

**UROLOGY SERVICES INQUIRY**

USI Ref: Notices 28 and 31 of 2022

Date of Notice: 29th April 2022

Addendum Witness Statement of: Ahmed Faraz Khan

I, Ahmed Faraz Khan, will say as follows:-

1. I wish to make the following amendments and additions to my existing responses, each dated 8th July 2022, to Section 21 Notices numbers 28 and 31 of 2022.

Section 21 Notice No. 28 of 2022

2. At paragraph 64.1 (WIT-31119), the sentence which reads, '*In January 2017, Mr O'Brien returned to work after being excluded for 4 weeks from the end of December 2016*', should be amended as follows: '*In **February** 2017, Mr O'Brien returned to work after being excluded for 4 weeks from the end of December 2016.*'

Section 21 Notice No. 31 of 2022***Paragraphs 1.3.h (WIT-31962), 11.1 (WIT-31983) and 11.6 (WIT-31984)***

3. I have attempted to address my involvement with the MHPS investigation Terms of Reference (TOR) at paragraphs 1.3.h (WIT-31962), 11.1 (WIT-31983) and 11.6 (WIT-31984) of this statement. Those paragraphs provide as follows:

1.3.h. The MHPS investigation Terms of Reference (TOR) were drafted and approved by oversight committee members. This was then shared with me and, after considering all concerns previously



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presented to me, I agreed with these TOR. There were 5 points in the TOR shared with me. **(Evidence: 20170119 Emails Re: Terms of Reference for Investigation) These can be located at Attachment folder S21 31 of 2022- Attachment 5a and 5b.**

...

11.1 Terms of Reference were already formulated and approved by the Oversight Committee. I received these in January 2017 for review and agreement. I am not aware of any changes in the number of TOR. When I received them for agreement, I believe that there were already 5 Terms. I agreed to these. (See email communication from Dr Wright to Siobhan Hynds attached). **This can be located at Attachment folder S21 31 of 2022- Attachment 54 and also located at Relevant to HR/Evidence after 4 November HR/Reference 77/S Hynds no 77/20170119 - Email - Re Terms of Reference for investigation 2.pdf Relevant to HR/Evidence after 4 November HR/Reference 77/S Hynds no 77/20170119 - Attachment - Terms of Reference for Investigation January 2017 DRAFT FINAL.pdf**

...

11.6 I understand Terms of Reference were already formulated and approved by the Oversight Committee before being sent to me for agreement. I do not know if they went through different versions before then. Ms Siobhan Hynds may be able to provide this information. See email communication between Ms Siobhan Hynds and Dr Richard Wright attached. **This can be located at Attachment folder S21 31 of 2022- Attachment 5.**

4. I appreciate that the above paragraphs do not present as clear an account as they might have done. I therefore now attempt to provide greater clarity for the Inquiry on this issue by the following additional evidence.

My recollection is not complete but I believe, as indicated in the above paragraphs 1.3.h, 11.1 and 11.6, that TOR had already been discussed



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and agreed by the Oversight Committee before they came to me. I can also see that I received a number of emails enclosing draft TOR:

- a. on 7 February 2017 from Siobhan Hynds for my agreement (WIT-32015 and TRU-257786 to TRU-257788);
- b. on 3rd March 2017 from Siobhan Hynds with (the same) draft TOR for my agreement (TRU-283121 to TRU-283123);
- c. on 15th March 2017 from Siobhan Hynds for my agreement, at which point terms 1 to 3 had been drafted in more detail, term 4 had been given greater definition, and term 5 had been added (TRU-283129 to TRU-283132).

I cannot recall having an active involvement in the formulation of the TOR though I do see that I discussed adding Mr O'Brien's Appraisal review into the TOR when I received the draft TOR in early February 2017 (TRU-257790). After reviewing the final TOR received on 15 March 2017, I confirm that I agreed them and they then issued to Mr O'Brien.

Paragraph 1.4.o (WIT-31966)

5. The existing paragraph 1.4.o (WIT-31966):

The MHPS Case Manager's Determination was completed & released on 26th September 2018. I shared my case manager's report and recommendations with the Chief Executive and the Director of Human Resources. **(Evidence: email to 26/9/18 to Chief Executive (Mr Devlin) & HR Director (Mrs Toal)) This can be located at Attachment folder S21 31 of 2022- Attachment 17.**

should be replaced with the following:



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The MHPS Case Manager's Determination was completed & released on 28th September 2018. I shared my case manager's report and recommendations with the Chief Executive and the Director of Human Resources in draft on 26th September 2018, and in final form on 28th September 2018. (Evidence: email to 26/9/18 to Chief Executive (Mr Devlin) & HR Director (Mrs Toal)) This can be located at Attachment folder S21 31 of 2022- Attachment 17 – WIT-32046. See also email 28/9/18 to the Chief Executive and HR Director at WIT-31898.)

Paragraph 1.4.bb (WIT-31967)

6. At paragraph 1.4 bb (WIT-31967), I want to make the following amendment and addition:

I sought only to be advised by the Acute Directorate on any deviation/ departure from ~~Return to Work plan~~ by Mr O'Brien from his Return to Work Action Plan. Between 15 and 17 November 2018 I was informed that Mr O'Brien had approached colleagues regarding the MHPS investigation. I discussed this issue with Vivienne Toal and Siobhan Hynds. Then I wrote to Mr O'Brien to request that he stop this type of behavior. I am not aware if he approached any staff afterwards. On Reflection, I should perhaps also have discussed the matter face to face with Mr O'Brien. (see TRU-251964 and TRU-279200 to TRU-279201)

Paragraph 7.7e (WIT-31976)

7. At paragraph 7.7e (WIT-31976), the sentence which reads, '*I also informed him when the GMC referral was made in April 2020*', should be changed to: '*I also informed him when the GMC referral was made in April 2019.*'

Paragraph 12.7 (WIT-31985)



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8. At paragraph 12.7 (WIT-31985), the existing paragraph:

Although it wasn't written in the Return to Work Plan, the understanding among the oversight committee was that this Plan remained in-force during the period of MHPS formal investigations.

should be replaced with the following:

Although it wasn't written in the Return to Work **Action** Plan, ~~the my~~ understanding ~~among the oversight committee~~ was that this Plan remained in-force during the period of MHPS formal investigations **and, in light of my Determination (and as referenced at paragraphs 21.2 and 21.8 below), that it would remain in place until a new Action Plan was devised.**

Paragraph 13.1 (WIT-31986)

9. 9. At paragraph 13.1 (**WIT-31986**), the existing paragraph:

My understanding was that the return to work plan and monitoring arrangements remained in operation during the period of MHPS investigation and until it completed.

should be replaced with the following:

My understanding was that the return to work **action** plan and monitoring arrangements remained in operation during the period of MHPS investigation and until it completed **and, in light of my Determination (and as referenced at paragraphs 21.2 and 21.8 below), that they would remain in place until a new Action Plan was devised.**

Paragraph 14.1 (WIT-31988)



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10. At paragraph 14.1 (WIT-31988), the following additional text should be added:

To the best of my recollection, I wasn't informed of any departure from the Return to Work Action Plan during the MHPS investigation during 2017, except for 11 July 2017 when Ronan Carroll sent me an email with a potential problem re charts in Mr O'Brien's office (TRU-251860). He also informed me in the same email that the Head of Service had contacted Mr O'Brien to resolve this. As I was on annual leave for the month of July, an automatic reply was sent to this email (*see attached 1. 20170711 Out of Office for Dr Khan*). The issue may have been discussed this with the Medical Director in my absence. I do not believe that it came to my attention on return from leave after 4 August 2017. I did not receive reports of any further departures during the rest of 2017. (TRU-269348 and TRU-269349)

Paragraph 21.6 (WIT-31998)

11. At paragraph 21.6 (WIT-31998), the following additional text should be added:

However, I was ~~emailed~~ ~~approached~~ by Mr Stephen Wallace from the Medical Director's Office ~~in~~ on 27 July 2020 (WIT-32073) to review the Terms of Reference of the administrative review in the Acute Directorate. On 29 July 2020 I provided my comments and suggested that the proposed TOR were very narrow and needed to be broader. (See my comments for those TOR – email attached WIT-32073 – where I state: 'It was clear during this investigations; system wide failure happed at many levels within Acute directorate therefore my recommendation was to provide recommendation for system wide problems in acute Directorate & not to just only focus on urology department.'). However, the Medical Director responded on the same date in the following terms: 'For the purposes of what I require currently for the GMC ... please ask Mary and Rose to review the new patient referral to urology process only and the remainder then sits with acute services.' (*see attached 2.*



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20200729 E from MO'K re Admin Review Process). Then in October 2020, Mrs Siobhan Hynds shared some initial findings of the admin review however this was to be completed in more detail later. **Evidence : see email with 2 pages of draft findings- URGENT FOR DISCUSSION AT 1.30PM Admin Review document- This can be located at Attachment folder S21 31 of 2022- Attachment 40.**

Miscellaneous

12. An issue that is not strictly an amendment to an existing statement relates to the GMC ELA email of 8th June 2018 (TRU-251519 to TRU-251520) in which she advised that it would be 'prudent ... to secure an undertaking ... that [Mr O'Brien] will not do any private work from his own home ... until you are satisfied that the risk is removed/being managed appropriately'. I had not previously been able to find evidence of my response to this although I had recalled doing something. I have now located my email to Simon Gibson and Norma Thompson of 28 June 2018 (*see attached 3. Email. Communication 28-6-2018*) in which I suggested that Simon discuss the issue with Richard Wright and Vivienne Toal. I believe I went on annual leave soon after this and am unclear about what, if anything, I did to pick the matter up again with Simon upon my return.

Statement of Truth

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

Signed:

Personal Information redacted by the USI

Date: 20/03/2023

Stinson, Emma M

From: Khan, Ahmed <[REDACTED]>
Sent: 11 July 2017 17:57
To: Carroll, Ronan
Subject: Automatic reply: MHPS case update on 11 July 2017

I am out of office on A/L untill 4th August. For urgent AMD queries, please contact my secretary, Maria Goodman in DHH or relevent CD/HOS. for clinical issues, please contact consultant of the week.

Thanks,
Ahmed

Stinson, Emma M

From: OKane, Maria <[REDACTED]>
Sent: 29 July 2020 12:52
To: Wallace, Stephen; Khan, Ahmed
Subject: RE: MHPS Case Manager Determination

Thank you. For the purposes of what I require currently for the GMC please, Stephen please ask Mary and Rose to review the new patient referral to urology process only and the remainder then sits with acute services. Regards, Maria

From: Wallace, Stephen
Sent: 29 July 2020 12:41
To: OKane, Maria
Subject: FW: MHPS Case Manager Determination

From: Wallace, Stephen
Sent: 29 July 2020 12:40
To: Khan, Ahmed
Subject: FW: MHPS Case Manager Determination

From: Khan, Ahmed
Sent: 29 July 2020 12:33
To: Wallace, Stephen
Cc: Hynds, Siobhan
Subject: RE: MHPS Case Manager Determination

Stephen, thanks. It was clear during this investigations; system wide failure happened at many levels within Acute directorate therefore my recommendation was to provide recommendation for system wide problems in acute Directorate & not to just only focus on urology department. Happy to discuss further.

Regards,
Ahmed

From: Wallace, Stephen
Sent: 27 July 2020 13:47
To: Khan, Ahmed
Cc: Hynds, Siobhan
Subject: MHPS Case Manager Determination

Ahmed,

Further to the AOB investigation conducted in 2018 under MHPS framework the report makes reference to an administrative review (below).

- *I recommend the Trust to carry out an independent review of the relevant administrative processes with clarity on roles and responsibilities at all levels within the Acute Directorate and appropriate escalation processes. The review*

should look at the full system wide problems to understand and learn from the findings.

Below you will see are a draft terms of reference regarding this, can you confirm if these terms of reference encapsulate the requirements of the recommendation?

Thanks
Stephen

Purpose

The purpose of the review, is to review the Trust urology administrative processes for management of patients referred to the service.

Objectives

The review will consider the present Trust urology administrative processes regarding referrals to the service and recommendations for the future, rather than past and pre-existing processes. The review in particular will consider the following:

- The administration processes regarding the receipt of and triage of patients referred to the urology service from all sources
- The effectiveness of monitoring of the administration processes including how and where this information is reviewed
- The roles and responsibilities of operational management and clinical staff in providing oversight of the administrative processes
- The effectiveness of the triggers and escalation processes regarding non-compliance with administration processes
- To identify any potential gaps in the system where processes can be strengthened

Outputs

The Reviewer should provide a report which seeks to address the issues listed above. The report should provide recommendations on improvements to Trust urology administrative processes. Any recommendations should be evidence-based and proportionate, with consideration given to their implementation.

Scope

The review should consider current Trust urology administrative processes for the management of referrals to the service. This is a forward-looking review and, as such, will not consider past decisions.

Timing

The report, including any recommendations of the review, must be submitted to the Trust Acute Director by end September 2020.

Governance and Methodology

The Reviewer will be appointed by, and accountable to, the Trust Acute Director for delivery of the review. Details of the governance which achieves this accountability and the methodology for the review - including evidence gathering, consultation with operational and clinical staff - will be agreed between the Reviewer and the Trust Acute Director by 5th August 2020.

Ahmed Khan (CUH Paediatric Consultant)

From: Khan, Ahmed
Sent: Thursday 28 June 2018 15:37
To: Thompson, Norma; Gibson, Simon
Subject: RE: SHSCT ELA/RO Meeting 6.6.18 - Urology consultant
Attachments: NT Comments SHSCT - draft (15.6.18) Meeting note (6.6.18).docx

Norma, I had brief discussion with Vivienne regarding this however on reflection I am personally leaning towards her advice to request an undertaking from AOB.

Didn't get talking to Vivienne before she left for A/L.

Simon, can you & Richard discuss with Viv and reply to Joanne. We also need to inform her regarding minutes.

Amendments, please make another corrections as

"MHPS is due to complete soon"

Thanks

Ahmed

From: Thompson, Norma
Sent: 19 June 2018 17:00
To: Khan, Ahmed
Subject: FW: SHSCT ELA/RO Meeting 6.6.18 - Urology consultant

Ahmed, see below – did you get speaking to Vivienne about this as yet?

N

From: Parks, Zoe
Sent: 19 June 2018 16:59
To: Thompson, Norma
Subject: FW: SHSCT ELA/RO Meeting 6.6.18 - Urology consultant

Actually – on reflection, I know Vivienne was going to speak with Dr Khan about this as she felt very strongly on this issue that it wasn't something we could do at this stage. Dr Khan will hopefully have spoken to Vivienne – and I suspect he will then need to update Joanne Donnelly on these discussions.

From: Thompson, Norma
Sent: 19 June 2018 16:53
To: Gibson, Simon; Parks, Zoe
Subject: FW: SHSCT ELA/RO Meeting 6.6.18 - Urology consultant

Hi Simon / Zoe, re. below – has anyone written to Aidan yet re. undertaking private work at home?

Kind regards

Norma

To: Khan, Ahmed

Cc: Gibson, Simon; Parks, Zoe; Thompson, Norma; Support TeamELS

Subject: SHSCT ELA/RO Meeting 6.6.18 - Urology consultant

Dear Ahmed,

Thank you for taking the time to meet with Andy Lewis and I on Wednesday 6 June 18.

Just to confirm our conversation about the WHSCT "urology consultant" in the "local concerns" part of our ELA/RO meeting on Wednesday.

You advised that there are no clinical concerns about this doctor. The concerns relate to administrative delays on his part in completing routine/urgent referral paperwork after he sees urology patients for their first triaging appointment. The problem is exacerbated by the Trust system which defaults patients to "routine referral" automatically if no referral is completed by the doctor within a certain timeframe. The combined result of: (1) delays on the part of the doctor in completing the paperwork for referrals and (2) a system which defaults patients to "routine referral" where no paperwork is received, is that there were patients, whom the doctor had decided were urgent referrals, who were erroneously added to the routine referral list.

You advised that once the problem was identified: (1) an SAI was commenced; (2) an MHPS investigation was commenced (Zoe (Parks) confirmed to me yesterday that this has been completed and that the final report is to go to the Case Manager on Tuesday 12.6.18 then to you); (3) the doctor's referral paperwork is now closely monitored to ensure that it is completed within the required time frame – this monitoring provides complete assurance that no urgent cases are defaulted into the routine case list.

You also confirmed that while the doctor does not work for any private organisation, he does do some private work from his own home involving triaging and referring urology patients referred by their GP. Andy (Lewis) and I advised that in our view it would be prudent for you to secure an undertaking from the doctor that he will not do any private work from his own home – as it is impossible for you to monitor his work there to ensure that there are no patient safety risks around delayed urgent referrals – until you are satisfied that the risk is removed/being managed appropriately.

You also confirmed that there is no suggestion that the doctor has health issues that may be contributing to the concerns. You advised that you are not yet able to give me a sense of the doctors insight/remediation/engagement – this is something you say the MHPS Report will deal with.

You advised that at this stage you are not able to comment on any adverse impact on patients (seen prior to the concern being picked up)/need for patient recall – and that that will be examined by the SAI. Though I expect that there must have been some adverse impact on a patient(s) for a SAI investigation to have been triggered?

We agreed that you would update me on the MHPS investigation as soon as you can. And on the SAI investigation as soon as you can. At that stage we can then have a threshold discussion. In the meantime you are assured there are no patient safety risks – subject to the doctor providing an undertaking in relation to the work he does in his own home. I would be grateful if you would confirm to me, just as soon as you can, that the doctor has provided this undertaking and that you are confident that you can rely on it.

I hope this is helpful. I look forward to speaking to you soon.
Best wishes

Joanne

Personal Information redacted by the USI

Employer Liaison Adviser for NI

Personal Information redacted by the USI

– FtP – Monitor – Southern Health and Social Care Trust (8.6.18) - Urology consultant-
concerns re processing delays in urgent referrals – no clinical concerns