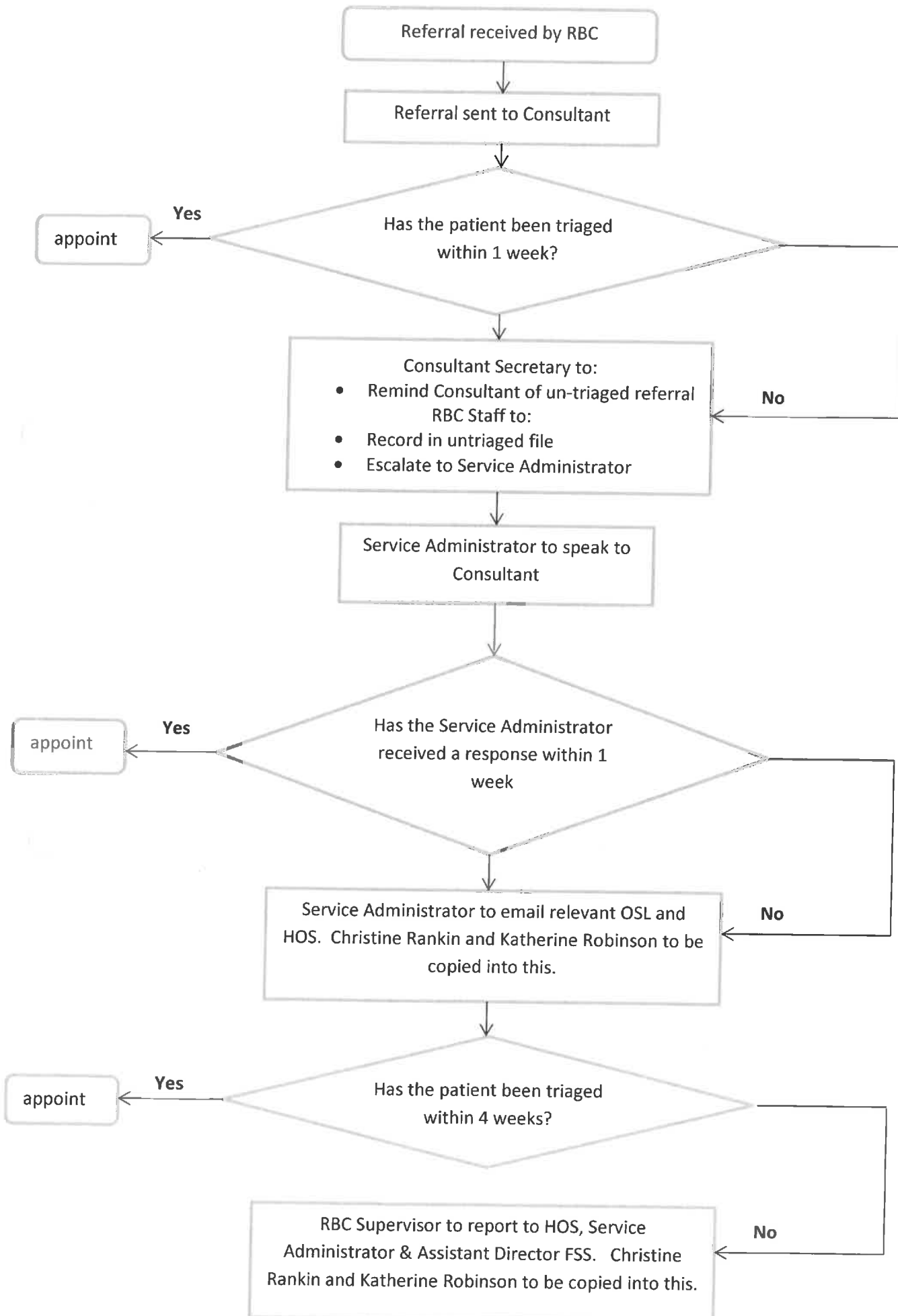
*Acting Service Administrator (SEC) and EDT Project Officer*

*Ground Floor*

*Ramone Building*

*CAH*

*Ext* 

**TRIAGE PROCESS**

**Browne, Leanne**

Personal Information redacted by the USI

**From:** Carroll, Anita <[REDACTED]>  
**Sent:** 15 April 2014 16:34  
**To:** Browne, Leanne  
**Cc:** Rankin, Christine; Robinson, Katherine  
**Subject:** RE: Missing Triage

Thanks Leanne  
 Katherine whats the issue  
 A

**From:** Browne, Leanne  
**Sent:** 15 April 2014 16:11  
**To:** Carroll, Anita  
**Cc:** Rankin, Christine; Robinson, Katherine  
**Subject:** Missing Triage

P. Anita

Here is an updated list of Urology Missing Triage.  
 Emails have been sent to Consultant secretaries, Andrea Cunningham, Sharon Glenny and Martina.

Martina has given permission for the longest waiters to be booked regardless of triage, we are in the process of doing this.

Personal Information redacted by the USI

|     |            |     |      |         |     |            |     |
|-----|------------|-----|------|---------|-----|------------|-----|
| CAH | [REDACTED] | URO | AOB  | ROUTINE |     | 17/12/2013 | 11  |
| CAH | [REDACTED] | URO | AOB  | ROUTINE |     | 19/12/2013 | 112 |
| CAH | [REDACTED] | URO | GURO | ROUTINE |     | 14/01/2014 |     |
| CAH | [REDACTED] | URO | GURO | URGENT  |     | 15/01/2014 |     |
| CAH | [REDACTED] | URO | GURO | ROUTINE |     | 15/01/2014 |     |
| CAH | [REDACTED] | URO | AOB  | ROUTINE |     | 17/01/2014 |     |
| CAH | [REDACTED] | URO | AOB  | ROUTINE |     | 21/01/2014 |     |
| CAH | [REDACTED] | URO | AOB  | ROUTINE | GPR | 23/01/2014 |     |
| CAH | [REDACTED] | URO | GURO | ROUTINE |     | 30/01/2014 |     |
| CAH | [REDACTED] | URO | GURO | ROUTINE |     | 30/01/2014 |     |

Personal Information redacted by the USI

|     |     |      |         |     |            |
|-----|-----|------|---------|-----|------------|
| CAH | URO | GURO | ROUTINE | GPR | 07/02/2014 |
| CAH | URO | GURO | ROUTINE | GPR | 07/02/2014 |
| CAH | URO | GURO | ROUTINE | GPR | 07/02/2014 |
| CAH | URO | GURO | ROUTINE | GPU | 10/02/2014 |
| CAH | URO | GURO | ROUTINE | GPR | 07/02/2014 |
| CAH | URO | GURO | ROUTINE | GPU | 07/02/2014 |
| CAH | URO | GURO | ROUTINE | GPR | 11/02/2014 |

Personal Information redacted by the USI

|     |     |      |         |     |
|-----|-----|------|---------|-----|
| CAH | URO | GURO | ROUTINE | GPR |
| C   | URO | AOB  | ROUTINE | GPR |
| CAH | URO | GURO | URGENT  | GPU |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | URGENT  | GPU |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
|     | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | ROUTINE | GPR |
| CAH | URO | GURO | URGENT  | GPU |

|     |  |  |  |  |     |      |         |     |            |    |
|-----|--|--|--|--|-----|------|---------|-----|------------|----|
| CAH | Personal Information redacted by the USI |  |  |  | URO | GURO | ROUTINE | GPR | 13/02/2014 | 58 |
| CAH |  |  |  |  | URO | GURO | URGENT  | GPU | 13/02/2014 | 58 |

|     |  |  |  |  |     |      |         |     |            |
|-----|--|--|--|--|-----|------|---------|-----|------------|
| CAH | Personal Information redacted by the USI |  |  |  | URO | GURO | ROUTINE | GPR | 13/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 13/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 13/02/2014 |
| CAH |  |  |  |  | URO | GURO | URGENT  | GPU | 13/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 13/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | URGENT  | GPU | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | URGENT  | GPU | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | AE  | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |

WIT-60438

|     |  |  |  |  |     |      |         |     |            |
|-----|--|--|--|--|-----|------|---------|-----|------------|
| CAH | Personal Information redacted by the USI |  |  |  | URO | GURO | ROUTINE | GPR | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | URGENT  | GPU | 17/02/2014 |
| CAH |  |  |  |  | URO | GURO | ROUTINE | GPR | 18/02/2014 |

Thank you

Leanne Browne  
Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics  
Referral & Booking Centre  
Ramone Building  
Craigavon Area Hospital  
Ext Personal Information redacted

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

From: Carroll, Anita <[REDACTED]>

Sent: 16 June 2014 14:42

To: Trouton, Heather <[REDACTED]>; Corrigan, Martina

<[REDACTED]>

Cc: Robinson, Katherine <[REDACTED]>; Browne, Leanne

<[REDACTED]>

Subject: FW: Missing Triage

NOT SURE WHAT YOU CAN DO

But can you speak to mr young ?

From: Browne, Leanne

Sent: 16 June 2014 12:37

To: Carroll, Anita

Cc: Rankin, Christine; Robinson, Katherine

Subject: Missing Triage

Hi Anita

Can you please arrange for the following Urology referrals to be triaged and returned as soon as possible.

When the patient is due an appointment we will book with the referral untriaged.

Thanks

Hosp

CHI Number

Casenote

Forenames

Surname

Age

Telephone

Telephone Work

Spec Code

Cons Code

Priority

Referral Source

Referral Date Only

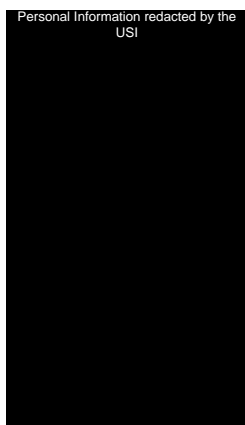
Days From Ref Date

Non Clinical Comments

WL Code

WL Cnc Code

CAH



URO

AOB

URGENT

OC

24/01/2014

139

EMAIL TO MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

EMAIL TO MARTINA 25.4.14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

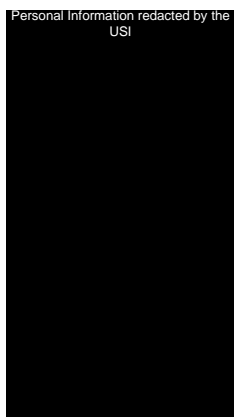
email to anita 23/5/14

EMAILTO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



NO MOBILE

URO

AOB

URGENT

OC

06/02/2014

126

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

EMAIL TO SHARON 25/4/14

EMAIL TO MARTINA 25/4/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

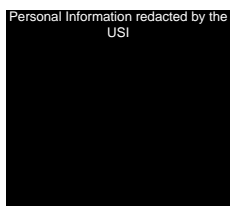
EMAIL TO ANITA 30/5/14

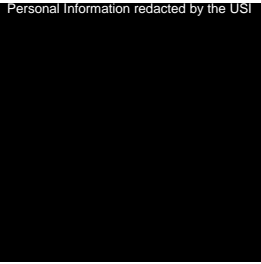
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH





URO

GURO

ROUTINE

GPR

17/02/2014

115

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 250414

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

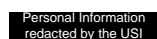
email to anita 23/5/14

EMAIL TO ANITA 30/5/14


EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH



Personal Information redacted  
by the USI



URO

GURO

ROUTINE

GPR

17/02/2014

115

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

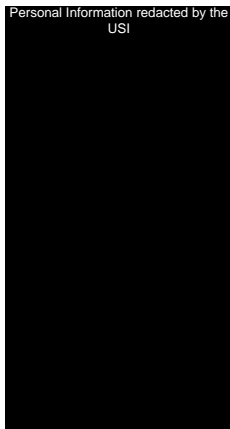
email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH



URO

GURO

URGENT

GPU

17/02/2014

115

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

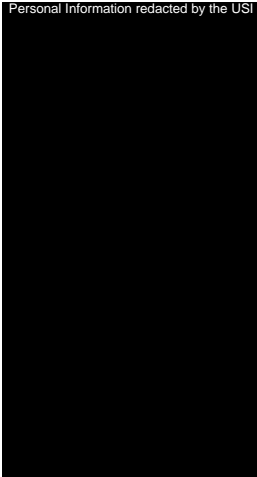
email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH



URO

GURO

ROUTINE

AE

17/02/2014

115

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

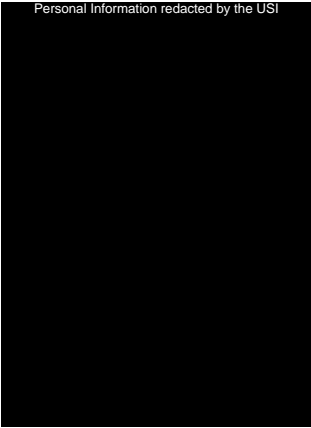
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

17/02/2014

115

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

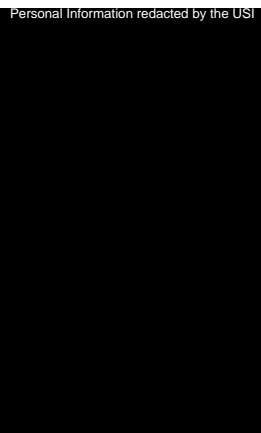
email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH



URO

GURO

ROUTINE

GPR

17/02/2014

115

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

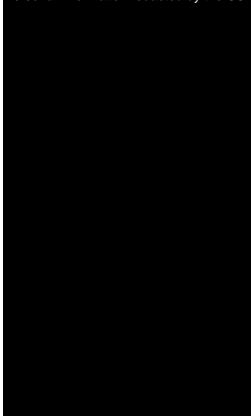
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

URGENT

GPU

17/02/2014

115

EMAIL TO MONICA 070314

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

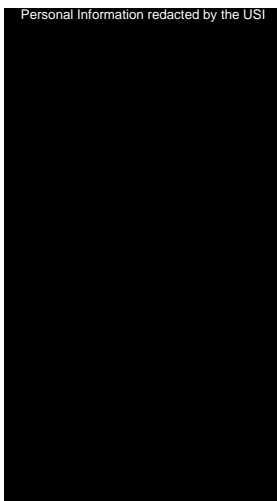
email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH



URO

AOB

ROUTINE

OC

20/02/2014

112

EMAIL TO MONICA 210314

EMAIL TO ANDREA 280314

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

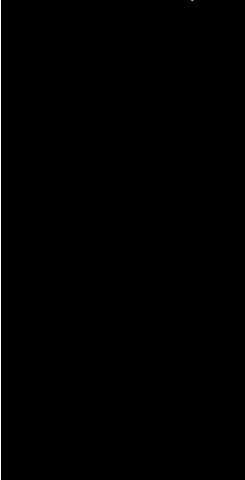
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

AOB

URGENT

GPU

21/02/2014

111

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14


EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



Personal Information  
redacted by the USI

URO

AOB

ROUTINE

OC

24/02/2014

108

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI

Personal Information redacted by the  
USI

URO

GURO

ROUTINE

GPR

24/02/2014

108

EMAIL TO PAULETTE 210314

EMAIL TO MONICA 24.3.14

EMAIL TO ANDREA 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

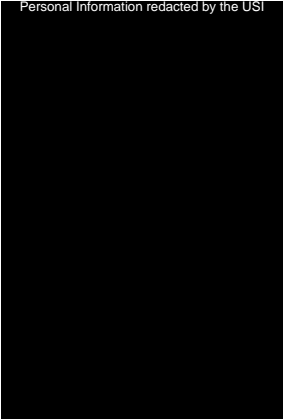
EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information  
redacted by the USI

Personal Information redacted by the USI



URO

GURO

ROUTINE

OTH

25/02/2014

107

EMAIL TO PAULETTE 2/5/14

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to martina 23/5/14

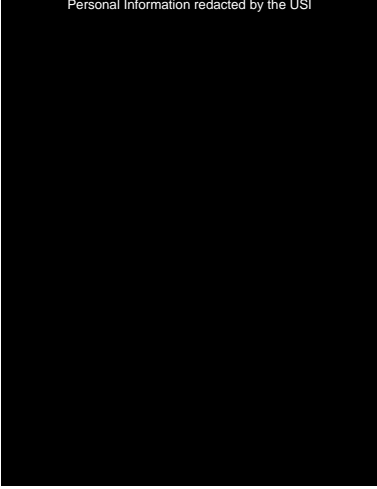
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

28/02/2014

104

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

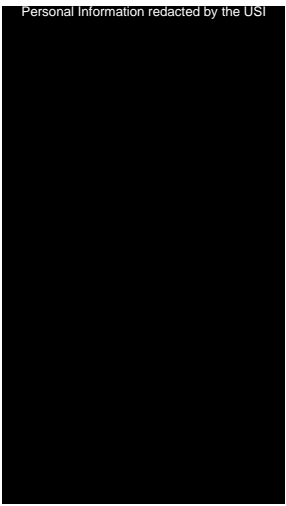
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

URGENT

GPU

28/02/2014

104

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

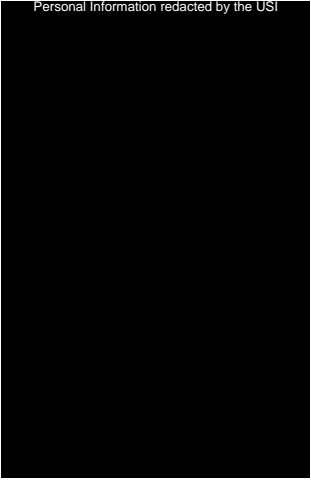
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

28/02/2014

104

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

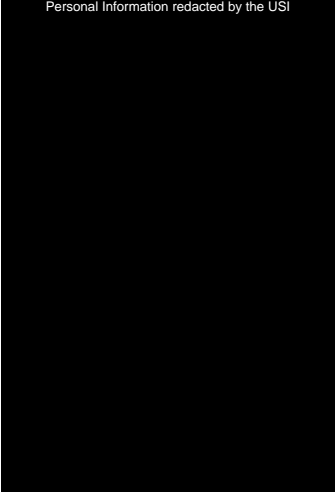
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

28/02/2014

104

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

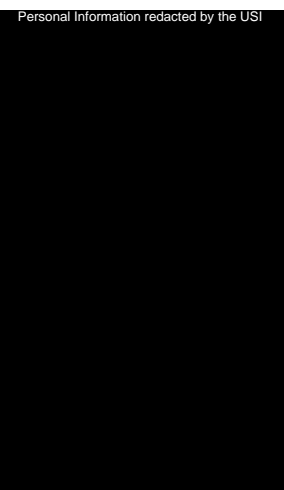
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

URGENT

GPU

28/02/2014

104

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14


EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



no mob no

URO

GURO

ROUTINE

GPR

28/02/2014

104

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

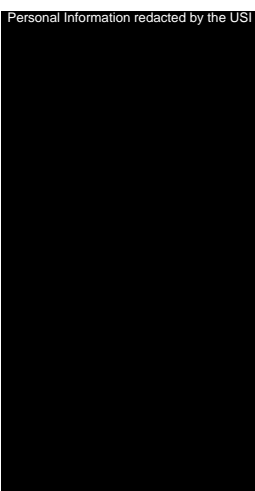
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

01/03/2014

103

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

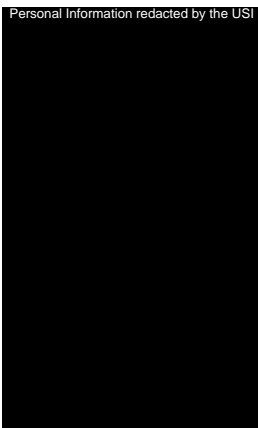
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

01/03/2014

103

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

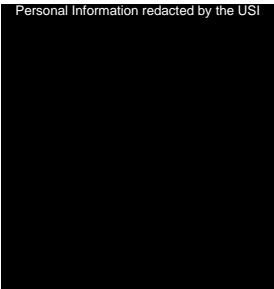
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

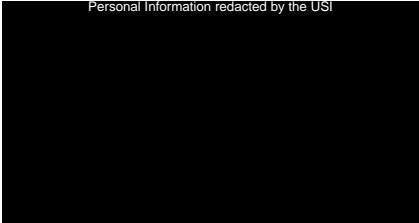
email to anita 16/6/14

CAH

Personal Information redacted by the USI



Personal Information redacted by the USI



URO

AOB

URGENT

GPU

03/03/2014

101

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

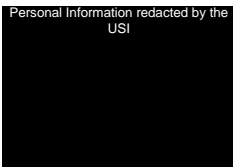
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

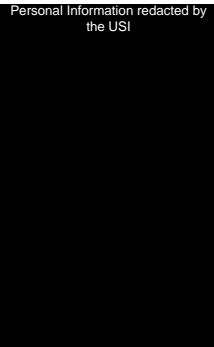
email to anita 16/6/14

CAH

Personal Information redacted by the  
USI



Personal Information redacted by  
the USI



URO

GURO

ROUTINE

GPR

04/03/2014

100

MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

email to martina 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

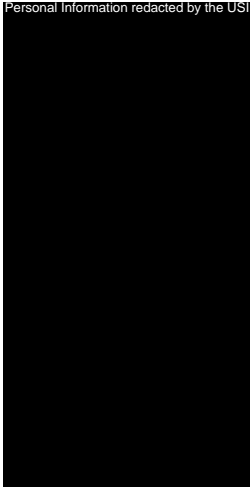
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

GPR

13/03/2014

91

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

email to sharon 18/4/14

EMAIL TO MARTINA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

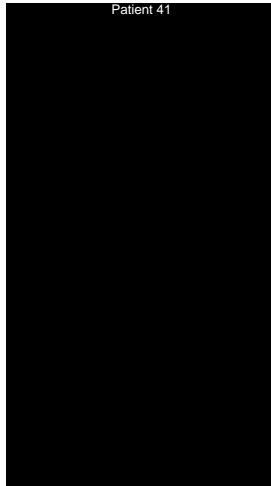
email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

URGENT

GPU

20/03/2014

84

EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

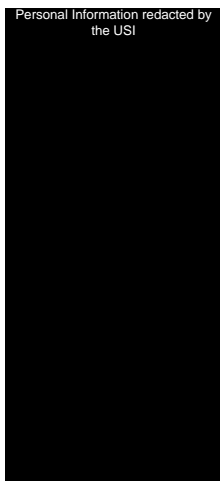
email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAILTO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

ROUTINE

GPR

26/03/2014

78

EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

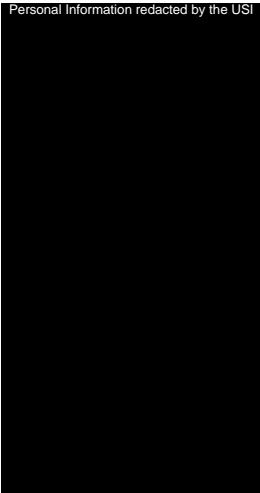
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

28/03/2014

76

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

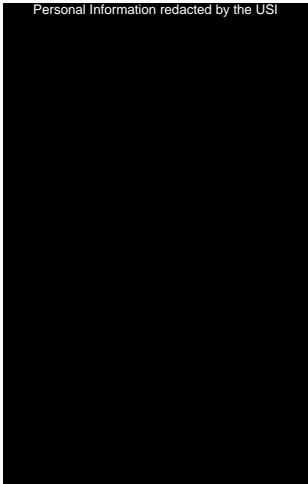
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANTIA 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

31/03/2014

73

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

AE

31/03/2014

73

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

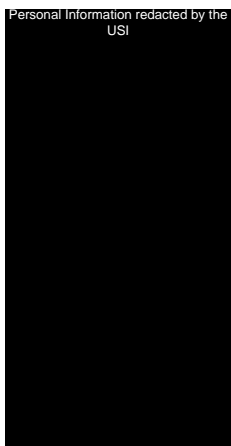
email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

GURO

ROUTINE

GPR

31/03/2014

73

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

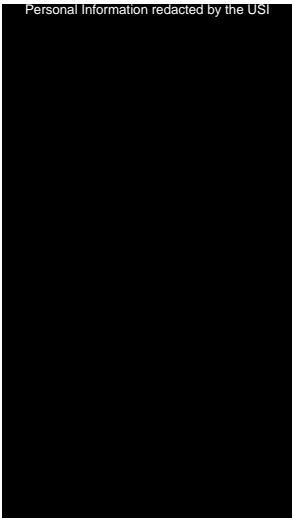
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

URGENT

GPU

31/03/2014

73

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

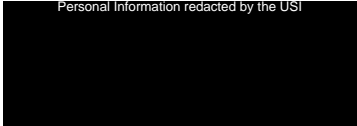
EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the  
USI



Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

01/04/2014

72

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

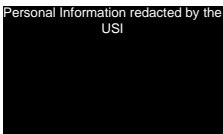
EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

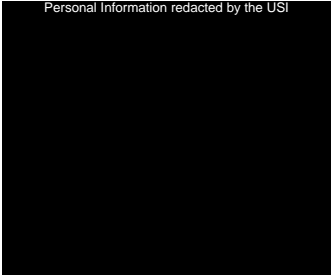
EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the  
USI



Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

01/04/2014

72

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

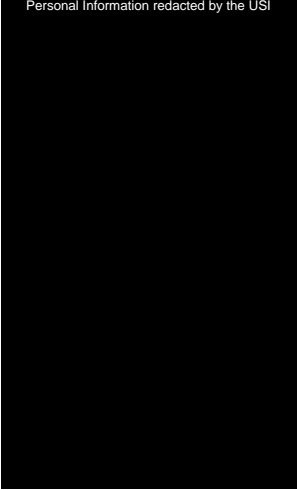
EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

02/04/2014

71

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

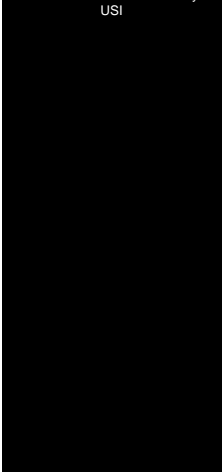
EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the  
USI



URO

AOB

ROUTINE

OC

02/04/2014

71

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

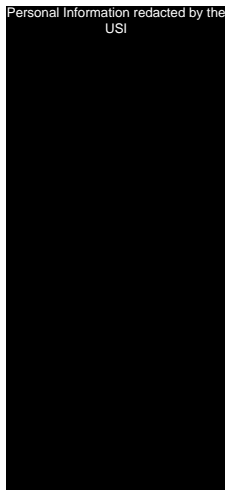
email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

ROUTINE

OC

03/04/2014

70

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

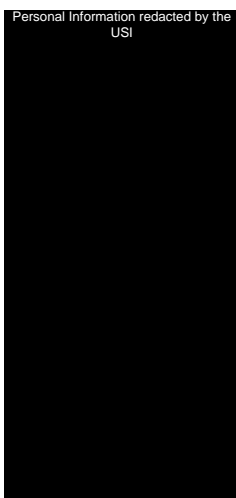
email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

ROUTINE

GPR

04/04/2014

69

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

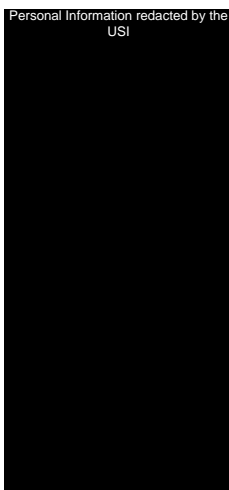
email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

ROUTINE

OC

07/04/2014

66

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14


EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

09/04/2014

64

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14


EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

10/04/2014

63

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

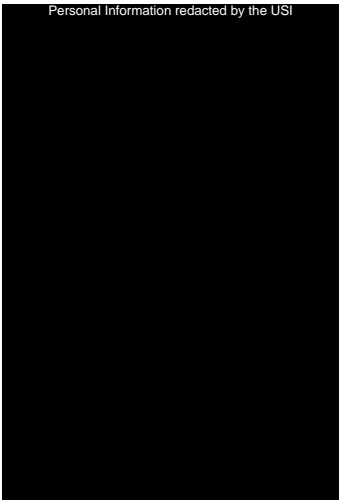
EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

GURO

ROUTINE

GPR

10/04/2014

63

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

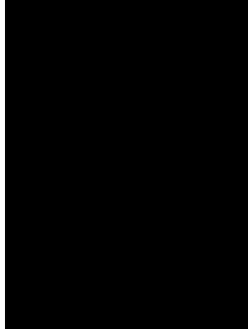
EMAIL TO ANITA 30/5/14

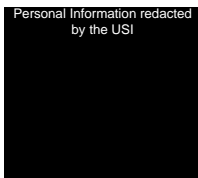
EMAIL TO ANITA 6/6/14

EMAIL TO ANTIA 16/6/14

CAH

Personal Information redacted by the US





URO

AOB

ROUTINE

OC

16/04/2014

57

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

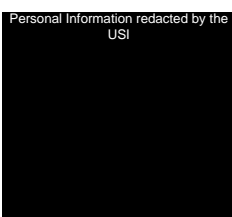
email to martina 23/5/14

EMAIL TO ANITA 30/5/14

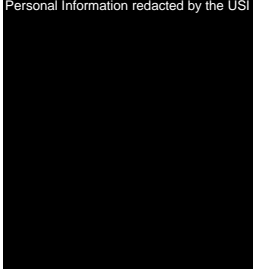
EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



Personal Information redacted by the USI



URO

AOB

URGENT

GPU

18/04/2014

55

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

ROUTINE

OC

18/04/2014

55

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

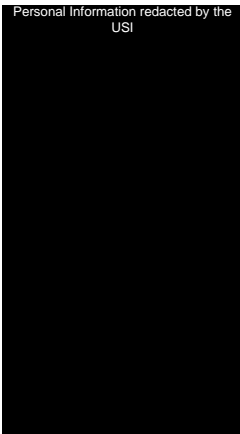
email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

ROUTINE

OC

18/04/2014

55

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

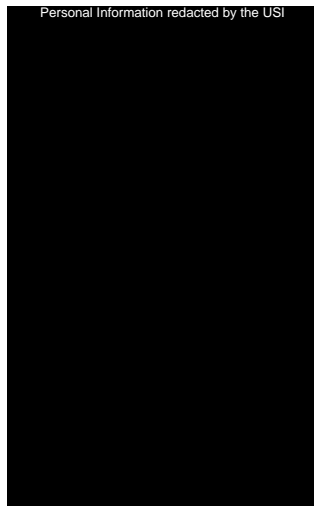
email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

MY

ROUTINE

OC

21/04/2014

52

email to paulette 13/5/14

EMAIL TO ANDREA 16/5/14

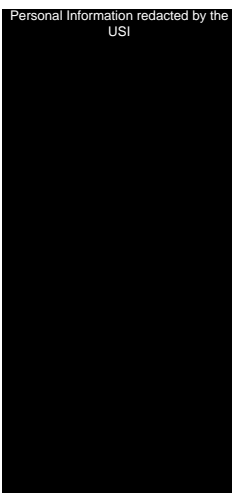
email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANTIA 16/6/14

CAH



URO

AOB

ROUTINE

GPR

23/04/2014

50

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

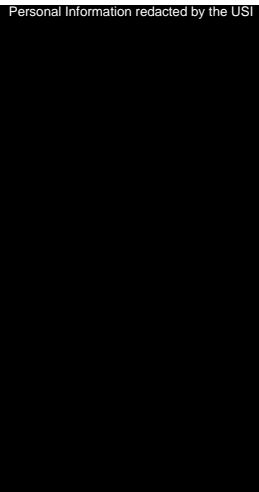
email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

MY

ROUTINE

OC

25/04/2014

48

EMAIL TO PAULETTE 160514

email to andrea 23/5/14

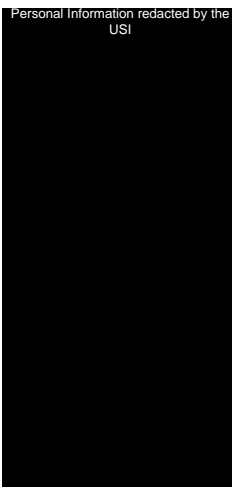
EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the  
USI



URO

AOB

ROUTINE

AE

25/04/2014

48

EMAIL TO MONICA 160514

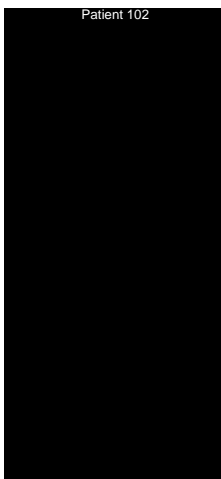
email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

ROUTINE

GPR

28/04/2014

45

EMAIL TO MONICA 160514

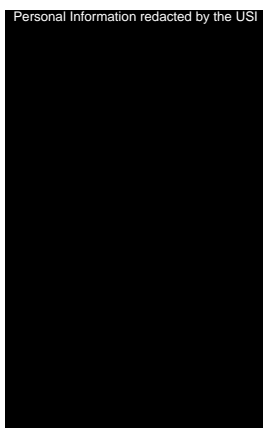
email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

CAH



URO

AOB

ROUTINE

GPR

29/04/2014

44

EMAIL TO MONICA 160514

email to andrea 23/5/14

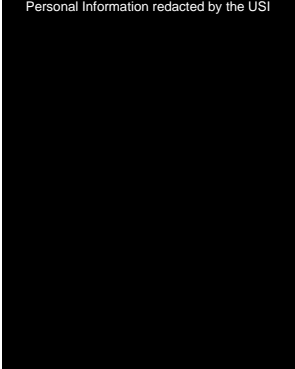
EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

CAH

Personal Information redacted by the USI



URO

MY

ROUTINE

OC

30/04/2014

43

EMAIL TO PAULETTE 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone  
Building Craigavon Area Hospital Ext Personal  
Informatio

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

From: Robinson, Katherine <[REDACTED]>  
Sent: 21 October 2014 11:13  
To: Corrigan, Martina <[REDACTED]>  
Subject: FW: missing triage - urology

Mrs Katherine Robinson  
Booking & Contact Centre Manager  
Southern Trust Referral & Booking Centre Ramone Building Craigavon Area Hospital

t: [REDACTED]  
e: [REDACTED]

From: Browne, Leanne  
Sent: 21 October 2014 11:07  
To: Carroll, Anita  
Cc: Robinson, Katherine; Rankin, Christine  
Subject: missing triage - urology

Hi Anita

This is an updated list of missing triage for Urology, can you arrange for these to be triaged and returned as soon as possible please. We will continue to book patients when they are due their appointment with untriaged referrals.

CAH

[REDACTED]

URO

GURO

ROUTINE

GPR

17/02/2014

242

EMAIL TO MONICA 07.03.14

email to andrea 210314

EMAIL TO SHARON 280314

EMAIL TO MARTINA 7/4/14

email to anita 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

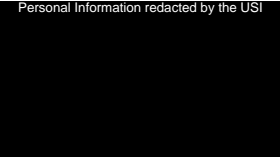
email to anita 10/9/14

email to anita 24/9/14


email to anita 21/10/14

CAH

Personal Information redacted by the USI



Personal Information  
redacted by the USI



URO

GURO

ROUTINE

GPR

24/02/2014

235

EMAIL TO PAULETTE 210314

EMAIL TO MONICA 24.3.14

EMAIL TO ANDREA 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14


email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

OC

24/02/2014

235

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

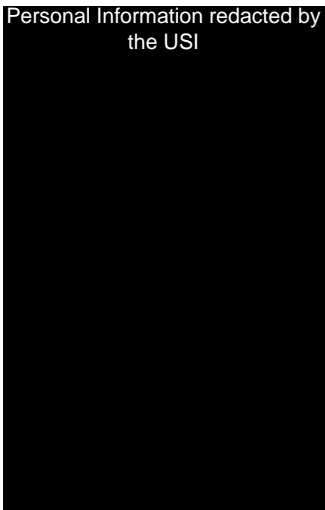
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted by  
the USI



URO

GURO

ROUTINE

OTH

25/02/2014

234

EMAIL TO PAULETTE 2/5/14

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

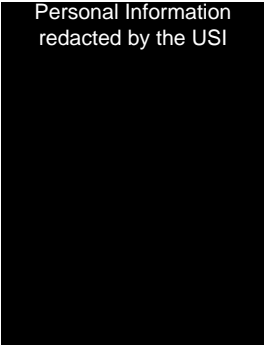
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



Personal Information  
redacted by the USI

no mob no

URO

GURO

ROUTINE

GPR

28/02/2014

231

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

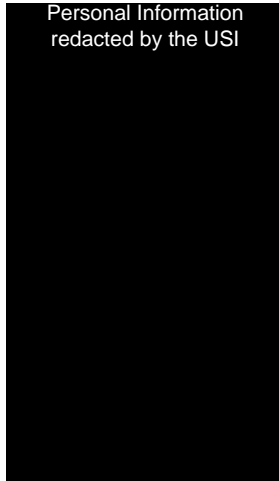
EMAIL TO ANITA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH



URO

GURO

ROUTINE

GPR

28/02/2014

231

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14


email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

GURO

ROUTINE

GPR

28/02/2014

231

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted by the  
USI



URO

GURO

ROUTINE

GPR

28/02/2014

231

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

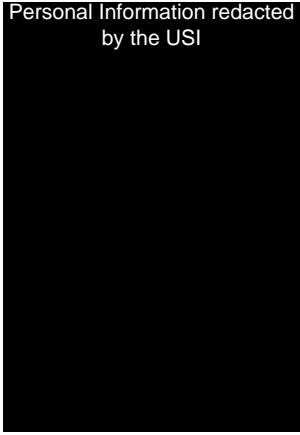
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted  
by the USI



URO

GURO

ROUTINE

GPR

01/03/2014

230

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14


email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted  
by the USI



URO

GURO

ROUTINE

GPR

01/03/2014

230

EMAIL TO MONICA 210314

EMAIL TO ANDREA 28031

EMAIL TO SHARON 7/4/14

EMAIL TO MARTINA 11/4/14

email to anita 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

email to anita 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14


email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

GURO

ROUTINE

GPR

04/03/2014

227

MY TO AOB EMILED MONICA 280314

EMAIL TO ANDREA 7/4/14

EMAIL TO SHARON 11/4/14

email to martina 18/4/14

EMAIL TO ANITA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

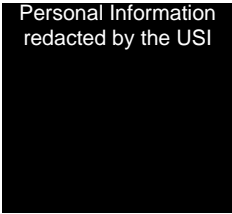
email to anita 10/9/14

email to anita 24/9/14

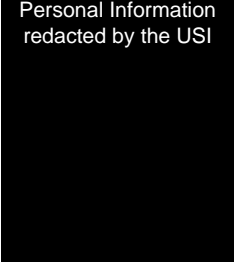
email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

13/03/2014

218

EMAIL TO MONICA 7/4/14

EMAIL TO ANDREA 11/4/14

email to sharon 18/4/14

EMAIL TO MARTINA 28/4/14

EMAIL TO ANITA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

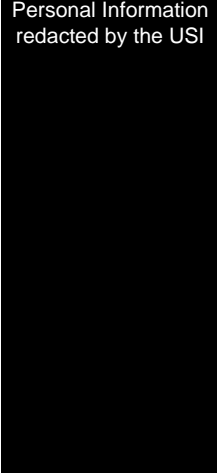
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

26/03/2014

205

EMAILED MONICA 100414

email to Andrea 18/4/14

EMAIL TO SHARON 28/4/14

EMAIL TO MARTINA 2/5/14

email to anita 12/5/14

EMAIL TO ANITA 16/5/14

email to anita 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

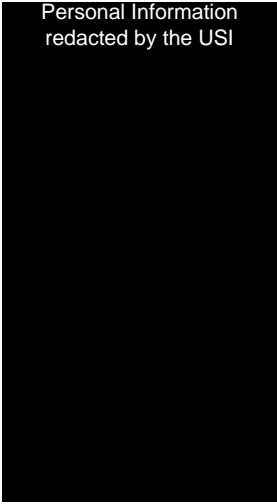
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

GURO

ROUTINE

GPR

28/03/2014

203

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANTIA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

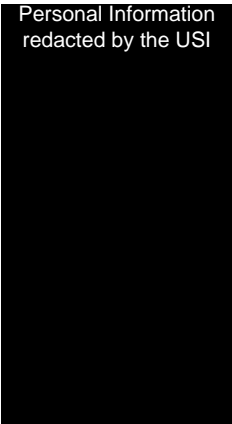
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

GURO

ROUTINE

GPR

31/03/2014

200

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

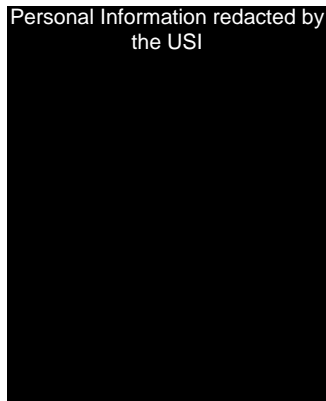
EMAIL TO ANITA 11/8/14

email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH



NO MOBILE

URO

GURO

ROUTINE

GPR

31/03/2014

200

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14


email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted by  
the USI



URO

GURO

ROUTINE

GPR

01/04/2014

199

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

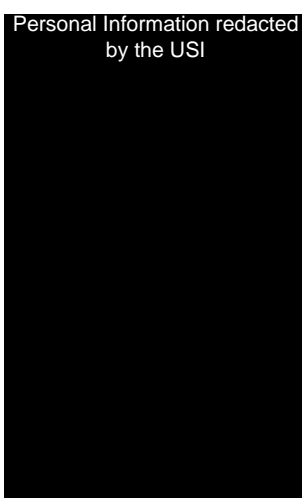
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted  
by the USI



URO

AOB

ROUTINE

OC

02/04/2014

198

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

email to anita 10/9/14

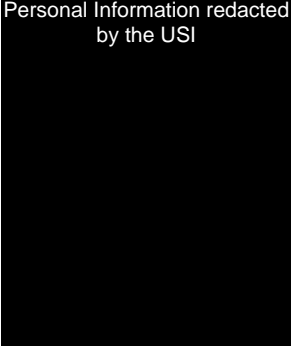
email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI

Personal Information redacted  
by the USI



URO

AOB

ROUTINE

OC

02/04/2014

198

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

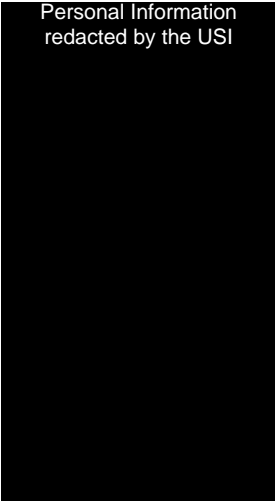
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

04/04/2014

196

EMAIL TO MONICA & PAULETTE 2/5/14

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

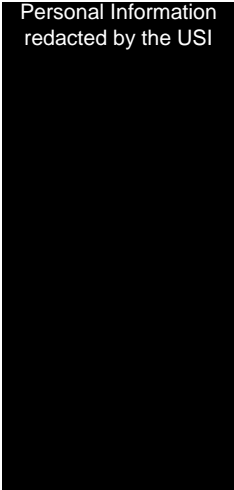
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

OC

07/04/2014

193

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

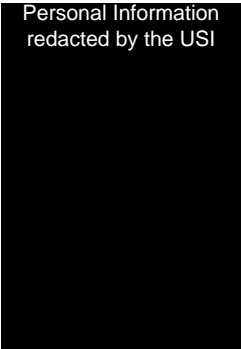
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



Personal Information redacted by  
the USI

URO

AOB

ROUTINE

OC

09/04/2014

191

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH



URO

GURO

ROUTINE

GPR

10/04/2014

190

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANTIA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

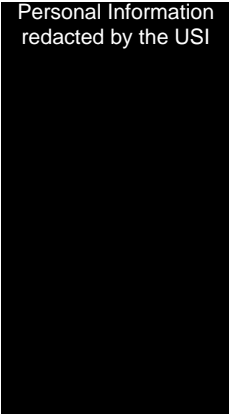
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

OC

10/04/2014

190

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

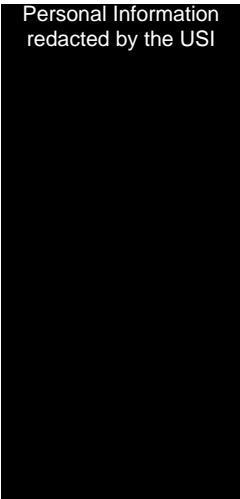
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

OC

16/04/2014

184

EMAIL TO MONICA 020514

email to andrea 13/5/14

EMAIL TO SHARON 16/5/14

email to martina 23/5/14

EMAIL TO ANITA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

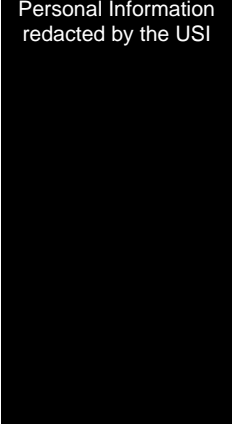
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

OC

18/04/2014

182

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

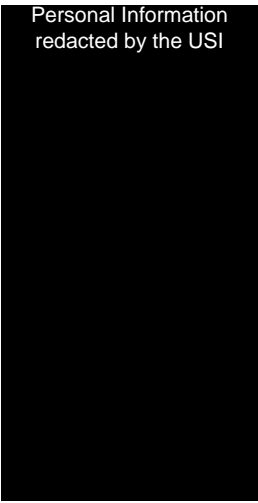
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

23/04/2014

177

email to monica 13/5/14

EMAIL TO ANDREA 16/5/14

email to sharon 23/5/14

EMAIL TO MARTINA 30/5/14

EMAIL TO ANITA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

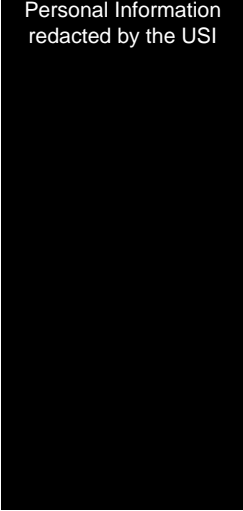
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

AE

25/04/2014

175

EMAIL TO MONICA 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

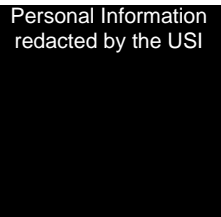
EMAIL TO ANITA 10/9/14

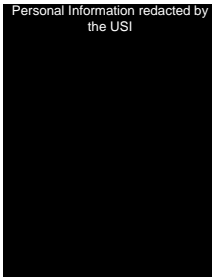
email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI





URO

MY

ROUTINE

OC

25/04/2014

175

EMAIL TO PAULETTE 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

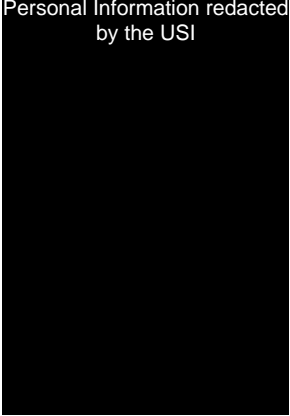
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted  
by the USI



URO

AOB

ROUTINE

GPR

29/04/2014

171

EMAIL TO MONICA 160514

email to andrea 23/5/14

EMAIL TO SHARON 30/5/14

EMAIL TO MARTINA 6/6/14

EMAIL TO ANITA 16/6/14

email to anita 4/8/14

EMAIL TO ANITA 11/8/14

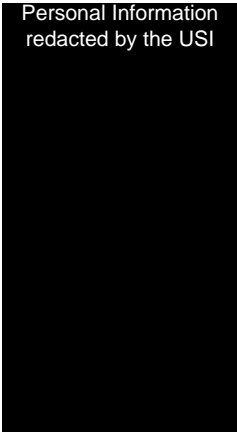
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

08/05/2014

162

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

FORWARDED TO AOB

email to martina 4/8/14

EMAIL TO ANITA 11/8/14

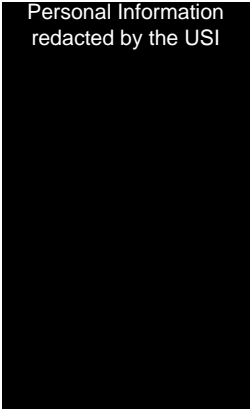
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



no mobile

URO

AOB

ROUTINE

GPR

08/05/2014

162

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

EMAIL TO ANITA 11/8/14

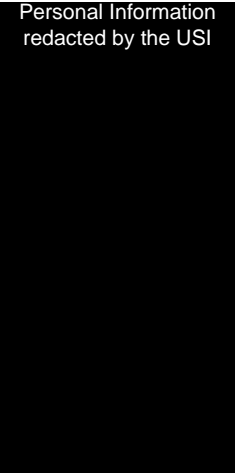
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

08/05/2014

162

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

EMAIL TO ANITA 11/8/14

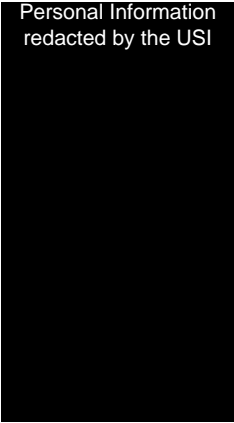
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AJG

URGENT

GPU

12/05/2014

158

EMAIL TO LIZ 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

FORWARDED TO AOB

email to martina 4/8/14

EMAIL TO ANITA 11/8/14

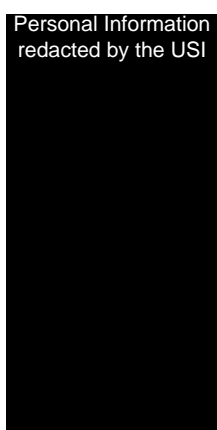
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



NO MOBILE

URO

AOB

ROUTINE

OC

12/05/2014

158

EMAIL TO MONICA 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

EMAIL TO ANITA 11/8/14

EMAIL TO ANITA 10/9/14

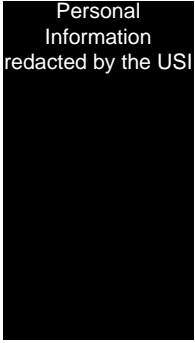
email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI

Personal  
Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

12/05/2014

158

EMAIL TO PAULETTE 290514

EMAIL TO ANDREA 6/6/14

EMAIL TO SHARON 16/6/14

email to martina 4/8/14

EMAIL TO ANITA 11/8/14

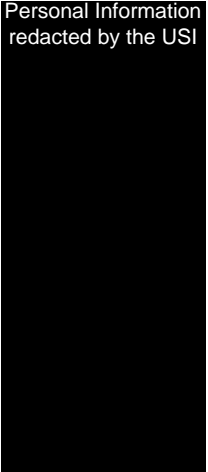
EMAIL TO ANITA 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

OC

15/05/2014

155

EMAIL TO MONICA 050614

EMAIL TO ANDREA 16/6/14

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

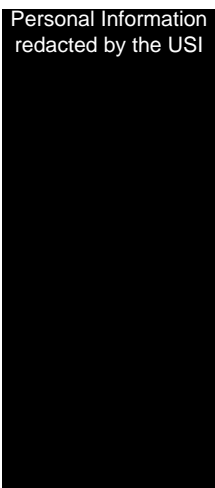
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

OTH

21/05/2014

149

EMAIL TO MONICA 050614

EMAIL TO ANDREA 16/6/14

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

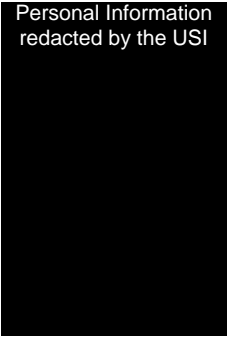
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



Personal Information  
redacted by the USI

URO

AOB

ROUTINE

OC

23/05/2014

147

email to monica 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

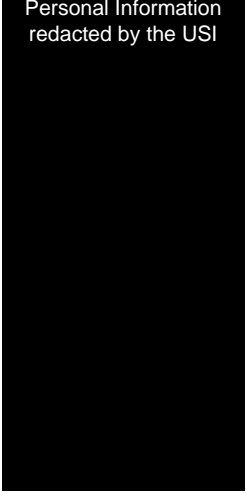
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

MY

ROUTINE

OC

23/05/2014

147

email to paulette 16/6/14

EMAILT O ANDREA 030714

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

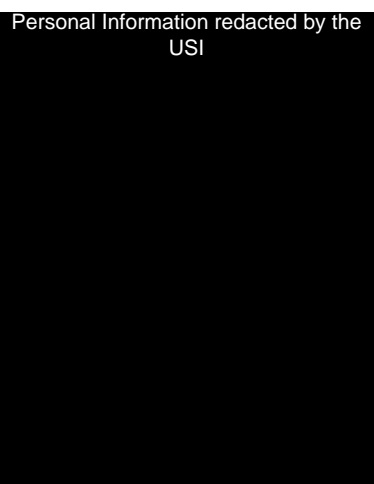
email to anita 10/9/14

email to anita 24/9/14

email to antia 21/10/14

CAH

Personal Information redacted by the  
USI



URO

AOB

ROUTINE

OC

25/05/2014

145

email to monica 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

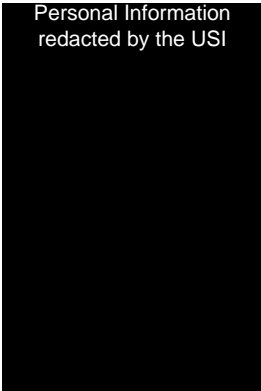
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



NURSING HOME

URO

AOB

ROUTINE

GPR

27/05/2014

143

email to monica 16/6/14

EMAILT O ANDREA 030714

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

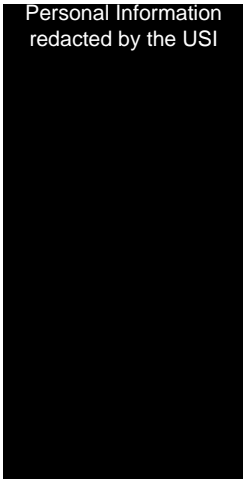
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

GURO

URGENT

GPU

28/05/2014

142

email to paulette 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14


email to anita 10/9/14

email to anita 24/9/14

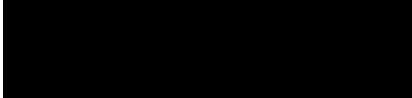
email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



Personal Information redacted by the USI



NO MOB NO

URO

MY

ROUTINE

OC

28/05/2014

142

email to paulette 16/6/14

EMAIL TO ANDREA 030714

email to sharon 4/8/14

EMAIL TO MARTINA 11/8/14

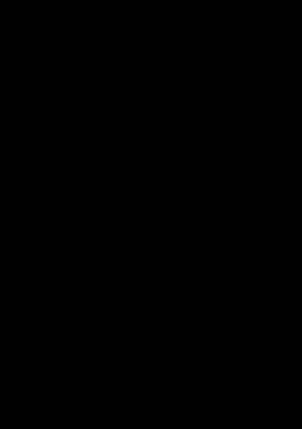
email to anita 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted  
by the USI



URO

AOB

ROUTINE

OC

29/05/2014

141

EMAIL TO TERESA LOUGHRAN 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

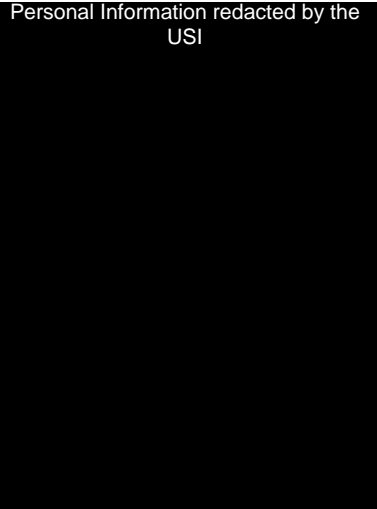
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted by the  
USI



URO

AOB

ROUTINE

OC

30/05/2014

140

EMAIL TO TERESA LOUGHRAN 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14


email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

MY

ROUTINE

OC

30/05/2014

140

EMAIL TO PAULETTE 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

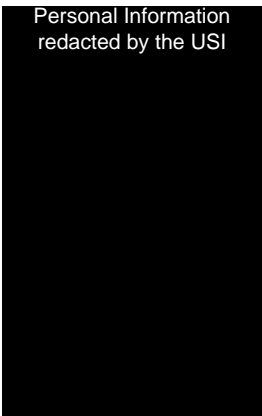
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

MY

ROUTINE

OC

03/06/2014

136

EMAIL TO PAULETTE 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

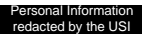
email to martina 10/9/14

email to anita 24/9/14


email to anita 21/10/14

CAH

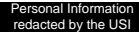
Personal Information  
redacted by the USI



Personal Information  
redacted by the USI



Personal Information  
redacted by the USI



URO

MY

ROUTINE

OC

03/06/2014

136

EMAIL TO PAULETTE 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

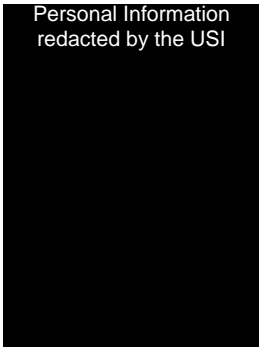
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



Personal Information  
redacted by the USI

URO

MY

ROUTINE

OC

03/06/2014

136

EMAIL TO PAULETTE 030714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI

URO

MY

ROUTINE

OC

08/06/2014

131

EMAIL TO PAULETTE 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

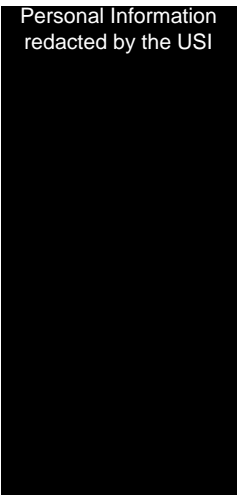
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

13/06/2014

126

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

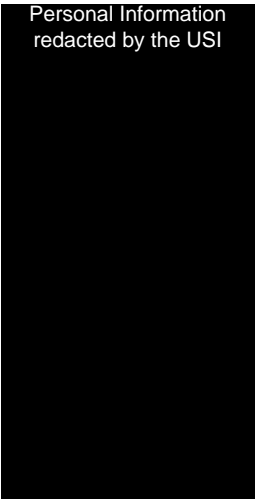
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

16/06/2014

123

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

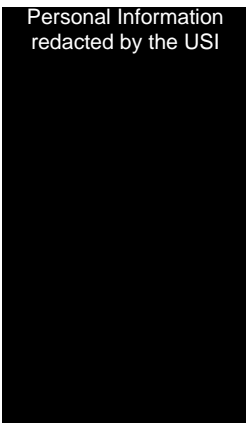
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI

A large black rectangular redaction box covers the majority of the page content below the first 'CAH' entry.

URO

AOB

ROUTINE

GPR

17/06/2014

122

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

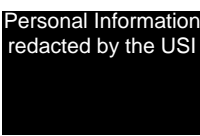
email to martina 10/9/14

email to anita 24/9/14

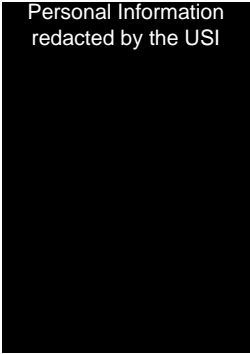
email to anita 21/10/14

CAH

Personal Information  
redacted by the USI

A small black rectangular redaction box covers the bottom portion of the page content.

Personal Information  
redacted by the USI

A large black rectangular redaction box covering the majority of the first section of the document.

URO

MY

ROUTINE

OC

17/06/2014

122

EMAIL TO PAULETTE 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

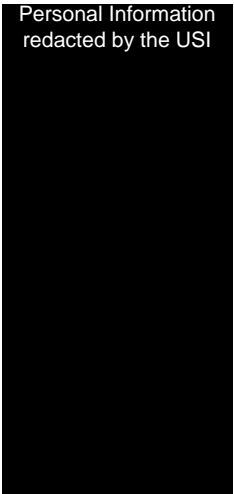
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI

A large black rectangular redaction box covering the bottom section of the document.

URO

AOB

ROUTINE

GPR

20/06/2014

119

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

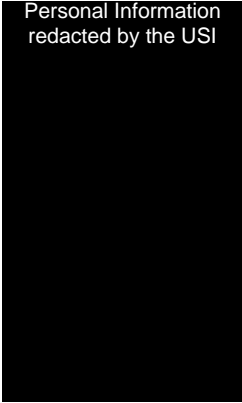
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



NO MOBILE

URO

AOB

ROUTINE

OC

20/06/2014

119

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

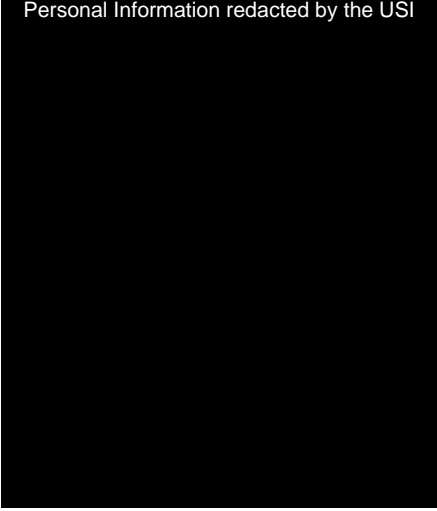
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted by the USI



URO

AOB

ROUTINE

OC

24/06/2014

115

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

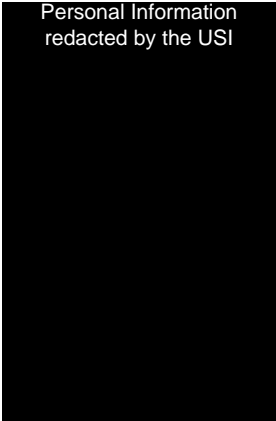
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

MY

ROUTINE

OC

25/06/2014

114

EMAIL TO PAULETTE 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

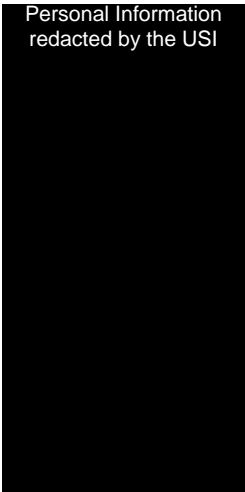
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

26/06/2014

113

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14


email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



Personal

URO

AOB

ROUTINE

OC

27/06/2014

112

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI

URO

AOB

ROUTINE

OC

28/06/2014

111

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

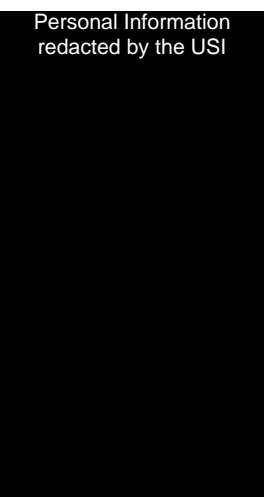
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

GURO

URGENT

GPU

01/07/2014

108

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14


email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

URGENT

GPU

01/07/2014

108

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

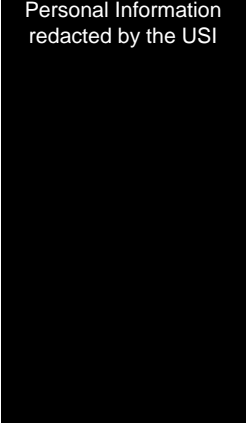
email to martina 10/9/14

email to anita 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

01/07/2014

108

EMAIL TO PAT ADDIS 180714

email to andrea 4/8/14

EMAIL TO SHARON 11/8/14

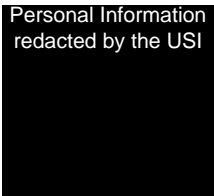
email to martina 10/9/14

email to anita 24/9/14


email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



Personal Information  
redacted by the USI

A large black rectangular redaction box covering the top section of the document.

URO

AOB

ROUTINE

GPR

03/07/2014

106

email noleen 4/8/14

EMAIL TO ANDREA 11/8/14

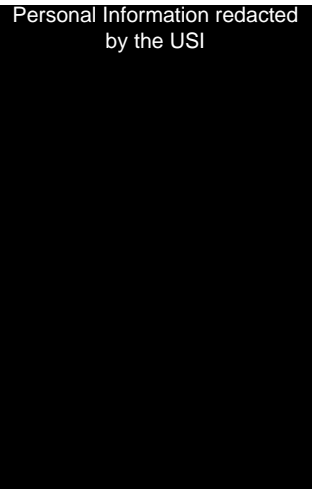
email to sharon 10/9/14

email to martina 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted  
by the USI

A large black rectangular redaction box covering the bottom section of the document.

URO

MY

ROUTINE

OTH

07/07/2014

102

email to paulette 4/8/14

EMAIL TO ANDREA 11/8/14

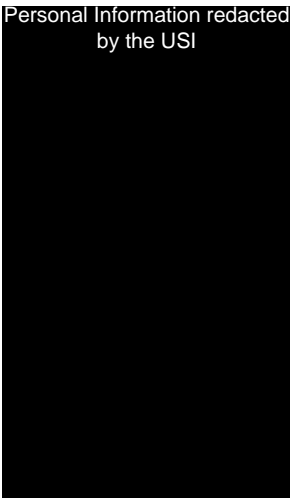
email to sharon 10/9/14

email to martina 24/9/14

email to anita 21/10/14

CAH

Personal Information redacted  
by the USI



URO

AOB

ROUTINE

AE

08/07/2014

101

email to noleen 4/8/14

EMAIL TO ANDREA 11/8/14

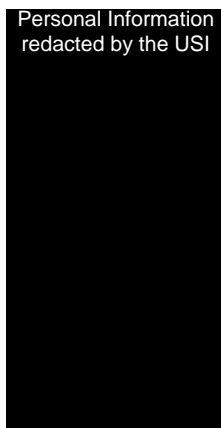
email to sharon 10/9/14

email to martina 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



URO

AOB

ROUTINE

GPR

11/07/2014

98

email to noleen 4/8/14

EMAIL TO ANDREA 11/8/14

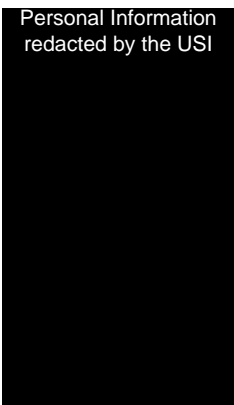
email to sharon 10/9/14

email to martina 24/9/14

email to anita 21/10/14

CAH

Personal Information  
redacted by the USI



NO MOBILE

URO

AOB

ROUTINE

OC

11/07/2014

98

email to noleen 4/8/14


EMAIL TO ANDREA 11/8/14

email to sharon 10/9/14

email to martina 24/9/14

email to anita 21/10/14

Leanne Browne

Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone  
Building Craigavon Area Hospital Ext 

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

From: Carroll, Anita

Sent: 06 November 2015 14:56

To: Trouton, Heather; Conway, Barry; Gibson, Simon; Carroll, Ronan; McVey, Anne

Cc: Robinson, Katherine; Rankin, Christine

Subject: FW: Triage

Dear all

It has been brought to my attention that triage of referral letters can still be delayed in being returned to the RBC. Some areas in particular are very poor at doing this. To this end I would be grateful if you would all agree with your clinicians that where referral letters are not returned within a week or thereabouts ( IEAP states 72 hours ) that the RBC will add patients to the waiting list with the priority type dictated by the GP. Given that waiting lists are now much longer than they were previously this could cause problems so it is in everyone's interest to try and encourage quicker turnaround of triage.

Thanks Anita

**Robinson, Katherine**

---

**From:** Carroll, Anita  
**Sent:** 06 November 2015 20:30  
**To:** McVey, Anne; Robinson, Katherine  
**Subject:** Re: Triage

Anne its urology etc that we face problems

**From:** McVey, Anne  
**Sent:** Friday, November 06, 2015 05:56 PM  
**To:** Robinson, Katherine  
**Cc:** Carroll, Anita  
**Subject:** Re: Triage

Katherine thank you based on this I will not issue an email at this time but any issues please contact me Anne

**From:** Robinson, Katherine  
**Sent:** Friday, November 06, 2015 03:33 PM  
**To:** McVey, Anne  
**Subject:** FW: Triage

*Mrs Katherine Robinson  
Booking & Contact Centre Manager  
Southern Trust Referral & Booking Centre  
Ramona Building  
Craigavon Area Hospital*

t: [REDACTED] Personal Information redacted by the USI  
e: [REDACTED] Personal Information redacted by the USI

From: Carroll, Anita  
Sent: Monday, November 09, 2015 08:19 PM  
To: Robinson, Katherine  
Subject: Fw: Triage

We know urology but any more

From: Reid, Trudy  
Sent: Monday, November 09, 2015 06:56 PM  
To: Trouton, Heather; Corrigan, Martina; Nelson, Amie  
Cc: Carroll, Anita  
Subject: RE: Triage

Heather can we see what areas offend most so we can target

Trudy

From: Trouton, Heather  
Sent: 09 November 2015 17:18  
To: Corrigan, Martina; Nelson, Amie; Reid, Trudy  
Cc: Carroll, Anita  
Subject: FW: Triage

Dear All

Can you please see below. I think that is a reasonable suggestion . have you any concerns or do you support?

Heather

From: Carroll, Anita  
Sent: 17 November 2015 13:02  
To: Conway, Barry; Gibson, Simon; Carroll, Ronan  
Cc: Robinson, Katherine  
Subject: FW: Triage

Anne and heather have advised they are ok with this Can I check are you ?

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

From: Gibson, Simon <[REDACTED]>  
Sent: 17 November 2015 22:28  
To: Carroll, Anita <[REDACTED]>; Conway, Barry  
<[REDACTED]>; Carroll, Ronan <[REDACTED]>  
Cc: Robinson, Katherine <[REDACTED]>  
Subject: RE: Triage

Dear Anita

Agree the principle; could we have a definitive timescale that I can take to clinical teams; I know IEAP says 72 hours, but could we have a consistent number, such as 5 working days? This would show some pragmatism to clinical teams.

Kind regards

Simon

Simon Gibson  
Assistant Director – General & Specialty Medicine Southern Health & Social Care Trust

Mobile : [REDACTED]  
CAH : [REDACTED]  
DHH : [REDACTED]

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

From: Carroll, Anita <[REDACTED]>  
Sent: 18 November 2015 10:12  
To: Gibson, Simon <[REDACTED]>; Conway, Barry  
<[REDACTED]>; Carroll, Ronan <[REDACTED]>  
Cc: Robinson, Katherine <[REDACTED]>  
Subject: Re: Triage

Yes if after 5 days can we go with gp ?

Subject: RE: untriaged letters

From: Corrigan, Martina

Personal Information redacted by the USI

To: Robinson, Katherine

Personal Information redacted by the USI

Sent: 02/12/2015 20:13:26

Thanks Katherine,

Same as my stats and yes continue to book in as the dates come up..

Regards

Martina

Martina Corrigan

Head of ENT, Urology and Outpatients

Southern Health and Social Care Trust

Craigavon Area Hospital

Telephone:

Personal Information redacted by the USI

Mobile:

Personal Information redacted by the USI

Email:

Personal Information redacted by the USI

**From:** Robinson, Katherine

**Sent:** 30 November 2015 13:08

**To:** Corrigan, Martina

**Subject:** FW: untriaged letters

As you know we book according to GP priority when there is no returned triage as per your instruction.

K

Irrelevant information redacted by the USI

14/11/2016

*Mrs Katherine Robinson*

*Booking & Contact Centre Manager*

*Southern Trust Referral & Booking Centre*

*Ramone Building*

*Craigavon Area Hospital*

t: [Personal Information redacted by the USI]

e: [Personal Information redacted by the USI]

---

**From:** Browne, Leanne  
**Sent:** 30 November 2015 12:47  
**To:** Robinson, Katherine  
**Subject:** RE: untriaged letters

Katherine

Attached is the Urology missing triage file.

Leanne

---

**From:** Robinson, Katherine  
**Sent:** 27 November 2015 16:39  
**To:** Browne, Leanne  
**Subject:** FW: untriaged letters

*Mrs Katherine Robinson*

*Booking & Contact Centre Manager*

*Southern Trust Referral & Booking Centre*

*Ramone Building*

*Craigavon Area Hospital*

t: Personal Information redacted by the USI

e: Personal Information redacted by the USI

---

**From:** Corrigan, Martina  
**Sent:** 27 November 2015 16:38  
**To:** Robinson, Katherine  
**Subject:** untriaged letters

Katherine

Do you have any up to date information on outstanding AOB triage and when this is going back to??

Thanks

Martina

Martina Corrigan  
 Head of ENT, Urology and Outpatients  
 Southern Health and Social Care Trust  
 Craigavon Area Hospital

Telephone: Personal Information redacted by the USI

Mobile: [Personal Information redacted by the USI]

Email: [Personal Information redacted by the USI]

**Rankin, Christine**

---

**From:** Rankin, Christine  
**Sent:** 11 March 2016 11:29  
**To:** Rankin, Christine  
**Subject:** FW: Triage

(No 13)

*Christine Rankin*

ACTING BOOKING MANAGER  
SOUTHERN TRUST BOOKING CENTRE  
Southern Health & Social Care Trust  
Ramone Building  
Craigavon Area Hospital  
68 Lurgan Road  
Portadown  
BT63 5QQ

t: Personal Information redacted by the USI  
e: Personal Information redacted by the USI

**From:** Robinson, Katherine  
**Sent:** 11 December 2015 16:37  
**To:** Rankin, Christine; Browne, Leanne; Henry, Caroline; Hutchinson, Lynn; McKeown, Noelene  
**Subject:** FW: Triage

*Mrs Katherine Robinson*  
*Booking & Contact Centre Manager*  
*Southern Trust Referral & Booking Centre*  
*Ramone Building*  
*Craigavon Area Hospital*

t: Personal Information redacted by the USI  
e: Personal Information redacted by the USI

**From:** Carroll, Anita  
**Sent:** 11 December 2015 14:25  
**To:** Robinson, Katherine  
**Subject:** FW: Triage

**From:** Trouton, Heather  
**Sent:** 11 December 2015 14:15  
**To:** Carroll, Anita  
**Subject:** RE: Triage

ok

**From:** Carroll, Anita  
**Sent:** 11 December 2015 14:10  
**To:** Trouton, Heather; Conway, Barry; Gibson, Simon; McVey, Anne; Carroll, Ronan  
**Cc:** Robinson, Katherine  
**Subject:** FW: Triage

Dear all

Most agreed this was ok so Katherine will issue this instruction to the RBC  
A

**From:** Carroll, Anita  
**Sent:** Friday, November 06, 2015 02:56 PM  
**To:** Trouton, Heather; Conway, Barry; Gibson, Simon; Carroll, Ronan; McVey, Anne  
**Cc:** Robinson, Katherine; Rankin, Christine  
**Subject:** FW: Triage

Dear all

It has been brought to my attention that triage of referral letters can still be delayed in being returned to the RBC. Some areas in particular are very poor at doing this. To this end I would be grateful if you would all agree with your clinicians that where referral letters are not returned within a week or thereabouts ( IEAP states 72 hours ) that the RBC will add patients to the waiting list **with the priority type dictated by the GP**. Given that waiting lists are now much longer than they were previously this could cause problems so it is in everyone's interest to try and encourage quicker turnaround of triage.

Thanks Anita

Urology 15/12/16.

Andrea, Nabelene  
Ethov

M7D 2 South in 1 room, meeting etc.  
M7D 2 North → L. Devlin sorting.

Personal Information redacted by the USI

- Backlog reports  
include dictation

- outcomes reports for OPD - Urology  
19 clinics not outcome.

Personal Information redacted by the USI

- emails 0 pt → copy Andrea.  
pt ringing in.

(Arika)

- sec if u / am of con. not using  
clin out sheet + 20 (no dictat  
please highlight  
co be 1 pt needs ref - another seen  
vials

**From:** Robinson, Katherine

**Sent:** 04 November 2020 11:11

**To:** Cunningham, Lucia; Evans, Marie; McAlinden, AnneMarie; Poland, Orla; Rankin, Christine

**Subject:** Recording Private Patient Activity

Folks

I know you have already received this guidance on recording the transfer of a patient from private status to nhs status but I am resending again as this is a clear recommendation from internal audit.

Please ensure you record properly .

it is unacceptable for any secretary who does not use this code to record that a patient was being seen privately and is transferring to NHS status .

Regards

Katherine

## Data Quality Notice – PAS Guidance for Recording Private Patients

(Release No. 2019/04)

### **PURPOSE**

This Data Quality Release Notice is issued for your awareness on the recording of Private Patient Inpatient, Day case and Outpatient activity on PAS. Recording as per this Data Quality Notice will ensure that patients attending a Southern Trust facility on a Private basis can be identified for Financial Invoicing / Costing purposes and Information Reporting purposes.

### **PRIVATE OUTPATIENTS – EXCLUDING MATERNITY**

- Private Patients who are recorded on PAS with an Outpatient Referral must have their Category on Referral Recorded as **PPG (PRIVATE not formal)**.

### **PRIVATE OUTPATIENTS – MATERNITY**

- Private Maternity Patients recorded on PAS with an Outpatient Referral who are **not entitled** to NHS Treatment or who make a decision to attend Ante-Natal Outpatient Privately must have their Category on Referral Recorded as **PPM (Private – Maternity)**.

### **PRIVATE OUTPATIENTS - TRANSFER FROM PRIVATE TO NHS**

- As per Data Definition 0023-18 PAS OP Referral Private to NHS a Patient who attends the Trust privately as an Outpatient may change their status during their treatment. This change in status must be reflected on PAS as per below so as to ensure that the original category of PPG is not overwritten to NHS.
- The outpatient registration must be closed on PAS using the Discharge Reason Code **TNHS (Transfer from Private to NHS)**.
- A new outpatient registration must be opened on PAS for the patients Transfer from Private to NHS using the Referral Source Code **PTN (Private to NHS)**.

**NOTE:** This is a new referral and so the first appointment will be new even if being seen again by the same consultant as this is the first time the consultant will see them in the Trust's facility

### **PRIVATE INPATIENTS / DAYCASES – EXCLUDING MATERNITY**

- Private Patients who are recorded on PAS as an Inpatient or Day Case must have their Category on admission recorded as **PPG (PRIVATE not formal)**.
- Patients who are added to an inpatient/daycase waiting list as NHS and then transfer to Private for admission to Hospital should have category on Waiting list **NHS** and category on admission **PPG**

### **PRIVATE INPATIENTS – MATERNITY**

- Private Maternity Patients who attend Outpatient Antenatal **Privately** and are entitled to NHS treatment for their Maternity Delivery Inpatient spell must have the Category recorded as **PHS (PP OP/NHS INPT GY/MA)**.
- Maternity Patients who deliver as a Private Inpatient must have their Category on admission Code recorded as **PPM (Private – Maternity)**.

For further information or support, please contact the Data Quality Team – email [Data.Quality@Southerntrust.hscni.net](mailto:Data.Quality@Southerntrust.hscni.net)  
[Click Here](#) to visit the Data Quality SharePoint site

**Robinson, Katherine**

---

**From:** Robinson, Katherine <[REDACTED]> Personal Information redacted by the USI  
**Sent:** 01 December 2020 11:02  
**To:** Cunningham, Lucia; Evans, Marie; McAlinden, AnneMarie; Poland, Orla; Rankin, Christine  
**Subject:** Anonymous Letter & Private work

Folks

We have received an anonymous letter advising that 'some staff are doing very little work and constantly on their mobile phones'. Obviously I am dismayed by this given that there is plenty of work to be done. I do not know who this person is but I would urge the author of the letter to come forward, I will treat as strictly confidential but can't deal with it until I know who they are talking about and from what area.

Also, on a separate note it has been brought to my attention that there are some secretaries doing '**private work**' during their working hours. This has been raised before, again I urge those that are doing this to stop immediately or disciplinary action will be taken. I am aware of who this is but am giving one last chance for staff to examine their conscience and make amends.

This has been a very tough year for everyone and I appreciate that at times there is not the same volume of work but on the whole there is plenty of work in our area so I expect staff to be truthful and do an honest day's work.

Regards

Katherine

# Secretaries Governance Meeting

Various dates in 2021 and early 2022

Via Zoom

Sent to  
Ambler  
22/5/22

## In attendance

Secs from all specialties

Service Administrator

Katherine Robinson

*Katherine welcomed everyone to the meetings and thanked everyone for their hard work over the challenging times of covid.*

All secretaries were reminded of:

- Code of conduct, keep the patient at the centre of everything
- Protocol of private patients
- Importance of escalating backlogs to Line Managers
- Showing results to consultants even if you don't have the chart, latest clinic letter to be attached.
- The importance of doing what the line manager advises via processes and not necessarily the consultant. Admin managers understand that this can place secretaries in an awkward position but above all else the patient should be at the centre of everything. If something not quite right it is your duty to escalate eg backdating things, PPs not actioned correctly, non dictation by consultants etc. Consequences of non escalation and also the importance of protecting yourself by following procedures.

## RESULTS

All secretaries were asked what they do to ensure there is a robust process for results.

Secs advised various things depending on what the consultant wanted, eg some consultants wanted the chart with the result, some wanted results emailed, some kept in a folder, some dealt with electronically. All this was discussed and it was stressed that urgent results must be brought to the consultant's attention asap. All were advised to have a process to ensure they received all results back for action and if no action or difficulty getting them back to escalate to line manager.

### **DARO**

This report is to be checked monthly without fail, as well as charts in awaiting results pigeon holes.

### **E Triage**

Any issues were noted, all secretaries reminded to view their 'follow up' list daily. Some secs mentioned that their consultants were not 'au fais' with the use of e triage. Secretaries reminded to follow process for referrals management, this is to ensure that patients will not get missed appear on PTLs and get seen chronologically.

### **Mandatory Training/KSF**

Everyone reminded to keep on top of this and if difficulty getting this done due to time constraints then escalate to Line Manager and we would try and give some overtime for completion.

### **Any Other Business**

All staff were asked to bring to our attention anything that was bothering them even if they knew they had done something incorrectly we were here to help put things right and we would rather hear from them sooner rather than later no matter how bad.

**Robinson, Katherine**

**From:** Robinson, Katherine <[REDACTED]>  
**Sent:** 07 March 2017 09:57  
**To:** Carroll, Anita  
**Subject:** RE: Draft delays action plan

Personal Information redacted by the USI

All of us have wee bits to do

*Mrs Katherine Robinson  
 Booking & Contact Centre Manager  
 Southern Trust Referral & Booking Centre  
 Ramone Building  
 Craigavon Area Hospital*

t: [REDACTED]  
 e: [REDACTED]

Personal Information redacted by the USI

Personal Information redacted by the USI

**From:** Carroll, Anita  
**Sent:** 07 March 2017 09:44  
**To:** Robinson, Katherine  
**Subject:** RE: Draft delays action plan

Thanks for this but who is actioning ?

**From:** Robinson, Katherine  
**Sent:** 31 January 2017 13:00  
**To:** Carroll, Anita  
**Subject:** FW: Draft delays action plan

*Mrs Katherine Robinson  
 Booking & Contact Centre Manager  
 Southern Trust Referral & Booking Centre  
 Ramone Building  
 Craigavon Area Hospital*

t: [REDACTED]  
 e: [REDACTED]

Personal Information redacted by the USI

Personal Information redacted by the USI

**From:** Reid, Trudy  
**Sent:** 06 January 2017 14:01  
**To:** Forde, Helen; Robinson, Katherine  
**Cc:** Boyce, Tracey  
**Subject:** Draft delays action plan

Good afternoon please see attached draft action plan following this morning's meeting for discussion.  
 I wonder if we could everyone together on Friday the 20<sup>th</sup> January to continue the work, if it suits I will organise a venue.

Today's meeting focused around clear documentation and follow up appointments, will could focus on results etc next.

After the next meeting we should probably meet with HoS and OSLs to update them and see if our suggestions are workable within the services

I will also organise a meeting with Kate Cunningham in relation to radiology results as a new NICER process is coming up soon which may help

Regards,

Trudy

| Delays Action plan |  |                               |  |                                   |   |   |
|--------------------|--|-------------------------------|--|-----------------------------------|---|---|
| Reference number   | Recommendations  | Designated responsible person | Action required  | Date for completion/<br>timescale |   | Date recommendation completed with evidence |
| 1                  | Regular performance management reports   |                               | 1. OP traige report  |                                   | Triage report to Secretaries (monthly)  | Ongoing                                     |
|                    |  |                               | 2. No outcome report ?no dictation   |                                   | Service administrators send to secretaries and ward clerks (monthly)                | Ongoing                                     |
|                    |  |                               | 3. Dictation backlog report  |                                   | Service administrators send to Consultant and ADs (monthly)                         | Ongoing                                     |
|                    |  |                               | 4. Typing backlog report   |                                   | Service administrators send to Consultant, HoS and ADs (monthly)                    | Ongoing                                     |
|                    |  |                               | 5. Clinic outcome sheets   |                                   | Adhoc check of who is using clinic outcome sheets/clinic lists                      |   |
|                    |  |                               | 6. Clinic attendace report   |                                   | HF circulates weekly to service administrators - then to secretaries and receptions | Ongoing                                     |
|                    |  |                               | 7. Clinic disposal report  | Mar-17                            |   |   |
|                    |  |                               | 7. Review backlog report   |                                   |   |   |
|                    |  |                               | 8. Discharge awaiting result report  |                                   | Service administrators to secretaries monthly                                       | ongoing                                     |
|                    |  |                               | 9. Missing e-discharge report  |                                   |   |   |
| 2                  | New development and changes to processes should include administration staff in project groups |                               | Invitation to be sent to senior administration staff if new developments or new systems are to be implemented which may impact on administration processes |                                   |   |   |

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  |   |  | Administration senior staff to attend project group meetings   |  |  |  |
|  | Medical-local staff induction on documentation requirements   |  |  |  |  |  |
|  |   |  | Develop a local induction programme by specialty area  |  |  |  |
|  |   |  | A4 Hand out to be developed  |  |  |  |
|  |   |  | Audit templated to be developed  |  |  |  |
|  |   |  | Audit and feed at specialty meeting  |  |  |  |
|  | Bleep numbers to be available   |  | Medical staff bleep numbers to be provided to appropriate staff for display and updated as bleep numbers change                            |  |  |  |
|  | Medical staffing rotas to be available  |  | Medical staff rotas to be provided to appropriate staff for display and updated as changed   |  |  |  |
|  |   |  | Develop circulation list for rotas and updated rotas   |  |  |  |
|  |   |  | Develop a shared drive for sharing of medical rotas  |  |  |  |
|  | Medical Model Rules to be shared  |  | Draft poster with medical model rules to be developed  |  |  |  |
|  |   |  | Short presentation to be developed and delivered to ward clerks and secretaries  |  |  |  |
|  | E discharge to be completed in a timely manner for all discharges   |  | Medical staff to complete e-discharge for all patients to include results follow up and appointments required                              |  |  |  |
|  |   |  | Guidance on discharge letters to be provided to medical staff  |  |  |  |
|  |   |  | Trial of discharge pharmacist  |  |  |  |
|  |   |  | Ward clerk/secretary to put appointments on PAS or send to referral and booking centre or list as DRO-specific SOPs to amended as required |  |  |  |
|  | E discharge / transfer to be completed in a timely manner prior to transfer to rehabilitation in local area |  | Medical staff to start e-discharge for patients prior to transfer to include results follow up and appointments required                   |  |  |  |
|  |   |  | Guidance on discharge letters to be provided to medical staff and how to ensure they are transferred to rehabilitation unit                |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  | Ward clerk/secretary to put appointments on PAS or send to referral and booking centre or list as DRO-specific SOPs to amended as required |  |  |  |
|--|--|--|--|--|--|

**Robinson, Katherine**

**From:** Robinson, Katherine [Personal Information redacted by the USI]  
**Sent:** 31 January 2017 12:43  
**To:** Carroll, Anita; Forde, Helen  
**Cc:** Lappin, Aideen  
**Subject:** RE: Delayed diagnosis and appointment -Working group

Ok no probs

*Mrs Katherine Robinson  
Booking & Contact Centre Manager  
Southern Trust Referral & Booking Centre  
Ramona Building  
Craigavon Area Hospital*

t: [Personal Information redacted by the USI]  
e: [Personal Information redacted by the USI]

---

**From:** Carroll, Anita  
**Sent:** 31 January 2017 12:42  
**To:** Robinson, Katherine; Forde, Helen  
**Cc:** Lappin, Aideen  
**Subject:** RE: Delayed diagnosis and appointment -Working group

Thanks if there are /were notes can you share

---

**From:** Robinson, Katherine  
**Sent:** 31 January 2017 11:22  
**To:** Carroll, Anita; Forde, Helen  
**Cc:** Lappin, Aideen  
**Subject:** RE: Delayed diagnosis and appointment -Working group

Yes we had our first meeting and it was very good for all involved. Main theme is medics not always doing what they are supposed to be doing (admin wise) and then this impacting on clerical staff. More meetings to take place. V V useful and all involved were very good – not a blame game etc.

*Mrs Katherine Robinson*  
*Booking & Contact Centre Manager*  
*Southern Trust Referral & Booking Centre*  
*Ramone Building*  
*Craigavon Area Hospital*

t: Personal Information redacted by the USI  
 e: Personal Information redacted by the USI

---

**From:** Carroll, Anita  
**Sent:** 31 January 2017 11:19  
**To:** Forde, Helen; Robinson, Katherine  
**Cc:** Lappin, Aideen  
**Subject:** FW: Delayed diagnosis and appointment -Working group

Any update on this ??

---

**From:** Reid, Trudy  
**Sent:** 17 October 2016 13:47  
**To:** Robinson, Katherine; Forde, Helen; Hewitt, Irene; Muldrew, Angela; Reaney, Gillian; Glenny, Sharon; Clayton, Wendy; McAreavey, Lisa; Farrell, Roisin  
**Cc:** Carroll, Ronan; McVey, Anne; Trouton, Heather; Conway, Barry; Carroll, Anita; Boyce, Tracey; Connolly, Connie  
**Subject:** Delayed diagnosis and appointment -Working group

Dear all there have been a number of SAls and adverse incidents/ complaints highlighting missed/delayed diagnosis and missed appointments.

Please see attached spread sheet with some examples of incidents and complaints.

There will be a number of issues reviewed in the 1<sup>st</sup> instance we will review work stream 1 & 2

1. Administration process mapping
  - ED
    - Discharge
    - Admission
    - Admitted and then discharged
2. GP referrals

3. Surgical incidents

4. Clinical Aspects

I will ask Roisin to see if we can get a date that suits the majority of the group

Regards,

Trudy

Trudy Reid  
Acute Clinical & Social Care Governance Coordinator  
Craigavon Area Hospital  
SHSCT  
Mobile Personal Information  
redacted by the USI

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

From: Carroll, Anita <[redacted]>  
 Sent: 21 December 2015 12:01  
 To: Trouton, Heather <[redacted]>; Conway, Barry  
 <[redacted]>; Gibson, Simon  
 <[redacted]>; Carroll, Ronan <[redacted]>;  
 McVey, Anne <[redacted]>  
 Cc: Robinson, Katherine <[redacted]>; Lappin, Aideen  
 <[redacted]>; Walker, Helen <[redacted]>  
 Subject: FW: Admin Issues - FAO Nursing & Medical Staff

Dear all see below from Katherine and her team a list of things that would assist admin staff and add clarity in the patient pathway Can you discuss the same in your teams with HOS and amds and let me know the outcomes Maybe we can discuss at teamtalk in the new year A

From: Robinson, Katherine  
 Sent: 18 December 2015 12:31  
 To: Carroll, Anita  
 Subject: Admin Issues - FAO Nursing & Medical Staff

I would be grateful if you would bring the following to the attention of the AMD's, AD's and HOS etc. These processes are all in place but just not always followed and if they were adhered to they would help admin and clerical staff greatly and minimise risk of delays to patients.

- Highlight RF, Cancer and high risk patients as appropriate on G2
- Junior doctors should select the appropriate Supervisor (Consultant of clinic) on G2 for their clinic dictation
- Clinic outcome forms should be used to ensure no unnecessary delays in the patient pathway, oc referrals, adding patients to waiting list etc.
- If a patient needs reviewed within a specific timescale this needs highlighted by using the comment Must Be Seen(MBS 3 mths) or Urgent 3 mths to ensure the patient is added to the urgent review waiting list etc.
- Proformas should be put in an envelope along with the clinic not inside the patient chart – if the chart is taken away or a delay in typing the patient won't be added to the waiting list until the clinic is typed.
- E Discharges –junior doctors often advise on these that patients will be 'reviewed in due course'. This is ambiguous, a timeframe should be specified because clerical staff can't guess this and the ward clerk/secretary does not have time to chase the medics.

Many thanks

K  
 Mrs Katherine Robinson  
 Booking & Contact Centre Manager  
 Southern Trust Referral & Booking Centre Ramone Building Craigavon Area Hospital

t: [redacted]  
 e: [redacted] t